The Gift of Nursing

We asked our mentors here at Luther to recall a time when they made a difference in a patient’s life. We hope these stories inspire you throughout the rest of the semester. Remember that you are a gift to your patients—just for being you!

“In the spring of 2001, I was close to completing all requirements for my doctoral internship in Counseling Psychology. On the very last day of my internship I arrived at the office and began to meet with those clients I had counseled over the past year. A favorite client of mine had scheduled a session for the last appointment of the day. She was struggling with depression and suicidal thoughts, and her symptoms were making it hard for her to function as a wife and mother. She was married, had three children, and had extended family living nearby. Unlike many clients that I cared for, she had a lot going for her in terms of inner resources. In previous sessions with her I had noted her strong faith in God, her resilient character, her previous problem solving experience, and her development of some very effective coping strategies. As far as I could tell, she also seemed to have a healthy relationship with her husband as well as parents close by who provided support when needed. However, my client was afraid to reveal her struggle with depression for fear her husband and parents would reject her. She felt ashamed of her feelings because she believed that she had nothing to be depressed about and thought she should be able to help herself. Rather than perceiving that she had an illness, she perceived that she was weak in character. In previous sessions we had examined her thoughts about this, considered alternative perceptions of her situation, and discussed the possibility of sharing her feelings and her struggle with her husband.

At 4:00 pm I went out to the waiting room to greet my client. She wasn’t in the waiting room. I was disappointed as I thought we had made some good progress toward goals for therapy and I wanted to say goodbye. At 5:00 pm as I was packing up my things to leave the office, the receptionist called to say that my 4:00 pm appointment had arrived. As I greeted my client she apologized for being late and told me she thought the appointment was at 5:00 pm. We went back to my office, sat down and started the session. The first words out of her mouth were “I want you to know that you saved my life.” She went on to say that the work we did in examining her thoughts and challenging those that might not be particularly rational, helped her to realize that she could reach out to her husband for help. In reaching out to him she got the love and support she so desperately needed to heal and move forward. No longer feeling suicidal, no longer suffering alone, she was looking forward to the future with hope.” - Professor Overvold-Ronningen

“Christmas deaths in the trauma OR were always particularly hard. One Christmas eve we worked for hours on a little 6 mo. old baby who had been a victim of shaken baby syndrome. While she ultimately ended up passing away, I was present with her throughout the whole thing—and I mean really "present"—in OR #9: holding her hand, praying that she would be okay and working feverishly to try to save her life. The entire team was devastated when she died that night. We left at 11 PM to walk out to our cars and it was snowing. Christmas carols were playing on the radio as we all drove home, including "What Child Is This". While this was beyond sad, I take comfort in knowing that someone who really cared about her was with her at the end of her life... someone who still thinks about her all these years later at Christmas time.” - Professor Nelson

“Due to various weather- and government-related circumstances, many hospitalized victims of Hurricane Katrina were unable to be evacuated from their New Orleans hospitals for least 7 days or more. At the time, I was working in the emergency room at a large hospital in Atlanta. About one week out from the storm, my fellow nurses and I received word that we would be taking in a large number of New Orleans patients who had arrived at our regions' military airport. As the patients began to arrive in bulk, my fellow nurses and I bound together to provide care of our current patients as well as those impacted by the storm. We no longer had patient assignments—we instead worked together to tag-team our patients as a whole. The amount of care we needed to provide was overwhelming. Patients didn't always have a chart or their armband had been removed and replaced with a government issued tag. Many of the patients we received had spent a week on top of a New Orleans hospital roof with temperatures into the 90's and oppressive humidity. There was little relief from the sun's rays and there had been no access to pain medication, reliable hygiene, IV medications and fluids, or dialysis to name a few. One patient I cared for that night sticks with me. She had underwent a hip replacement 2 days before Katrina hit. Arriving without a chart and sunburnt, she was exhausted from the ordeal and stoic even though her pain was severe. As I administered pain medication, we talked a bit, but the shock of the last week made it difficult for her to converse. What she needed wasn't conversation, but comfort. I removed her old IV saline lock and Foley, bathed her, and provided a new gown and linen. It was an experience I won't forget. At the end of the night, my fellow nurses and I felt like as team as never before. We were reminded of why we chose to be a nurse and how honorable it is to care for others.” - Jessica Raabe
Word Search Clues

1. Considered the founder of modern nursing
2. Another word for “short of breath”
3. The first step in the nursing process
4. National Council Licensure Examination, abbreviation
5. Working together
6. Blood pressure, temperature, pulse, respirations, pain, e.g.
7. R.N.
8. ______-centered care
9. Another word for “documentation”
10. One that pleads, defends, or supports a cause or interest of another.
11. The QSEN competency that emphasizes minimizing harm
12. Pharmacological treatment is also known as ______.
13. Nurses give these IM, SQ, ID.
14. Another word for “walking”
15. A characteristic that lab director Jessica Raabe spoke about at banquet.

NURSING IN THE NEWS

Police AED Program

Doctor Roger White, from the Mayo Clinic, started a program in 1990 to put automated external defibrillators (AEDs) in every police car and other first responder vehicles in Rochester, Minnesota. His goal was to determine whether survival rates increased if police could shock patients back to life in the first 4-6 minutes of a cardiac incident, before paramedics might have had a chance to arrive. Rochester, Minnesota is now the city with the country’s highest survival rate, 58%, for people who suffer cardiac arrest outside the hospital. Doctor White continues to track every cardiac arrest case in the city to determine whether early AED intervention makes an impact on rates of survival. His research has saved people like Ron Cath, a 72-year-old army veteran who suffered a cardiac arrest while shoveling snow in a snowstorm last May.

NCLEX Question!

A nurse provides care for the client diagnosed with stage 4 ovarian cancer receiving chemotherapy. The client states to the nurse, “I am tired of this treatment and am ready to stop.” Which action should the nurse take FIRST?

A. Assess the client’s understanding of her statement.
B. Ask the client’s husband to talk her out of terminating chemotherapy.
C. Call the hospital chaplain to offer the client support and comfort.
D. Encourage the client to continue on the ordered chemotherapy.

Answer: A

References available upon request: email lsna@luther.edu

A Look Ahead

December 3rd at 7:00pm in Valders 367

Wrap Christmas presents for our Christmas Cheer family!

Check out LSNA online:
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