**RN Script #3 – GOOD Example**

NURSE: Hi, [*patient’s name*] I’m [*your name*], the nurse who works with the palliative care team.

PATIENT: Hi, I’m [*your name*]. The team said you’d be coming by.

NURSE: Oh, good. It’s nice to meet you. Our team focuses on helping patients that are having difficult symptoms and finding ways to be sure they are as comfortable as possible. Dr. Waters, your primary cancer doctor, asked me to come by and see if we can help with your pain. Is this an okay time for us to talk a bit?

PATIENT: Sure, it’s as good a time as any. It’s impossible to get any rest in here, anyway.

NURSE: I know. That is one of the most difficult things about being in the hospital. I’m hoping we can get you more comfortable and back home as soon as possible. How are you feeling now?

PATIENT: Terrible. I’m in so much pain, all the time. We had to come back to the emergency room last night because I ran out of my pain medication, and I was miserable.

NURSE: I’m so sorry to hear that. That’s sounds incredibly stressful. We’re going to figure out a plan to get your pain better controlled. Do you need something for pain now?

PATIENT: No, now it’s a little better. They gave me some pain medication that starts with a d – I can’t remember the name. It seems to help more than what I was taking at home.

NURSE: Hmm, okay. Yes, let me check your chart here. Yes, they just gave you some dilaudid through your intravenous line, IV – the small tube that goes into your vein in your arm - a little bit ago. Dilaudid is in the same family of medications as oxycodone, the pain medication you have been taking at home. But giving you the medication through your IV will work faster, since it’s absorbed directly into your bloodstream. And it’s also a higher dose than the oxycodone tablets you were taking at home. How many times a day were you taking the oxycodone at home?

PATIENT: Oh, every chance I could. I set a timer, even during the night, and every 4 hours I was taking the pills. Sometimes I could barely wait the 4 hours, but I was afraid to take it any sooner and was afraid of running out. That last hour trying to tough it out was just awful.

NURSE: That sounds extremely difficult, and like you have been chasing the pain. We can do better. The good news is that usually with fairly simple medications we can reduce pain significantly. The goal is that we stay ahead of your pain as much as possible. Pain is much harder to control once it has ramped up and become severe. I also imagine you haven’t been sleeping much with the pain?

PATIENT: Yeah, I’m exhausted. Utterly exhausted.

NURSE: I’m sure. While you’re in the hospital we’re going to keep careful track of how much dilaudid you need and then we’ll calculate the amount you need to be comfortable and adjust your medications for home accordingly. I don’t want you to wait until the pain is unbearable to ask for pain medication. You can have it as often as every half hour if you need it.

PATIENT: Okay, that’s a relief. Thank you.

NURSE: I also see here you had a recent Cat Scan, or CT, scan, about 2 weeks ago?

PATIENT: Yeah, that’s right.

NURSE: Have you had a chance to talk with Dr. Waters about those results yet?

PATIENT: She said the cancer had spread to my lungs. Definitely not good news. We’re still in shock.

NURSE: [PAUSE – count to 10]

PATIENT: It just feels so unfair. I did all the surgery, the chemo, all of it, everything they told me to do. I missed my grandaughter’s graduation because I was so sick from the chemo. And now the cancer is back. It just sucks. It totally, totally sucks. Like, what was the point?

NURSE: It sounds like you’re questioning whether the treatment was worth it?

PATIENT: Yeah, like why did I go through all that? Some days I get so sad, so depressed but then I find myself becoming angry, really angry. I see people around me doing all sorts of stupid stuff and they didn’t get cancer. My brother has smoked his entire life, still smoking, and he never got cancer. It just doesn’t make sense.

NURSE: I think that is a really normal way to feel, to be sad and also to be angry. It IS unfair and I wish things were different. You’ve been coping with a lot. Can I ask how things have been going at home, in general?

PATIENT: It’s been a really tough 6 months. Yeah, very tough. My partner’s at their wit’s end. We’re both really feeling the crunch.

NURSE: That sounds really difficult. Can you tell me what you mean by ‘feeling the crunch?’

PATIENT: Yeah, well, this cancer is really pulling us both down. I can’t work, I’ve been on disability for over a year now, my partner has a busy job and is getting grief from the boss because they can’t work the shifts they used to. And I spend so much time here, waiting for bloodwork, waiting for results, waiting for my chemo, waiting, waiting, waiting. And now with this new news, I’m just waiting to die.

NURSE: [PAUSE – count to 10]

PATIENT: It’s just a lot to absorb. I think if I could get the pain under control and could finally sleep, I’d be able to process all of this more clearly.

NURSE: Yes, I think so too. You and your partner are dealing with a tremendous amount of stress right now. It’s a lot of difficult information to process, and that is much more difficult when you’re physically hurting and not sleeping. I’d like to focus on aggressively managing your pain over the next 24-48 hours and make sure we have a solid plan in place for keeping your pain well-managed, and helping you get some sleep. I’ll be by later this afternoon to check in and see how things are going. Don’t forget to ask for the pain medication as soon as you start to feel it ramp up. How does that sound?

PATIENT: That sounds good.

NURSE: Do you have any other questions or concerns I can help with?

PATIENT: No, I think this is a good plan for right now.

NURSE: Okay, try to get some rest and I’ll see you later today.

Time: XXX

CommSense ‘Scorecard’:

Empathy score:

Emotion score:

Clarity score:

Speech dominance:

Interruptions: