A Centennial of Care: Echoes from the Past, Sounds of the Present, Inspirations for the Future

Lehigh Valley Health Network

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A Centennial of Care:

Echoes from the Past,
Sounds of the Present,
Inspirations for the Future

An Anthology

Celebrating 100 Years of Care
1899 - 1999

Lehigh Valley Hospital
DEDICATION

This anthology is dedicated to the nurses and staff
whose care began at
Allentown General Hospital in 1898
and continues throughout
Lehigh Valley Hospital & Health Network in 1999.
Without your devotion to patient care,
the past 100 years would have been impossible.
and the next 100 years inconceivable.
Thank you.
A special thank you to each contributor - -
Friends, Nurses and Employees.

Collected and Edited by:
The Nursing Voice Editorial Board
in honor of Nurse Week, May 1999
and in celebration 100 years of health care by
Lehigh Valley Hospital and Health Network.

Editorial Board Members:

Anne Brown
Mae Ann Fuss
Kim Hitchings
Roberta Hower
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Carol Saxman
Noreen Schlegel
Darla Stephens
Cathleen Webber

** The names and identities of all patients and their families have been changed to preserve their confidentiality.

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May 1999
No tears in the writer, no tears in the reader.  
No surprises for the writer, no surprise for the reader.  
-- Robert Frost

Some who contributed to this volume did so out of duty; some were prompted by the desire to express themselves. But as each searched for the topic and the right words to convey meaning, each had to consider caring and the nature of health care as a profession. In doing so, the writer tapped into emotions that the reader will recognize and be moved by... to tears, to laughter, to nostalgia, and to nods of agreement. While not all the authors are nurses, all are caregivers who share a concern for patients and a desire to make a difference in someone=s life.

This collection celebrates 100 years of caring. Integral to giving care are those receiving the care: the patient, family, and community. Patients and their families might be surprised and pleased to realize how important they are; they are not numbers or “widgets.” The nurse touches their lives but their vulnerability, needs, joys, and sorrows also make a lasting impact on the nurse. The caregiver learns from the patient and is richer for that contact. The lessons learned increase the knowledge and understanding and compassion that can then be extended to other patients.

Enjoy the celebration. Enjoy the essays, poetry, and stories. We hope they echo with remembrances of the past, speak of the value of caring, and encourage each reader to continue giving the best possible care to those we encounter.

- Darla Stephens, Editor
The Nursing Voice Editorial Board
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Echoes

from the Past
THE PATIENT WON'T DIE

I have never forgotten events and patients from my initial student nurse clinical experience more than 30 years ago. In the very first, I was to call my instructor after I performed a most basic and important nursing activity -- positioning my stroke patient, Mr. Davis. With the help of pillows and towels, I was to maintain proper body alignment and prevent patient discomfort, contractures, and bedsores.

After massaging my patient's bony prominences, I rolled him on his side and pushed first one, then two, three and four pillows under his back until he finally stayed on his side. Two pillows went between his legs to maintain alignment and keep his knee and ankle bones from rubbing. I then placed two pillows under his top arm to maintain his upper body alignment. A small pillow was under his head.

I was so proud of myself as I led my instructor into the room -- then, as only an 18 year old could do, I burst out laughing. My poor patient was buried under pillows -- you could barely see him for all the stuffing I had placed around him. However, I never forgot the importance of that basic procedure because of the mental image I still have today. I learned a never changing aspect of nursing -- no amount of high technology takes the place of basic comfort measures in assisting the patient mentally and physically to feel better.

My next memory is Mrs. Stein, an elderly comatose woman dying from metastatic breast cancer. She never saw a doctor until her breast was large, hard, and black. I gave basic care, wondering why she had not seen a doctor, was she feeling pain, had she been scared as her breast got worse. I wondered how many health care providers, family, or friends saw changes in her and tried to intervene. Or, did no one notice anything? I vowed to be more observant. I vowed that someone under my care - or even a friend - would not suffer this woman's fate. From that time on, I never went into a patient's room without seeing and examining the whole patient - inquiring about things other than the presenting problem, considering the interaction of body systems. I query visitors and family about their perceptions of how they think the patient is doing. This patient taught me that caring involves much more than the presenting symptoms. I vowed my patients would not be harmed because I was too preoccupied to give them my whole attention all the time I was with them.

Last but not least was Mr. Rose -- a lively, funny man with tertiary syphilis which was now killing him as his organs started to fail. My job was to provide comfort measures, but Mr. Rose was quite self-sufficient. Being a student, I could not use the excuse that I had other, more critically ill patients I needed to take care of, so I could leave his room. Consequently, Mr. Rose and I spent a lot of time talking. Unlike me, he was poorly educated, black, homeless, untreated medically for most of his life, and on welfare. What might an 18 year old and a man more than 60 from such dissimilar backgrounds ever find to talk about?
Turns out, we never stopped talking. I learned that I could form a therapeutic relationship based on common emotions that all human beings share - no matter what their walk of life. I learned about humanity, perseverance, tolerance, and forgiveness in the face of adversity. I learned by paying attention and giving respect I could give a patient gifts of hope, love, and care.

After caring for Mr. Rose over a period of four weeks, I was assigned other patients so my "learning" could continue. However, while on the unit for clinical, I always popped into Mr. Rose's room to say good morning. One morning his room was empty; I stepped back outside to check that I had the right room. I did. I went to the nurses' station and looked in the Kardex to find his new room assignment. I couldn't find his name. Finally, I stopped a staff nurse and she said he died during the weekend. No one - staff, my instructor, or my fellow students - ever talked to me about Mr. Rose.

Thirty-seven years later, I still miss Mr. Rose. In my mind's eye, I see his toothless smile, the sparkle in his eyes, and his optimistic spirit. We gave each other the gift of ourselves for a precious few moments - a gift that gave my first lesson in living every day to its fullest, of finding the pleasure (versus displeasure) in my circumstances, and of the healing power of a kind word and soft touch. Mr. Rose taught me to bring my humanity to every patient encounter. Life is too short and fragile to bring negative emotions, whether from unit politics or personal problems, to my care of patients or work with other staff.

