

2010

# Clinical Exemplar

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## VISITATION

I've been a nurse in the PACU for more than 28 years. From the first day that I joined the staff in PACU, my peers impressed upon me the necessity of keeping the family out of the unit. Oh, they had their various reasons for this mandate; the lack of patient privacy, the space concerns, the fragility of the patient emerging from anesthesia, and the reactions of the medically uneducated public to the sights and sounds in an intensive care environment. All very compelling arguments for their cause, I might add, but I suspected that there was more to it. Perhaps it was their own insecurities of being judged or the possibility of questions that they couldn't answer, or merely a control issue.

All of this struck me as odd coming from my previous experience in my home on the Oncology unit. There, the patient's family camped out with them. Home cooked meals lovingly prepared poured in from their kitchens enticing their ailing family member to eat. Family members stumbled from their cots in their jammies at night to beacon us to their aid. This was the norm for the staff and an expectation. So the void of family interaction in my new unit was foreign but I accepted it as their expectation. And this is how it was for many years.

Then along came Steven and his mom. And suddenly all bets were off for keeping family out of the PACU. Not only the PACU, but the OR too! Steven was 21 at the time and he had a well documented syndrome that left him with a host of maladies. Among these afflictions were fibromas that popped up throughout his body on a rather inconvenient basis that required removal. Steven's syndrome also left him mentally delayed and he functioned at the level of a 9 year old. This, combined with his adult proportions, poor eyesight, fear of healthcare providers, and his fight or flight response, made him a formidable patient challenge.

And then there was Steven's mother, whose picture was in the Webster's Dictionary next to the word Advocate. On our first meeting I had been "warned" by the anesthesiologist that SHE WOULD be at Steven's bedside when he arrived in the PACU. Sensing this urgency and the fact that this was not the norm for this setting, I was a bit wary. But when she arrived, she was not what I had girded

myself for. She was barely five feet tall, smiling, beautifully coiffed, and strode toward me with her hand outstretched in greeting.

After introducing herself and her son, who was lying intubated and anesthetized on the gurney fresh from the operating room, she inquired as to how my day was going. OK, this was going better than I expected. And as Steven roused, she reached for the tissue to dab at the saliva that spilled from the corner of his mouth after I had suctioned and extubated him. She held one of his hands patting it lightly and cooed a mom's wake-up call in his ear while she advised me to restrain his other hand, lest he rip off the bandage that had been so carefully applied to his neck and chest. She was pleasant, helpful, non-threatening... everything I could want in a team member. That was it; she was part of the team. The Taking Care Of Steven Team.

We ended up recovering and discharging Steven directly from the PACU, bypassing the outpatient department so that we didn't vex Steven any more than he was already vexed. This was another departure from the norm, but it worked for this situation. As we wheeled Steven through the lobby to the car, she thanked me and directed Steven to thank me also for the wonderful care that they had received (just as I direct my own teenagers today in common courtesy).

Several months later, Steven had to be readmitted for another procedure. I was summoned again to meet with this "difficult" parent and care for the patient. We met again and had another "successful" recovery with his mom in attendance. I found out that Steven was much more compliant when bribed with the promise of a cup of coffee with extra cream and three sugars. He actually remembered me and thanked me as he left without his mothers prompting. Some of the other staff members were now noticing how helpful a family member could be in their otherwise "family free" environment. Mind you, PACU still has red signs on the doors heralding NO VISITORS AUTHORIZED PERSONNEL ONLY. The concept of Family Centered Care had not been adopted at this juncture at my hospital. But ever so slowly, the concept was making headway in the department.



Today, Long Beach Memorial Medical Center and Miller Children's Hospital embrace the practice of Patient and Family Centered Care. Nursing student's care plans are scrutinized for including this in their interventions. Parents routinely accompany their child into the OR and assist with their postoperative recovery in the PACU. It seems almost alien that we ever practiced any other way.

Over the course of the next eighteen years we saw Steven and his mom, who we now knew on a first name basis, one to several times a year. Her hair was graying, as was Steven's. We took the opportunity to catch up with each of our

lives on each of Steven's admissions. They had become what we call "regulars", those unfortunate people with health issues who rely on medical intervention more often than they care to. And over time, his mom, or any other family member in the PACU, wasn't viewed as an interloper.

What Steven and his mom had taught me, and indeed, many of the staff in my department, was that the family is the most important part of the health care team. Our interaction in the health care process is brief, at best, and the real healing happens after the patient leaves the confines of the hospital. She also reinforced my belief that first impressions are vital in the success of professional relationships. Her initial open, honest, gracious approach was what put me at ease and allowed me to provide for the best possible care for her and Steven.

