

2011

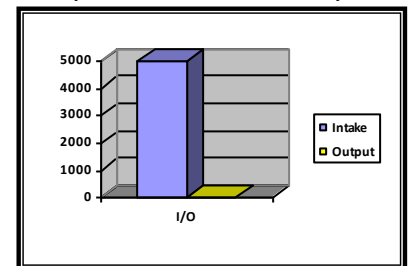
Clinical Exemplar

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WHY I LOVE MY JOB!

Yesterday I had the opportunity to care for a severely ill patient that experienced a perforated bowel and needed to come to PACU, since no beds were available in the ICU. Many a PACU Nurse shudders at the thought of this type of patient because of their hemodynamic instability and high care demands...but my team knows I love these challenges. The patient arrived with little BP and high flow vasopressors and of course on a ventilator....need I say more, but thankfully the CRNA had provided generous fluids in the OR (5000cc)...yet the patient only provided 40cc of urine output.....not nearly enough in my estimation. The Foley Cath (“Poor Man’s Swan Ganz”) told the tale of this extremely sick patient.



The CRNA look exasperated as they guided the patient into PACU and I asked, “Are you OK?...Can I get you anything?”... “Don’t worry we’ll get through this together!” I, with the assistance of fellow team members, hooked the patient to the monitors, transducers and blowing machine in a calm and deliberate manner....I think we sometimes can do this in our sleep (and probably have). Report was given and taken as I got down to the task at hand.....making the patient better. Titrate this med, add this med and take that one away...as we traveled the rollercoaster of care for this septic patient.

A flurry of doctors gathered at times around the bedside offering suggestions, writing orders and collaborating with me on the patient's care. "Collaborating with me of all people"....the previously insecure and shy individual that had overcome these personal traits as she matured as a nurse and individual. Wow!...would my



nursing instructors have been proud! I offered input and suggestions that were heeded by the MD's at hand, as I continued conscientious and judicious fluid management along with pressor agents to help the patient. Alas, the dreaded Levophed was added. We all remember the mantra: "Levophed- Leave em dead!" Not on my watch, I thought!

What's this? The patient stirred...as I spoke to the patient, her eyes opened and she shook her head yes or no to questions. "No pain"...that's good. "You have a breathing tube in, you had surgery and you're in the recovery room". (If I only had a dollar for every time, I had said this to patients.) The patient responding was positive news, as I continued the trek of pressor agents and fluids. Additional consultants we called, cultures were drawn and antibiotics were given. The patient's blood pressure was responding! The collaboration and treatment plan seemed to be working!

Oh no....don't forget the family. As I always say, "It is easier on the sleeping patient than the family that is waiting"....I have been there and done that myself. It's much easier being on this end of things! Thanks to the waiting room staff the daughter, son-in-law and granddaughter came to the PACU. They approached the bedside, obviously distressed and scared. I introduced myself and said, "It's OK. She's awake. Please feel free to speak to her and let her know you are here." The daughter says, "I'm here Mom. I love you. Be strong." The patient responds by mouthing back at her daughter, "I love you." The daughter turns to me and says, "What should I do now?" looking

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at me like a young child with eyes full of insecurity. My response is simple, “You need to take care of yourself. Did you get something to eat? We are taking care of your Mom. Just don’t forget to take care of yourself” as I directed my response to each family member. “She is going to need you.”

I then reviewed the care we were providing for her mom and what all the equipment was doing to help her. I knew the view of all the tools of my trade were overwhelming to the average non-healthcare person. The daughter looked at me with sincerity and said, “Thank you for all you are doing for my Mom.”.... “You’re welcome,” I humbly responded. (As nurses, it’s often hard to take these compliments....caring for patients is ‘WHAT WE DO’).

I explained to the family that I would keep them updated and hoped to move to the ICU soon. Time moved on, the epidural infusion was started (a sure sign the patient’s BP was getting better.) I did not want the patient to have intolerable pain. Care continued, MD’s continued to visit, were updated and additional meds were given. The patient was improving.

Report was called to a friendly ICU nurse and I could tell she understood my story and had experienced it herself before. We discussed the in and outs of the patients care, what I had done and tried to accomplish. Her tone and reception showed me, she too appreciated what I had done, as well as reassured me I was turning my patient’s care to another person who cared.



As I prepared to take the patient to the ICU, I contacted the family and let them know, we were leaving shortly. The daughter stated “Please tell my Mom her grandson is coming in from Michigan.” She thanked me again as we said our

goodbyes. I then went to the patient's bedside and lightly touched her to awaken her. "I just spoke with your daughter; your grandson is coming in from Michigan. She says he is very special to you." The patient's eyes met mine as the corners of her lips turned up, she formed a smile around the endo tube, and she shook her head in acknowledgement of what I had told her.

We "packaged" the patient for transport to the ICU with assistance from pulmonary and PtCA Staff. My role in the care of this patient was nearing an end. I reassured the patient as we approached the ICU of what we were doing and where we were going. Care was transferred seamlessly. I stayed to answer questions from the ICU staff and thanked them for their reception. I then approach the patient and said, "Take care ma'am. I hope you feel better soon." The patient opened her eyes and shook her head to respond as I held her hand and said my goodbyes. It's hard to believe our time together was ending.

I left the bedside and the ICU nurses as they too diligently hooked the patient to monitors, tranducers and the ventilator...it was like the PACU admission revisited. Dejavu! The family was coming down the hall as I made my way back to my home in the PACU. They called to me by name and I briefly updated them on "their Mom". They thanked me once again and I replied with a quiet/humble, "You're welcome".

I returned to the PACU mentally and physically exhausted, but satisfied.....but how can this be? Satisfied with caring for a "train-wreck". As I pondered these feelings, I began to realize how this can be.....**I LOVE BEING A PERIANESTHESIA NURSE!** I love the autonomy to think on my 2 feet and be appreciated and thanked by medical providers for "being there" and caring for their patients when they can't, but....Most of all I love caring for patient's and families and making an impact (probably well beyond my faculties) on the people I care for and touch. This includes the teams, co-workers and individuals I work with! This is why....."I love my job!"

I hope you all ponder the care you provide and how you touch people...patients....and other staff....not just in your own department. Just remember, you never know the impact you may have on someone else's life. What you do does matter and is greatly appreciated!