As you look for inspiration for the present or the future, look back, remember and learn from the past. Reflect on your own Mr. Rose, Mrs. Stein, and Mr. Davis. Each is found in every patient we care for; they are the essence of caring and nursing.

Contributed to the Centennial Anthology by:
- Suzanne P. Smith, EdD, RN, FAAN
  Editor-in-Chief
  The Journal of Nursing Administration
  Bradenton, Florida
"Let us never consider ourselves finished nurses. We must be learning all our lives."

- Florence Nightingale
Just imagine having your class notes published for the world to see... These condensed lecture notes were written by Anna Leichel in 1912, early in her education, and were donated to the Archives by her family. Some you may find amusing but some is surprisingly current.

**Miss Veihdorfer's Lecture**

**Patient Comfort**

1. Notice when the lights annoy a patient or when he is in a draft.
2. Never forget likes and dislikes especially in regards to food.
3. Never take longer than absolutely necessary for a drink or bed pan.
4. Never whisper in or near the sick room or in the ward of the patient whom you are talking about even though the patient appears asleep or unconscious.
5. Never discuss a patient's condition with him or anyone near him.
6. Never lean or sit on a patient's bed and be careful not to knock against it.
7. Never rock in a sick room.
8. Keeps doors and window hinges well-oiled and never allow them to bang.

**Pulse Tension** - degree of resistance which the artery offers to the pressure of fingers and is called high or low tension. Low tension is due to a weakening condition of the heart or relaxed state of vessels.

**Causes of high tension:**
1st. Excess of animal foods or alcoholic drinks.
2nd. Sedentary habits with resulting imperfect oxidation.
3rd. Constipation
4th. Changes in the vessels, walls or deposits of lime due to age.
5th. Gout
6th. Organic diseases of heart or kidney
7th. Chronic lead poison

**Miss Mench's Lecture**

**Simple Enema**

A simple enema is given to relieve constipation. It is composed of a soap and water solution at the temperature of 95°F. The articles necessary to give a simple enema are: fountain syringe and nozzle, solution, pitcher, Mackintoshes, towels, bedpan and cover, soap and water and Vaseline. Protect bed with rubber sheets and make up soap and water solution (two quarts for adults) and pour in the bag. Attach nozzle which has been previously sterilized, then, turn patient to left side with knees flexed because the sigmoid flexure lies in the left iliac region. Do not expose patient more than necessary. Lubricate the nozzle and expel the air from the tube. Then, insert into rectum very carefully. Never
insert nozzle using force and allow solution to flow in a gentle steady stream. Never force solution into bowels by elevating the syringe very high.

After quantity has been given, the patient should be turned on her back and placed on bed pan. Tell the patient to retain the solution for at least ten minutes if possible. After the patient expels enema, see if it is effectual. Then, clean the patient and remove rubber sheets and towels.

**Hot Air Bath**

A hot air bath is given to induce perspiration and to rid the system of the waste products that have not been carried off. Articles necessary for hot air bath are: six or eight blankets, three rubber sheets, cradles, ice cap, hot air apparatus which consists of a long, tin spout and hood which covers an alcohol or gas lamp. The gas lamp is attached to a gas fixture by means of a rubber tube. Turn patient from side to side and protect bed with rubber sheets and blankets. Remove patient's gown and cover with blankets, tuck in well around the neck and feet. Place cradle over patient and cover with blankets and Mackintoshes leaving a small opening at the foot of the bed to insert the spout. Place ice cap to the head, give patient a hot drink and place towel under the head. Light the gas lamp and keep patient in bath till she perspires freely. Be careful not to have spout too close to the feet. Turn off gas and allow patient in blankets for twenty minutes. Protect her from draft while in the bath. Remove cradles, rubber sheets and wipe patient dry. Rub well with alcohol to close the pores of the skin. Remove ice cap and make patient as comfortable as possible. Watch pulse carefully while patient is in the bath.

**Miss Viehdorfer's Lecture**

Temperature of enema fluids: nutritive - 100°F.; stimulating - 116°; cleansing + purgative - 100°.

Articles required: a sheet and if cold, a small blanket to protect patient; a rubber sheet to protect the bed; a bed pan or douche pan; towel; an irrigator; rectal tube; douche bag; funnel and tubing or a Davidson syringe; a pitcher or graduate to hold the liquid.

1. Stimulating Enema: No 1. Black coffee 8 oz with whiskey 1 oz
   No 2. Hot saline solution 8 oz with whiskey 1 oz
   No 3. Black coffee 8 oz or hot saline solution 12 oz- no whiskey

2. Purgative enema: Magnesium Sulphate 1/2 oz, Glycerine 2 oz, Olive Oil 1 oz, Turpentine 1 oz, warm water to make one pint

4. Other Recipes:

Mustard Plaster
1 tablespoonful of mustard
6 tablespoonsful of flour
water or vinegar to make a paste
Beat well. Then, spread between two layers of muslin. Apply for 15-20 minutes, but, must be watched so as not to blister skin.

Onion Poultice
Slice a large onion. Fry in lard or olive oil. Place between layers of soft cloth and apply. It should never be warmed over.

Turpentine Stupe #1
Add 3 teaspoonsful of oil of turpentine to one pint of boiling water. Immerse the flannel and stir. Remove flannel. Wring it out with a towel and anoint skin with olive oil. Then, apply a fermentation until it causes discomfort or redness. If allowed too long, it will blister the skin.

