

The Reality of Nursing: Patient Care

Actual stories from nursing faculty about their most memorable patient experiences

Sara Masters, RN, MSN
Associate Dean of Nursing

I remember a young fellow who came in post-automobile crash. His family wanted to visit him in the Intensive Care Unit, but the hours were restricted. We worked it out to let them come in and be with the patient. They were with him when he died. The family came back days later to thank us for allowing them to be there to hold his hand and talk with him in those precious last moments. We cried with them when he died---supported and hugged them.

It was my first experience with allowing myself to show emotions in front of a patient's family. That kind of display of emotion was forbidden in my nursing program. However, I allowed myself to make a decision that was in the best interest of the patient and his family. It affirmed for me that my natural instincts and my desire to be totally there with patients---to take care of them holistically---was truly important and that my ability to think critically had made a difference.

Brenda Vasquez, BSN, MSN
Nursing Faculty

I remember a patient who had both of his legs amputated up to the upper thigh area due to severe peripheral vascular disease. He had also suffered a stroke and could not talk. In fact, the only word he could utter was "mother", which is the name he used to refer to his wife. We had to provide care for him on a waterbed, as we did not have highly specialized beds that you work with in the hospital today. He had massive dressing changes to both amputated stumps that were very difficult to perform due to the motion of the waterbed combined with the fact that the dressings were located near the groin area. I remember spending many hours with his wife and him over the course of many weeks. He eventually was transferred to a long-term care facility.

About ten years later, I received a phone call from his wife. Even though I didn't work in the same unit anymore, she located me! She wanted to thank me for everything I had done for her husband those many years ago. He was still alive and had improved his ability to communicate. She gave me a complete update on his health and ended our conversation with her many thanks for the wonderful care I had shown to her husband and her. She said she would never forget me. As I hung up the phone, I knew I would never forget them either.

Sherri Marlow, RN, BSN, MSN
Nursing Faculty

My most memorable experience was when I truly realized the impact one person can have on another. I had a patient with a very unique diagnosis who was in post-operative care after about a dozen surgeries. This surgery involved extensive facial reconstruction. I took care of him in his first night at the Intensive Care Unit. His face was extremely swollen and was covered in a head/face bandage, so I never saw any part of his face except for his eyes.

Six months later, out of the blue, he stopped by the hospital just to see if I was working. He thanked me for the extra TLC I had given him and told me he would never forget it. This experience forced me remember that although interactions with a patient may be brief, they can be the one thing that makes the situation better or worse. I hope my interactions with patients improved their situations, rather than hindered them.

"Nurses are the true caregivers...It is the nurse who is here at the bedside 24 hours a day who is keeping this patient going---with good nursing care. That nurse is your eyes and ears. That nurse is the one who is going to cue you in when things are going on."

Vice Admiral Richard Carmona, RN, MD, MPH, FACS
U.S. Surgeon General

The Reality of Nursing: A Day in the Life of a Nursing Student

BEEP....BEEEEEP....BEEEEEEP "Is it 5:00am already?"

I stumble to the shower for the early morning wakeup. After, I put on my uniform, which I set out the night before. Grabbing a granola bar, I make one last stop to pick up my tools: Stethoscope...check, penlight...check, black pen....check, watch....check, medication notes....check.

It's out the door for me! Traffic is light at this early hour of the morning, so I arrive at the hospital at 6:30am to meet with the rest of my clinical group for pre-conference, which is where we discuss our patients for the day with our clinical faculty member. It's my turn to discuss my patient. I carefully go over the 3 hours of research I did the previous night on my patient's condition. Whew! Luckily, I knew the answers to my instructor's questions. The person next to me wasn't as prepared so they got grilled.

We leave the lobby and go up to the floor where the patients are. When I arrive, the patient's primary nurse tells me about my patient's condition. As I step into the room, I feel those familiar nervous butterflies in my stomach. I remind myself that I can do this! I step into the room with a smile on my face and introduce myself to the patient. After a couple minutes of chatting, I get down to business and start my assessment of what is going on with the patient. After assessing the situation, I consult my medication record and get the patient's 9:00am medication ready. I get the meds out, double-check them and look for my instructor. I can't find her, so I wait. After the meds are approved, I can give them to my patient.

I spend the morning with my most critical patients; bathing, medicating and caring for them. Sometimes they just need a pitcher of water, other times they need dressing changes, pain medication or frequent monitoring. Around lunchtime (which can be whenever in the hospital setting!!!), I grab a frozen dinner and heat it up. I scarf it down because I want to get back to my patient and finish her documentation. My instructor just asked me about a new medication I need to give. Drawing a blank, I say "I'll have to come back" and run to get my medication manual. Yes! I have my answers. Medication is given and it's time to leave the floor for a post-conference meeting with my instructor and fellow students. Before I leave, I pop in to say goodbye to my patient. She grabs my hand and says, "thank you for taking such good care of me. Are you going to be here tomorrow?" I smile inside because I did a good job today.

In post-conference, we discuss how the day went with our patients. Our clinical instructor answers our questions and tells us about interesting patient diseases and pathophysiology.

After the post-conference, I leave the hospital and head home. As soon as I get in the door, I take off my uniform and put on my pajamas. That's better! Then, I get out my med-surg book, medication book and nursing diagnosis book and start my care map. A care map is an analytical tool to chart how I cared for a patient. Let's see...red marker around the assessment area, purple for the nursing diagnoses, green for collaboration, etc. It takes about three hours just to get started! It's time for dinner and I'm too tired to cook. Can anyone say Pizza Hut??? I grab a quick slice and it's back to the books.

9:00pm already? I feel my eyes getting heavy and I have a test on Friday for nursing! More reading. I force myself to read over the notes we just received today. I open the book to the chapters we are supposed to read. Fourteen pages later, I'm exhausted. The clock says 10:48pm. Let me just shut my eyes for one minute...

BEEP....BEEEEEP....BEEEEEEP "Is it 5:00am already?"

"Nursing encompasses an art, a humanistic orientation, a feeling for the value of the individual, an intuitive sense of ethics, and of the appropriateness of action taken."

~Myrtle Aydelotte, 1992