

2011

Clinical Exemplar

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THE REDHEAD

Preop holding is an area which is unlike any other patient care area. I still encounter many colleagues who have no understanding of exactly what role the preop nurse plays in the perioperative experience. Though I have worked in preop for over 14 years, I have never become complacent, for it is an area whose needs are always changing, and therefore always challenging.

Our group directly cares for 35 to 50 patients in a 12 hour period. Many are previously healthy children coming for elective surgeries, but many are more seriously ill and require more complex care. At any given moment, there could be a cardiac patient with a Flolan infusion, an oncology patient receiving platelets, a respiratory patient requiring oxygen and suctioning, or a neurology patient requiring an emergency shunt revision.

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Though many patients have greater physical needs while in preop, almost all have great emotional needs. It is a vital part of the perioperative process to meet the physical and emotional needs of the patients and their families. Meeting their physical needs always requires the nursing process. Meeting their emotional needs is often subtle or instinctive. It is much harder to evaluate. One thing we have achieved in preop holding, I believe, is good communication among staff, and good teamwork.

We first met AB very late in the afternoon. I was ending my 12 hour shift and our clinical assistant (CA), was ending her 8 hour shift. We received a call that a three year old boy had traumatically amputated the tip of his index finger when he placed it between the spokes of his brother's bicycle. He was being rushed from the ER to preop holding with the hope of having the finger tip reattached in the OR.

I was expecting to meet a fearful, crying child who would be clinging to his mother. I was surprised when an adorable redhead came into preop sitting bolt upright on a stretcher. He was very calm and was chatting away with the ER nurse. His mother was walking behind them, looking stunned, her shirt covered in blood. AB appeared quite comfortable and very interested in his surroundings. Because timing is essential in cases like this, I usually defer to the OR nurse or anesthesiologist so that the case can move forward quickly. Also, it was evident that AB was in no distress and needed no physical interventions.

As soon as I introduced myself to AB's mother, she immediately burst into tears. I moved her quickly out of her son's line of vision, not wanting him to see her so upset. The CA quickly got some distraction toys and kept AB quite engaged. His mother was blaming herself for everything, even stating that she was a "terrible mother". She said she was literally a few feet away and witnessed the accident, berating herself for not getting to him sooner. The hand/plastic surgeon arrived to get consent and told her what could possibly happen. He said that he wasn't sure he would have success, but would attempt the reattachment based on AB's age. He used words such as "anticoagulation" and "leech therapy" and the need for a postop ICU bed.



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When the surgeon left, her grief and guilt became worse. As the CA kept AB occupied, I tried to calm her fears and assure her that accidents like this happen in a split second, and that she did all the correct things. She called 911, put the fingertip on ice, and wrapped his hand. And clearly, she had been calm and focused when she needed to be. This was evident by the calm demeanor of her child. Beyond that, I don't remember what else I said to her to help calm her down.

I did introduce her to the PACU charge nurse who would be getting her updates while AB was in surgery. After AB went into the OR, we settled her in the family waiting area, where she waited for her husband. AB's fingertip was successfully reattached. Several weeks later, we received a letter from AB's mother. She thanked us for our "loving support" and that our "kind words and love steadied her then and still do now." I don't think any of us thought about what we said that day because those of us who work in preop holding do it so often. But it was a wonderful feeling to know that it mattered so much.

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