Spice Poultice
1 to 2 teaspoonsful powdered cloves
1 to 2 teaspoonsful powdered cinnamon
1 to 2 teaspoonsful powdered ginger
1/2 teaspoonful Cheyenne pepper
1 tablespoonful flour
whiskey enough to make a paste sufficiently soft to spread on flannel

Hypodermic Injection:

Place hypodermic syringe, a teaspoon and a pipette in a glass of carbolic 1-20, let soak for 15-30 minutes. Pour off carbolic and rinse in sterile water. Boil the needle in spoon over alcohol lamp for one minute. Then, place in a sterile sponge, saturated with alcohol. Take the required drug, add from 15-18 drops of sterile water, dissolve and hold over alcohol lamp. Draw this up in the syringe, apply the needle and expel the air. Rub patient's arm well with alcohol sponge. Insert the needle upwards toward the heart into the fleshy part of the body, not over any bony portion or blood vessels. Withdraw the needle and rub patient's arm with sponge. Clean and dry the syringe and put in the wire in the needle.
Miss Mench's Lecture

Medicines

The rules to be considered are:
1. Never think of anything else or speak to anyone while pouring, preparing or giving the medicines.
2. Always give exactly what is ordered.
3. Give medicines on time.
4. Read label on the bottle several times before taking the bottle from the shelf and before and after pouring out the medicine.
5. While pouring the medicine, hold the label on the upper side to avoid coloring it with the drug and always wipe the rim of the bottle with a piece of gauze.
6. Use pipettes or graduates, but, never spoons for measuring medicines.
7. While pouring medicine, hold the glass up so the mark of quantity will be on the level with your eyes.
8. Always shake the bottles well before pouring out.
9. Always cork immediately after use.
10. Never mix or give at the same time medicines which change color or form a precipitate when put together.
11. Give acids and medicines containing iron through a glass tube as they discolor the teeth.
12. When giving medicine to an unconscious patient, drop it far back on the tongue using a small spoon.
13. Never allow one patient to carry medicine to another.
14. Never dilute medicine more than necessary since a large quantity of water renders a disagreeable dose more unpleasant to take.
15. Never dilute medicine with warm water. Use either hot or ice water. When giving medicine with an unpleasant taste, a piece of ice may be held in the mouth before giving it. Castor oil may be given in sarsaparilla, hot coffee or a little lemon juice may be added. Other oils may be given in milk, coffee, brandy or wine.
16. Powders may be given in capsules or cachets. It may also be given in jam or fruit. Powders may be placed on the back of the tongue and swallowed with a drink of water, but, never give in this way to an unconscious or delirious patient as it may enter the larynx.
17. Keep separate glasses for oils and strong smelling drugs and wash well with hot water after using.
18. After the medicine is given, wash the glasses well with soap and water, rinse and dry. Never wash the glasses by holding under spigots either hot or cold.
"A life we spend for others is a life not spent in vain."

-Motto

Allentown Hospital School of Nursing
Class of 1921
KIND, STEADFAST, AND TRUE

To be called kind, steadfast, and true . . . a fine tribute to receive from one's classmates. That's the commendation Adele Miller was given in the 1922 Servantes yearbook from the Allentown Hospital School of Nursing which also mentions her "big heart" and her knowledge. The hospital is celebrating 100 years of caring this year but Adele Miller will be celebrating her 102nd birthday in June. The oldest living graduate of the hospital's school, Miss Miller devoted her life to kindness and caring beginning with her own family. She dropped out of high school in her sophomore year to care for her brother and sisters, thus postponing her career. She sewed gloves in a silk mill until she had saved enough to attend nursing school.

After she graduated from nursing school in 1922, she continued her education by obtaining her high school diploma. She went on to earn a Bachelor in Science degree at Columbia University and a Master's in Education at Lehigh University in 1946.

Miss Miller taught at the school of nursing until her retirement in 1966 - 44 years dedicated to the education of nurses in the skills required for quality patient care. She earned the respect and affection of her students with her intelligence, encouragement, and concern. She lived in an apartment in the student residence and was always available to listen, counsel, and care. Even after her retirement, Miss Miller taught courses in home nursing.

The last phrase of the tribute in the yearbook is "... Long shall our memory treasure you." Surely as an institution and as caregivers, we should treasure the long tradition of care, enhanced by intelligence and education, exhibited in the life of this petite nurse who casts a long shadow toward the future. Care, knowledge, and intelligence should always be the standards for nursing.

Thank you, Miss Miller.
FRED B. GERNERD
Present Board of Trustees
TO THE CLASS OF 1936 . . .

In this strenuous age, when the mode of living has so radically changed from the days of our parents, our mother’s nursing has largely been replaced by the modern nurse whose education and years of training has made her invaluable in combating disease and in the restoration of health. The family doctor is indispensable, so is the modern medical specialist, but all their skill would be in vain if it were not for the vigilance and constant fidelity of the nurse to her patient during the hours of physical prostration. Her alertness in detecting the ever changing temperatures and the unexpected symptoms that so frequently develop during the siege of illness, is largely responsible for the great progress that medical science has been able to make in these highly specialized days.

Her many natural qualities which the Father of us All has specially endowed her with, have been enlarged and intensified to such an extent that she brings to her patient the superior qualities of her womanhood, which have been magnified by years of study and training. She hazards her health and frequently her life in the great cause to which she has devoted herself. Her smile of confidence has led many a patient out of the shadows of death, into the illuminating path, to health and happiness. Her rewards are few in material returns, but her recorded deeds, in the Book of Life, are priceless.

She is the uncrowned heroine of our day.

- Fred B. Gernerd

President, Board of Trustees

The Allentown Hospital

1936

Printed in The Servantes, Yearbook of the Class of 1936, Allentown Hospital School of Nursing
Dear Girls:

It won't be long until we are gone from this place in which we have worked for three years, and with which we have become so familiar. So we thought we would "make rounds" and try to note a few particulars on each floor in order to refresh your memories of the various places in which we have worked.

