



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Making a Difference

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He was one of those patients who you dread. Intractable, acute surgical pain and a young relatively healthy set of lungs. In the middle of the room, surrounded by awake recovering patients, his nurse struggled to reassure him and at the same time, medicate him for pain. I could see in her face the frustration she was feeling. She had been caring for the patient for forty-five minutes. Since his admission she had been listening to his screams and curses directed at her and anyone else who came within view. On a scale of zero to ten, the patient put his pain level at fifteen. The anesthesiologist had been in to see the patient twice. Each time the pain issue had been assessed and orders revised. Nothing seemed to be working. Except, in the primary nurse's case, the clock. It was about time for her to go home. Her patient was about to become mine.

I'm sure that most people who have spent time working in a Post Anesthesia Care Unit have at one time or another encountered just such a patient. They usually arrive with little warning and little on board. Their pain seems to increase with every dose of narcotic that you give. Nothing works. In the end, you usually end up with a patient who appears to sleep but spontaneously arouses and screams out. Your co-workers look at you as to blame, for surely you have not given adequate doses of pain medication. It used to be that this type of incident occurred somewhat frequently, but as our understanding of pain and its treatment grew, these incidents became further and further apart. With the techniques and recommended treatment modalities we have now, patients, overall experience much better pain control than they did in the past. Then the patient for whom they broke the mold appears. As I took report from my beleaguered colleague, I prepared myself for the ensuing challenge. The patient had already received enough narcotics to knock down a horse. Still he screamed: his past history of multiple bowel surgeries related to his Crohn's disease had left him with little tolerance. His anxiety was overriding any thoughts other than the pain he was experiencing. I introduced myself to him.

One week earlier, I had attended our components annual conference. One of the sessions dealt with therapeutic touch and possible benefits that could be derived by integrating it into practice. As a short explanation, therapeutic touch involves 'sweeping' human energy fields and brushing disruptions away. It is founded in eastern medicine and therefore thought of in the west as alternative treatment. It was definitely alternative and foreign in my practice setting. As I formulated how I was going to meet the objectives of our care plan, I decided to give therapeutic touch a try. As I began my care of the patient, I explained to the patient how therapeutic touch might help him in getting control of his pain. I asked for his permission to try out what I had learned. The patient, at that point, was more than eager to have me begin. To make a long story short, it worked. It took about twenty minutes of intermittent 'sweeping' and calm quiet reassurance for the patient to finally describe some relief of his pain. He was discharged to his room with a pain level of three.

A few weeks later, I overheard two nurses talking about membership in their nursing specialty organization. It was at lunch, I was by myself, and I was avidly eavesdropping. It seemed that neither one could find any benefit in belonging to any nursing organization. The "what do they do for you or me in return for our dues" argument was heavily in play. I just listened. I didn't agree with what was said at all. I could have jumped into the conversation, but I was low on energy and besides, it wasn't my place. I thought about that conversation for quite a while. I thought about the differences in how nurses view their jobs. To some, it is just that; a job. To others, it is more. They take a more professional view; to them it is

a career. It is the latter that make of the membership rosters of organized nursing. It is they who become our leaders. It's sad that these differences in commitment exist between nurses. I suspect that a lot of it has to do with low morale and the feeling of hopelessness many have experienced with radical changes within the workplace. I know most of us have been challenged in the last few years. It has not been easy by we continue on.

But I have digressed. The purpose of this article was to give you one example of how membership in your nursing specialty organization benefits you and your patients. If I had not been a member of my component, I may not have learned about therapeutic touch. That patient I described above may have had a less favorable outcome than the one he experienced. I may have gone home feeling frustrated that I couldn't have done more for him. There are many benefits to membership. Continuing education is just one of them. That benefit alone demonstrates why nursing organizations are so important to us. They give us the opportunities to grow, learn and truly make a difference in the lives of those we care for. Membership alone is one small step in the direction we need to be taking. When John F. Kennedy asked the American public to "ask not what your country can do for you, but what you can do for your country" he was appealing to us all to take ownership of our future. We need to take those words and apply them to our profession and our practice. Our future begins with your involvement.