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Rehabilitation and Palliative Nursing

Adult Health Nursing

Rehabilitation principles, disability management, supportive care, pain relief, symptom control, end-of-life care and family support.

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CHAPTER 22 / ADULT HEALTH NURSING 22. Rehabilitation and Palliative Nursing

1. Rehabilitation concept

Rehabilitation optimizes functioning and participation in people with health conditions and disabilities. Assess impairments, activity limitations, participation, goals, environment and caregiver resources. ICF framework emphasizes interaction between health condition and contextual factors.

2. Rehabilitation process

1. 1. Establish baseline mobility, cognition, communication, self-care and pain.
2. 2. Set shared SMART goals (e.g., transfer safely with one-person assistance by discharge).
3. 3. Provide interdisciplinary therapy: physiotherapy, occupational therapy, speech/swallow care, nursing, psychology and social work.
4. 4. Prevent secondary complications, teach assistive devices and home modifications.
5. 5. Evaluate function, adjust and coordinate community reintegration.

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3. Disability support

Use person-preferred language and accessible communication. Promote ADLs (feeding, bathing, dressing, toileting, transfers) and instrumental ADLs (shopping, medicines, finances). Avoid unnecessary dependence. Ensure pressure injury prevention, fall risk assessment, bowel/bladder plan, nutrition, sexuality and caregiver training. Use prostheses, orthoses, walkers and wheelchairs after assessment and fitting.

4. Palliative care

Palliative care improves quality of life for people with serious illness and families through relief of physical, psychological, social and spiritual suffering. It can begin at diagnosis and accompany disease treatment; hospice focuses on end-of-life support according to service eligibility.

Symptom	Nursing approach
Pain	Assess PQRST and function, administer prescribed multimodal analgesia, reassess and monitor toxicity.
Breathlessness	Position, airflow/fan when appropriate, calm communication, oxygen for indicated hypoxaemia and prescribed symptom therapy.

Nausea/constipation	Assess cause, provide prescribed antiemetic/bowel regimen, hydration and mouth care as appropriate.
Delirium/agitation	Assess reversible causes and goals, provide calm environment and authorized treatment.
Fatigue/anorexia	Energy conservation, comfort-focused nutrition, avoid forcing food near dying.

5. End-of-life care

Clarify patient preferences and legally applicable decisions through the clinical team. Discuss expected changes (reduced intake, sleep, breathing pattern) sensitively, maintain mouth/skin care, privacy, comfort and family support. Do not equate withholding non-beneficial treatment with abandoning care. Document symptom interventions and decisions; provide bereavement support and culturally respectful after-death care per law/policy.

6. Important Examination Questions

Long Answer Questions

1. 1. Explain rehabilitation principles and palliative nursing management.

Short Answer Questions

1. 1. Differentiate ADL and IADL
2. 2. describe symptom control
3. 3. write a note on family support.

Very Short Answer Questions (with answers)

1. 1. Is palliative care only for the last days of life? - No.
2. 2. What is ICF? - International Classification of Functioning, Disability and Health.

7. Quick Revision

- Rehabilitation is goal-directed.
- Palliative care can accompany curative therapy.
- Respect autonomy and comfort.

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8. Conclusion

Rehabilitation is goal-directed. Palliative care can accompany curative therapy. Respect autonomy and comfort.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which outcome best reflects the purpose of rehabilitation?

A. Eliminating every impairment before any activity

B. Creating permanent dependence for all ADLs

C. Deferring shared goals until after discharge

D. Optimizing function and participation

2. Which activity is an instrumental ADL rather than a basic ADL?

A. Managing finances

B. Bathing

C. Dressing

D. Toileting

3. When can palliative care begin?

A. Only during the last hours of life

B. At diagnosis alongside disease-directed treatment

C. Only after all active treatment is stopped

D. Only after the patient can no longer communicate

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Answer key and explanations

1. D - Optimizing function and participation

Rehabilitation aims to optimize functioning and participation within the person's context.

2. A - Managing finances

Instrumental ADLs include shopping, medicines and finances; basic ADLs include personal self-care.

3. B - At diagnosis alongside disease-directed treatment

Palliative care can start at diagnosis and accompany treatment of the disease.

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