The first floor of the east wing was our starting point - women's surgical wards A & B. It was a typical busy morning when we passed through the long room. There were several operatives from each ward, necessitating much hurry and consequently a certain amount of disturbances, due to beds being pushed through the halls, dressing room doors opening and closing, dishes rattling, and an undertone of reassuring voices in answer to somewhat tense inquiries.

On the second floor we encountered a slightly different scene; busy, of course, but presenting a picture of more order because each bit of hurry or confusion that might have been present was boxed into the private rooms. The sunshine was pouring into the hall from the dressing room windows. The long line of beautiful flowers through the corridors filled the air with their fragrance. As we passed along we could hear the murmur of conversation, a bit of laughter, or a moan.

We went up another flight of stairs. As we opened the door we saw Miss Helfrich going around the corner carrying a pitcher of water; so we quickly surmised that she must be giving her beautiful ferns their morning care. They add so much to the cozy atmosphere, especially when the bright morning sun streams in carrying its load of happiness for everyone. Remember Laura, girls? Whenever we recall her our thoughts immediately travel to the northernmost end of the floor - the infirmary! How we welcomed that place at times, and ah! How eagerly we left it!

We had much to do yet so proceeded up the fourth and last flight of stairs in the east wing to medical floor. This, indeed, was a busy place - will we ever forget how busy it can be? There is something waiting to be done all the time - someone always needing attention. Treatments - medicines - baths - meals. But how pleasant it is up there on a quiet, cool afternoon of early summer, with the sun gaining easy entrance through the many windows, and the breeze gently fanning every brow. How this helps to raise everyone's spirit - and how it is appreciated in any place of illness!

We thought it would be nice to go over to the west wing next, start at the top and travel downward. Needless to say, one thing of special interest was the wonderful view of the surrounding vicinity, which is afforded by the walkway to the roof of the sixth floor. Then inside- The healthy cries of the babies and the cheerful conversations of the mothers always seemed to make the busiest day easier. This same atmosphere seemed to prevail on the floor below. Too many miles have been
paced through those halls by anxious, prospective fathers. What joy we have witnessed when they heard for the first time their little ones' lusty cries.

Down another flight of stairs to the formula kitchen. We recalled how eager we were to go on duty there, and how proud to see the rows of formulas that we made. Remember how we anticipated the time when the third and fourth floors would be opened and we could work there?

The second floor was the liveliest place in the hospital for it housed the ever-interesting children. Chattering, laughing, always busy - not long remembering the pain and suffering. How their active little brains kept us thinking; and what fun it was to play with them when we could snatch a few minutes.

The first floor of the west wing was always interesting, wasn't it? Here were surgical wards. It always seemed so pathetic to see a sick father lying helpless in bed, worrying about his family and work. It was ever so satisfying to send him back again well and strong to those at home. We saw some rather gruesome sights there too. Remember how we used to get accident cases in at all hours of the night?

The operating room came next in our rounds; and we happened to get there on a particularly busy morning - we all know what that is like. Litters were being taken up and down the halls; nurses and doctors were busily engaged all over. A glance into the work room assured us that there was much to be done. As we passed through the hall we caught fleeting glimpses of scenes which moved in a quiet, efficient manner, all the players intent on their parts.

By this time we felt the need of some food, so we joined the line going through the cafeteria to the dining room. After dinner was over, we decided to go down to the basement. The diet kitchen was our first stop. The students were finishing their task of cleaning up the work tables, and starting to prepare for the next meal. Trays had to be set up, sugar shakers filled, and salads to be "fussed" over.

We wandered over to the dispensary, cool and quiet. The first thing to meet our eyes was a view of our new ambulance standing in the entrance; it will always be new to us, won't it? From down the hall came the murmur of voices, and a glance that way showed us that a clinic was in progress. For a few minutes we stood at a respectable distance and observed the people as they went in and out. Turning back through another hall we passed the locker and splint rooms - do you recall ever going down there at night?

Around the corner we saw a door standing ajar, so we stepped inside and gazed on the familiar contents of the classroom in which we had spent so much time during our first months here. Sally still sat rather dejectedly in her corner, the beds had their very neat corners, and the chairs still formed two exact rows. What service this room rendered us!
Back up the stairs to the first floor, recalling the time when we first came down this same path to be measured for our uniforms. Remember? From the front hall to the laboratory where each one of us spent a brief week.

Downstairs again, and we gazed with much pride on our modern X-ray equipment which was installed during our training days. Next door was the physiotherapy department looking so cozy and cheerful that we felt we would be quite willing to bask ourselves under the rays of synthetic sunlight if time permitted.

We went on and were confronted by a familiar doorway through which we have all passed on several memorable occasions, such as the time we had our first interview before entrance, when we received instructions before leaving for State, when we signed up before going on vacations or weekends; and those times when we had erred. It was the first place through which we gained entrance into the hospital life, and will it be the last part of the closing chapter of our life here as students, for we go there for our diplomas.

As we walked outside and looked about us at our hospital a sense of deep pride and keen satisfaction came over us at the thought that we were about to graduate from the Allentown General Hospital.

- Ruth Morgenstern
- Catherine Frey
Class of 1936
Allentown Hospital School of Nursing

Adapted from Servantes
OLD ISOLATION AND THE CONDUCTOR

In 1954, as a new graduate, I chose to work in the isolation unit at the hospital, among all the contagious childhood diseases. I worked with them all: tetanus, diphtheria, meningitis, encephalitis, and simian virus X. I was also given a five minute inservice by anesthesia on how to administer Sodium Pentothal, ether, and curare. Today this is unheard of, but I did administer these drugs to relax a convulsing patient. No questions about it, you just did it.

Old Isolation was very dark and dreary and known as “The Pits” of the hospital. I was alone and only saw Joe at night. Joe was the oxygen orderly who rushed through the hospital monitoring oxygen patients. Unexpectedly one night, Joe had a fatal heart attack. That’s when it started. Two days later, I noticed the elevator came down following Joe’s usual routine . . . but when the door opened, no one was there. This continued non-stop for 6 to 7 years, through numerous attempts to repair the elevator. Finally, after ten years, they replaced the elevator. Now all was quiet and peaceful. But this didn’t stop Joe who now earned the name “conductor.” He continued his hospital rounds. Many times he sat in the room with a critical patient; the patient often died a short time after his visit.

