

2011

## Clinical Exemplar

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## TWO THUMBS UP

**E**ach day we have the opportunity to care for amazing children who are so brave when faced with illness. These children face their challenges with strength and grace. Every day that I work, I am reminded how incredible these children are, and how they serve as role models to us adults. There are many instances which I can think of such a child, but there is one that stands out in my mind from the past year. This young man showed me how it's possible to face serious illness and disease with humor and bravery.

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This particular day was like any other. I had just returned to the unit from lunch, and was assigned to care for a 13 year-old male, I will refer to as Al. Al had come to the United States from Kuwait to receive treatment for his cystic fibrosis. In fact, his disease had progressed to the point that he was being evaluated for lung transplant. His parents knew that he could receive the care he required here in the U.S. Because of financial and family constraints, they were not able to come with him. However, he did have an uncle who lived in Boston that served as his guardian. However, his uncle was unable to spend much time with Al during his hospitalization. During his transplant workup, a routine tuberculosis test had revealed that Al was also positive for TB. It was unclear when he had contracted the illness. On this day, Al went to the OR for a bronchoscopy and pulmonary lavage. It had been planned that he would go to the ICU postop, but in the OR it was decided that the ICU would not be needed.

I admitted Al into a precaution room in the PACU. On arrival, I saw a thin, pale young man whose breathing was slightly labored. Over the next hour, as Al slowly woke up, I started to worry about his respiratory status. He was mildly tachypneic, with moderate intercostal and substernal retractions. While his oxygen saturations were stable, it seemed that he had to work too hard to maintain this level. An anesthesiologist came to the bedside to evaluate Al, and it was decided to continue to monitor him.

Communicating with Al was a challenge. He knew minimal English, and was there by himself. I did utilize an interpreter initially to communicate with Al, but all he said was that he was tired, but he was okay. As time went on, I became increasingly concerned about Al's respirations and work of breathing.

I was aware that Al was a sick child preoperatively, but did not have a clear understanding of his baseline. I decided to utilize the floor nurses who knew him so well. I called to ask his nurse to come to the PACU to assess Al based on her familiarity with him. When she arrived, Al was excited to see her. He had a huge grin on his face, and when asked how he was doing, he gave "two thumbs up" in response. Meanwhile, he was breathing as if he had just run a race! His nurse agreed that he did not seem himself and that he did seem to have respiratory compromise. I assured her that in this condition, I would seek an ICU bed placement. After contacting pulmonary and the ICU, it was decided that Al would be transferred to an ICU bed once available and would stay in the PACU in the meantime.

Al spent a total of six hours in the PACU. During these hours, I watched as his breathing became more labored and his oxygen saturations began to slowly decline. Blood gases were checked; a chest x-ray was done. Throughout all of this, Al became more lethargic. However, whenever I asked him how he was doing, he gave me a big smile with two thumbs up. I can only imagine how he must have been feeling. I kept trying to put myself in his place, not knowing the language, feeling sick and knowing that things weren't going as expected, and most of all, not having any family there to comfort him. My heart went out to Al; I tried to provide comfort to him and never left his side.



When a bed was finally available in the ICU, we transported Al to his new room. All he said to me was, "Everything okay?" Then he gave me two thumbs up and said thank you. Soon after arriving to the unit, he was placed on Bipap. He grabbed for the mask like it was a glass of water in the desert. Within moments of being on Bipap, his breathing slowed and became more comfortable. It was then that he finally went to sleep. Al was in the ICU for almost 2 weeks, and was then able to be transferred back to the floor. It is hoped that he will soon be a transplant candidate.

While Al thanked me for everything I did for him that afternoon, I wish I could have thanked him for reminding me of why I love nursing. When the days are hectic, we often need to be reminded of the difference that we make in everything that we do. Al also showed me what true bravery looks like. For that I give him two thumbs up.

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