

2011

# Clinical Exemplar

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## **SOMETIMES IT TAKES A VILLAGE**

**A** recent weekend of being on-call for emergency surgeries was interesting in more ways than one. There was a planned power outage for that 24 hour period and no surgeries would be scheduled unless they were dire emergencies. The problem with that scenario was that the staff who would be involved in scheduling and performing surgeries did not receive that information!

Consequently, little nine year old Alyssa (not her real name) was brought to the Operating Room, sitting in a wheelchair, awake and as pleasant as she could be for surgery on her wrist. She was accompanied by her grandmother with whom she was spending the summer. Alyssa lives in Arizona and had fractured her wrist while climbing a tree with her brother. Because we had no patients in PACU at the time, my co-worker and I went to the OR and introduced ourselves to Alyssa as the nurses who would be waking her up after surgery.

Everything seemed to be on track as we waited for the surgeon to arrive. During that time it was communicated to the OR that little Alyssa's surgery could not be performed because it was not an emergency. The surgeon arrived and stated that it was really the best time to reduce Alyssa's wrist for optimal results. (She had previously been seen in the Emergency Room two days before and her mother's driver's license and phone consent were sufficient for treatment because the nature of her illness was emergent).

Upon further examination of the patient's chart and history, it was determined that because she was a minor and her mother was out of state,

the grandmother's letter giving her authorization for medical treatment for her grand-daughter was basically null and void.



At this point, the Director of Surgery, the Surgery Manager, surgeon, anesthesiologist and Alyssa's grandmother were in discussion about the best way to proceed with the surgery.

My co-worker and I stayed with Alyssa who was quite intelligent and explained to her that all of the discussion was really to be sure that legally and medically she was safe. She remained calm throughout the time and vividly discussed with us the fun things she would be doing while visiting in California.

After a lengthy discussion and phone calls to the child's mother in Arizona, it was determined by the Vice President on call that weekend that what was needed was a signed, notarized letter from Alyssa's mother giving permission for the surgery. It was decided that the letter would be Fed-exed overnight to the child's grandmother and taken to the hospital, unopened on the following day (Sunday) and Alyssa would be scheduled for surgery on Monday morning.

This information was communicated to Alyssa and her grandmother with whom we had all bonded after one and a half hours of deliberation. They both understood that despite the postponement of the surgery, it was all done with Alyssa's best interest and protection in mind. Alyssa was excited that she could go home and "eat a big hamburger" and simply enjoy her weekend.



Her grandmother, though disappointed, was extremely appreciative of our efforts to protect her grand-daughter and expressed her appreciation that they were both treated with respect as individuals. She stated that at no time did she feel as if they were "another number in the system." I believe that our domain of culture and caring allowed us to diligently advocate for this child and in the process fostered a great relationship between patient, family and staff. Despite the cancellation of surgery that day, it was still a positive outcome for all.