For five years I trained students on isolation techniques. I also told them all my ghost stories... A light went on in my favorite ghost room; the student answered the light although was very reluctant to do so. The patient had had surgery and flu complications. The patient asked “Why has that man sat in my chair all night watching me?” With this, his eyes followed something across the room. He than stated “It’s O.K. now, he went out the window.” In report I told day shift that something would happen to him that morning. He died at 10:00 a.m. of an apparent heart attack.

Another case was that of a terminal TB patient. Several times at night when we entered his room to care for him, we had to remake the extra bed in his room. The form of a person could be seen on the extra bed. After his death, the extra bed did not need to be remade.

Years later the unit’s name changed to WGN - west ground north. We now cared for burn patients. On one occasion, we had a husband and wife, Bob and Mary, who both were severely burned when they lit a match in the basement to find a gas leak. Their rooms were next to each other and they often sent each other messages. Mary died one night at 2 a.m. Next to their rooms was a door to the street as well as a stairwell to other units. When Mary died, we heard the doors open and close, which was unusual at that time of night. We checked with the other units but they denied that anyone had gone out or through the stairwell. About this same time Bill called us. He said, "Mary's
gone. She came to see me and said she’d wait for me. Then she went out the back door.” Now we knew who had gone out the back door. Two days later, Bill died. While awaiting the undertaker’s arrival, we again heard the doors open and close. My aide ran outside but saw now one. Again the other units said no one had passed the stairs or their halls. This was really scary, but we knew who went out those back doors.

Several people keep me well informed and I know that Joe still makes his rounds. Don’t be frightened. Joe is just helping patients get to the other side. Maybe someday he’ll be able to join them.

A special greeting to all the nurses and doctors I worked with over the years. Many of you were student nurses or interns and residents in my earlier years. We all learned together and from each other. Although some have retired or sadly have departed, many still remain and continue to care for patients. I love and respect you all. Keep up the good work.

- Joanne Fister, RN
DO YOU REMEMBER WHEN . . .

The main entrance faced Chew Street, had a circular driveway and a stone covered portico?
The Alcove Shop was a tiny closet under the inside front steps, thus the name Alcove?
The switchboard was a 2 x 4 closet in the main lobby with only a few plug in lines?
The only beds available used cranks at the foot end or nurse power at the head end to raise the headrest?
The only side rails were portable ones?
You used two bottom sheets, a rubber sheet, a draw sheet, a top sheet and a counterpane?
All open ends of the pillow case faced away from the doorway?
There was no plastic?
There was no water in the rooms or in the units, then called wards?
You used empty glass IV bottles for urine containers?
You didn’t time tape IV’s?
Nurses did not start IV’s?
There was only two antibiotics - penicillin (clear) and SR Penicillin (cloudy)?
The interns and residents numbered 10-12 and couldn’t afford to be married?
The interns and residents lived in rooms in the hospital?
Nurses worked a 44 hour week making $1.00 an hour and celebrated when the work week went to 40 hours?
The hospital had its own green and white ambulance?
The hospital had an Isolation Department?
Pediatrics made all the baby formula - scrubbing of all those glass bottles?
Joe, the night watchman walked the halls with his lantern - maybe this was the start of the conductor stories?
You started IV’s at night with a flashlight held under your chin?
Every nurse stood for report in the a.m. except the head nurse?
Every nurse wore all white and their cap?
No one was ever called by their first name?
You worked as hard as you do today, and with far less modern materials and technology, but you could say “I love being a nurse”?

- Patricia Stein, RN
Honorable Mention
"Oh how good it feels - the hand of an old friend."

- Henry Wordsworth Longfellow
Daria,

I tried to e-mail a few remembrances of Allentown Hospital to you for the anthology but the system crashed and I went home in a huff. I am a little calmer now, but of course I cannot remember what I wrote previously. I had a good time reminiscing.

Although I was born there, my earliest recollection of the hospital was passing on 17th street and seeing people on big stone-like steps, looking into the windows on the ground floor. I did not know it then, but that was the way families could visit the patients in the Isolation Ward for polio, or as it was known then, infantile paralysis. Also, I remember having to sit quietly, or as quietly as I could sit, in the lobby on a big leather sofa when my parents went to visit someone in the hospital. The lobby had one of those "hospital" smells. I was fascinated by all the things going on in the area. There were samples of old instruments and doctors' bags, as well as radiology tubes in wooden and glass cabinets. There were strict announcements about visiting hours and children were not allowed beyond a certain point. It gave the impression that it was a place for serious business. The doctors entered the hospital and walked up a few steps to the main part of the lobby. On the left side was a wall of names with switches which a doctor used to "switch on" his light when he was in the hospital. That way, the switchboard operators, located on the right side of the lobby, would know that who was in the building. No beepers back then -- only overhead paging. The operators actually had to plug phone lines into the switchboard. It was awhile ago.

