2013

Clinical Exemplar

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Story

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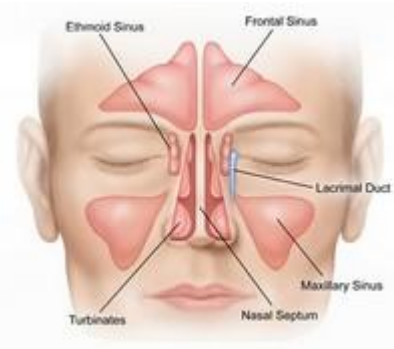
A Bloody Mess

It was another horrendous day in our PACU when Mr. Green arrived following the completion of his three hour sinus surgery. Every nurse in our unit was at her ratio of two patients, and I myself was having a tough time with a very demanding gynecological patient.



I immediately noticed that Mr. Green's mustache dressing was bloody, but figured that I would change it after my initial assessment. Unfortunately, Mr. Green's bleeding nose was way ahead of my plan. Within a couple of minutes, blood was literally running down the side of his face, into his mouth. I quickly realized that this was not just an "ooze" but a steady "flow." After several quick dressing changes, I paged Dr. M to notify him. He quickly responded, sounding very annoyed. I updated him on Mr. Green's clinical status and his reply was "He is going to bleed. I am not taking him back to the OR."

I spent the next hour changing Mr. Green's dressings every few minutes. Thankfully my other patient had finally settled down and I could concentrate on Mr. Green without interruption. When I called Dr. M to report that the bleeding was worse, he instructed me to "Take your two fingers and hold pressure on his nose until it stops bleeding. After that, you can send him home." Never mind that I did not dare move my finger away. By this time, I was using washcloths and towels to contain Mr. Green's nasal drainage.

When I called Dr. M for a third time, he responded by saying, “We've already talked about this. Send him home. I am not going to do anything else." I requested that he come and see the patient but he refused. I was concerned that Mr. Green was bleeding too much to be discharged home and the problem of aspiration loomed large in my mind.

At this point, I said to Dr. M, "I want you to know that I am documenting your refusal to check your actively bleeding patient, and I will not discharge him until you see him."

Within minutes, Dr. M was at the patient's bedside, along with the patient's wife who was also not convinced that her husband should go home. Both the patient and his wife remained very calm throughout the whole ordeal as I efficiently cared for him and kept them apprised of everything I did.

After assessing his patient, Dr. M agreed with me that he should not be discharged. He packed his nose and wrote admission orders for overnight observation of his airway and for control of bleeding. Dr. M also took time out to acknowledge my efforts on his patient’s behalf. The patient did well and was discharged to home the following day.

I facilitated this patient’s care through effective communication with his physician and in the process maintained a therapeutic and effective relationship with him and his family. My determination in being his advocate prevented potential complications that could have occurred had he been discharged that evening. This experience brought me much satisfaction and joy as I reminisced about the situation and knew that I had done everything I could to ensure my patient’s safety.

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