Years later, as a student, I remember the lobby differently. The Edward Harvey School of Nursing Building was, and still is, directly across from the hospital; but then Chew Street was the main entrance. We had to sign out in the morning to go to breakfast because it was a requirement that we ate before going on the nursing units. When it was cold, we wrapped our capes around us as we ran down the steps of the SON, across the street, and up the steps of the hospital. On a cold day, we probably made it across in about 10 seconds flat. If it was windy, we took a little longer because we had to hold onto our caps. The main lobby was on the first floor of the building with a circular drive leading up to it. A flagpole was in the middle of the flower bed in the circle. As you walked into the foyer, on the floor was a marble insignia of the logo, a green circle around a red cross, the same logo used on the AHSN pins. Marble was on the sides with beautiful pillars in the main section of the lobby. But, after getting into the lobby, we just saw the clock because it told us how much time we had to eat before getting to the unit for report.
I was also a candy striper for two summers prior to nursing school. I worked in different areas, but always one day a week in Central Supply. Wrapping packs of 2x2's in brown paper to be sterilized was not exactly a fun thing, especially since there was no such thing as air conditioning and the steam sterilizers could put out some extra heat. But it was a great experience meeting the staff that worked there. One lady did the gloves. She would check them for holes and patch them as necessary. Then she would powder them and wrap them so they could be sterilized. She could size the gloves without much thought to it. There was no such thing as disposable anything, except maybe tissues. Everything from enema cans to needles and syringes got cleaned and reprocessed. I spent many an hour matching up the glass syringes with the glass plungers that were designated for them. They all had to be checked to be sure they would slide properly. One of the staff also had to check the needles and make sure that they were smooth with no burrs on the tip. That was one job that I am glad I did not have to do. Counting out cotton balls and putting them into small paper bags was not exciting, but between chores, we ran some of the equipment to the units. If we got lucky, we got sent to the nursery and actually got to see the babies. NO ONE was allowed on that unit except the fathers.

The medication nurse gave meds to the whole nursing unit and that included student medication nurses. The med cups were glass and had to be washed after each dose. We were not allowed to dry them, but had to let them air dry on a towel. If you used the glasses before they were totally dry, you did not do that again. The pills would start to dissolve in the bottom of the glass -- not fun to explain to your instructor if it was a narcotic.

Falling down the marble back steps in the east wing would not interest anyone, except those of us who worked in that wing, but they were really slippery. I could go on, but I think I am starting to get too corny. Maybe I stimulated a few memories for you to write about our early times at Allentown Hospital.

- Fran Worman, RN
Dear Frannie,

You stimulated lots of memories about school, but the last line about the marble steps started me thinking about the years after graduation when I worked on Section B, the 24 bed open ward at the bottom of those steps. That East Wing was ancient in our eyes, and less appealing than the newer wings, so we answered the phone “B as in Beautiful” to improve our image. The first floor held wards A and B with a utility area in the center. The communal bathrooms were out there - two toilets and one shower for 48 patients! The medicine closet was there too, and contained stock bottles of the most frequently used medications, a locked narcotic safe, and those infamous glass med cups, which we carried to the patients’ bedside on stainless steel trays. The glass cups slid from side to side on the steel tray and I recall tilting a tray full of 9 AM meds too far to the right. What a mess!

The four private rooms attached to the ward had barn-like doors that strengthened biceps and triceps as we slid them apart and closed. The other beds were separated only by curtains. The open ward was less pleasant for the patients, but is the basis for today’s ICUs because we could see what was happening to our patients constantly.

My strongest memories of that time are of the patients and the nursing staff who cared for them. The patients still bring smiles and tears to my eyes: the little old lady in Buck’s traction who unexpectedly demonstrated her wicked right cross and connected with my nose, Betty D and her qHS wine in a medicine but sipped as though from fine china, Ellen who rubbed Absorbine Jr into her ORIF incision (it did heal!), Terry B whose life and death touched us all, and the young mother, Janice, who died on Christmas morning. The RNs, LPNs, and Aides were talented, skillful and compassionate - working as a team, they provided the highest level of care for their patients. Many of them are still “in the system” today - modeling the heart and soul of nursing.

Now I’m getting maudlin, so I’ll pass this on...

- Darla Stephens, RN
EULOGY FOR A DIPLOMA NURSING SCHOOL

You were so much more than a school of nursing. You were mother and father to those students from far away. You provided guidance not only during class and clinical times but 24-hours-a-day. You were a safe haven from disastrous blind dates; you were the all-powerful censor of weekend trips away from the dorm; you were financial counselor, and provider of friends who will never be forgotten. . . . Old friend, you gave your graduates much to remember. May you be remembered with warm nostalgia . . . May your graduates learn and grow . . . may you never be forgotten.

- Nanci Willis Rinehart

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The following excerpts are from the Commemorative Issue of the Nursing Voice, published in June 1988, in honor of the Allentown Hospital School of Nursing which closed upon the graduation of the 1988 class after 89 years devoted to nursing excellence.

LEGACY OF LEADERSHIP - FROM THE DIRECTOR'S DESK

Saying goodbye is never easy. I have been associated with The Allentown Hospital School of Nursing for over 40 years. The school has become a vital part of me. I have seen its rigors as a student, contributed to its excellence as both an instructor and coordinator, and guided its final years as the director.

Reaching back to my student years, I share with the 1988 graduates and intimate understanding of diploma education. Our school has provided a fertile environment for growth.

. . . The exceptional caliber of our faculty and students resulted in formal recognition for exemplary performance by the Pennsylvania State Board of Nursing in July, 1987.

As commencement drew near, I felt a great sense of accomplishment. The 3,705 nurses who have graduated in similar ceremonies throughout the years have set a high standard of professional achievement of the 1988 graduates. True to tradition, the new nurses are well equipped to meet the standard and continue to develop the legacy of The Allentown Hospital School of Nursing. Through the continuation of this legacy, I see the last commencement not only as an ending, but also as a beginning of numerous new stories of excellence.

- Josephine Ritz, RN
NOTES ON LEADERS THROUGH THE DECADES

Faith and hard work were the foundation on which the school was built, starting with Annie B. Gibson and Clara V. Haring. As head nurses, they were not only responsible for the school, but for the operation of the hospital and supervision of the hospital employees too.

During Alma Viehdorfer's tenure, the school's enrollment expanded to the point that insufficient housing became a problem. In 1915, the Edward Harvey Memorial Nurses' College was opened as the nurses' residence and center for the education program.

The ability of the students to achieve their goals was enhanced by the progressive attitude of Anna R. Kay during the 1930's. She instituted the role of staff nurse, allowing students more time to study and relax. Previously, patients were cared for by the head nurses and student nurses.

E. Louise Grant (1936-1938) reduced the students' workday to eight hours.

During May L. Crouch's administration, World War II taxed the quality of the program and the integrity of the faculty. There was a sharp increase in the number of studies admitted and the Cadet Nurse Corps program was successfully implemented.

As hospital admissions and enrollment in the school steadily increased in the late 1940's, the positions of director of nursing and director of nursing education were created. The first nurses to serve in these posts were Ethlyn L. Eichel and Adele M. Miller, respectively. Adele M. Miller (1948-1966) notes "the outstanding achievements of the graduates of the school is indicative of its success."

In subsequent years, directors of the school have continued to maintain a leadership role in providing quality education. Laura Baughn (1959-1968) guided the school to full National League of Nursing accreditation. Anne O. Winkler (1968-1974) maintained the school's high standards and encouraged the students' continued commitment to education.

Each of these special leaders has given her own specific gift to maintain a tradition of faith, integrity, ability and achievement.

- Margaret McDonnell, RN
Nursing Education

- Betty Van Hoevenberg, RN
Alumnae Association
THROUGH THE DECADES . . . A PROUD HISTORY

The First Decade: 1900's

In November, 1899, six months after the opening of The Allentown Hospital, the Allentown Hospital School of Nursing was formally organized with an enrollment of four female students. Following a two-month probation period, the students wore long-sleeved, ankle length pink and white striped uniforms, black shoes and stockings. They resided in the hospital and received a monthly stipend of $5, room, board, books and uniforms. The curriculum included surgical nursing, hygiene and sanitation, materia medica, bacteriology, maternity and general nursing. The classes were taught by the head nurse and physicians.

Three students graduated in June 1901. They rode to the ceremonies at the Lyric Theatre, now Symphony Hall, in the town's best white-lined bridal coach drawn by two horses. They returned to the hospital for a reception and dinner. Later that evening, they resumed their tour of duty in student uniforms.

The Second Decade: 1910's

The east wing of the hospital was built in 1910. The generosity of Judge Edward Harvey provided for the construction of the Nurses' College. At least 25 of the 161 graduates served in the Armed Forces and Red Cross during World War I.

The Third Decade: 1920's

The hospital was facing ever increasing pressure to meet the needs of the community. This was achieved through construction of X-ray and laboratory facilities, an operating room, cafeteria, the west wing, and enclosure of the fourth floor, east wing. The Allentown Hospital School of Nursing class size peaked at 29 and classes were admitted twice a year. An elective four-month psychiatric affiliation was begun at the Homeopathic State Hospital, currently known as Allentown State Hospital. Students choosing to participate were given a monthly stipend of $20.

Students were allowed to wear oxfords during warm weather and uniforms now featured short sleeves - and the length was reduced to mid-calf!

The Fourth Decade: 1930's

A typical student day started at 6:20 a.m. with compulsory chapel services. A tour of duty followed from 7 a.m. to 7 p.m. At 9 p.m. there was another compulsory chapel service, and at 10:30 p.m. students had to be in their rooms with lights out.
The Fifth Decade: 1940's

The entrance fee was increased to $125 from the original deposit fee of $20. Several options became available to the students since the country had entered World War II. Some students joined the Army or Navy Nurse Corps while attending school.

The Sixth Decade: 1950's

Curriculum changes included the addition of several new courses such as professional adjustments and principles of nursing. The clinical experience and class time was now reduced to 44 hours per week.

The Seventh Decade: 1960's

In 1961, tuition practically doubled to $600. Tuition continued to include uniforms, room, board, meals, medical insurance and books. In the clinical setting, coronary care, intensive care, and code blues began. The psychiatric affiliation at Allentown State Hospital ended in 1967 and students obtained this experience on the hospital's psychiatric unit.

The Eighth Decade: 1970's

Clinical experiences included community health-related activities. Several other hospitals and community services were utilized, including the newly opened Allentown and Sacred Heart Hospital Center. Renal care and the dialysis unit were started.

The Ninth Decade: 1980's

The decision was made to close The Allentown Hospital School of Nursing upon graduation of the 1988 class. Thus ends the 89 year history of our beloved school.

- Kay Fenstermaker, RN
- Janis Kleckner, RN
- LaRue Reppert, RN
- Betty van Hoevenberg, RN
“Learn the craft of knowing how to open your heart and to turn on your creativity. There’s a light inside of you.”

- Judith Jamison
A NURSE'S STORY

It all started with a navy blue lunch box with a nurse painted on front, wearing the classic white uniform and starched cap, with a red cape. I don't know if I asked for it, but it became my identity. I knew by the second grade I had an interest in caring for others. I had an aunt who was a nurse, but I really didn't know her very well. Who might have influenced me, I cannot recall, but by fourth grade, I was doing reports on Clara Barton and Florence Nightingale. My future destiny was in formation.

The summer of sixth grade stands out in my memory, as I had my first chance to assist in my first “medical emergency.” My brother was reluctantly learning to use the electric hedge clippers, and inflicted a major incision into one hand. He was quickly brought into the kitchen, where I found out how squeamish my mother was about the sight of blood. I calmly stepped in, reassured my brother and frantic Mother everything would be all right, and placed some gauze and bandage to cover his hand until further treatment could be found.

Summertime in 7th grade brought my first real contact with patients as I donned my red and white striped jumper and became a candy striper in a nursing home. I really felt a warmth and a closeness with these elderly patients, as if they were all my grandparents. I could feel their loneliness, and wanted to fill part of this void for them. I passed out water and took patients on walks. Sometimes I wheeled them into the auditorium and played the piano for those who cared to listen.

I remember one of the first times I passed out fresh water to patients before supper; I received one of my first lessons. I was busy filling all the yellow water pitchers on the over bed tables, when I came across a new “pitcher.” It was stainless steel, sitting beside a gentleman. I proceeded to fill it with ice and water. I noticed the spry little woman with a twinkle in her eye who was sitting next to this fellow begin to get a great big grin on her face. She said, “young and dumb.” I really didn’t know quite how to take her remark, until a nearby aide pointed out that I had just filled a urinal with ice water. Quickly, I emptied the “pitcher,” then had a good laugh myself. This was the beginning of my learning curve.

Within a year, I was working as an aide. I often gave patient baths before supper. The spacious tub room included a large tub with a special chair that swung over the side of the tub to lower patients into the tub. One day, I was assisting a female patient into the tub. Slowly turning the hand crank around and around to lower her carefully into the tub, I looked at her and noticed her shoulders drop and her chin fall to her chest. She had just taken her last breath. (I quickly pulled the plug to drain the tub, as I didn’t want her to drown.) I was shocked that the passing of life could be so momentary, and final. This did not deter my love for caring for people.

During my senior year in high school, I had the opportunity to spend a day in surgery at a hospital. I entered the operating room with proper attire, and excitement made my heart pound. I
noted the yellow skin of the patient laying on the table, and the odd smells all around me. The next thing I knew, I myself was lying on the floor smelling another odd odor (smelling salts). My first big break into the O.R. and I had passed out! Luckily, the surgeon continued without me and quietly gave instructions to remove me from the room. Later that day, I viewed a Caesarean Section, and did perfectly well. I was going to make a success of this profession after all.

That was until I had my blood drawn as a prerequisite to enter nursing school. I hopped into the chair, arm out, tourniquet on, and began watching the vials fill up. Four, five, six vials — I was out again. Of course, they had to ask “what are you going to school for?” I was not a quitter. “Nursing” I said.

Thank God for all the years I worked at the nursing home that helped formulated my basic patient interaction skills. As I scurried down the hospital halls in my green and white uniform and cap, other student nurses were dropping out in droves. Quarterly exams were brutal and many students were also forced to leave if any grade average dropped below a “C.”

My naivete about the facts of life was set straight when Nurse Blatt drilled us on our anatomy. I was not attracted to the male residents around me, as I realized they knew even less than I did, and didn’t want to be entangled in a relationship. A woman on a mission I was, to finish this education.

Education was not just the books and labs, but the patients - they did the greatest teaching of all. They allowed me the privilege of learning in their most difficult moments: in their pain, confusion, anger, depression, and even death. I was relieved to read Elizabeth Kuebler Ross’s expression of this in her book, On Death and Dying. This process of illness leading to wellness or death, involves a process of acceptance. Nonjudgmental acceptance of my patients, as they are, was a critical concept I absorbed from these experiences.

Working in ICU gave me inexpressible experiences when extremely ill patients would be “coded.” Imagine my surprise when the patient I was bathing told me about her out of body experience the previous day while we were trying to revive her. Thinking about such an amazing phenomenon was certainly an affirmation of faith for my patients as well as myself. Later, my mother had this experience moments before she did pass from this world into the next, and was also able to describe a very beautiful, pastoral picture of the beautiful spring she saw before her, with God there waiting for her.

Though many years have passed, my journey is not over. I continue to be vulnerable to my patients, meeting their needs, and learning about my own vulnerability. It is a small price to pay for the joy of living each day to the fullest, knowing I have made a difference.

- Anne Brown, RN
CHILDHOOD DREAMS

I had writer’s block until I was asked to read an article that my colleague, Anne Brown, submitted for this publication. Reading Anne’s article rejuvenated in me the reasons why I entered the profession of nursing. I too, like Anne, was mesmerized by childhood toys that dealt with the nursing and medical profession. My best friend, Christine, had a red plastic doctor’s bag that we played with at her house. Every doll and animal got a check-up. (Back then there was no such thing as a Nurse Practitioner bag!) Ironically, both Christine and I became nurses!

When I was older, I looked to my sister as my role model. She was enrolled at a local School of Nursing and, when we would take her back to school, I was interested in seeing her books and the classrooms. You know the lab with the skeleton and other specimens looked pretty neat to a nine year old! Today, I get the same feelings of stepping back into time when I enter the doors of the Allentown Hospital School of Nursing.

When I was twelve, my grandmother died of cancer. The time period between diagnosis and her death was very short. I was very much in shock as I stood next to her bed and watched her take her last breath. I had been to funerals before, but none that involved my immediate family. I believe my grandmother’s death was especially hard for my sister to deal with. She was a new graduate nurse on the unit, and was assigned to her care. My grandmother has been an inspiration to me, in that she was one of the first nurses in training at a local hospital school of nursing. I suppose that my sister, my cousin and I (all nurses) are her legacy to the profession.

When I worked at Liberty Nursing Center as a nurse’s aide to pass the summer and earn some extra money, I always noticed the full-length pictures of the nurses who worked there and were Nurses of Hope for the Lehigh County American Cancer Society. I wondered if I would ever be included in that Wall of Fame. One day I did join that Wall - I became a Nurse of Hope after much coaxing from my mother who had seen the ad in The Morning Call, looking for a Nurse of Hope. Many experiences in those years enriched my life and I could affect the health of people in my community positively by participating in cancer prevention and awareness programs.

When I was a graduate nurse, I had to overcome my fears. We choose the area we preferred to work in; I immediately said “cardiac.” I was very much intimidated by the criticality of the patients and quickly recognized the importance of finely tuned assessment skills. I found that the more I learned and practiced, the more confident I became in my care.

Today, nursing as a profession is moving toward an era where efficiency, quality, productivity and marketability are highly prized. Nurses have important skills - to coordinate and deliver care, to streamline work processes, and to do it with a smile. I’m not sure what the new millennium holds for nursing, but I feel we are up to the challenge of it, if we explore our inner feelings and desires that make us part of this profession.

- Roberta Hower, RN
Mom wanted me to be a nurse. She would recite multiple reasons: "Job security, flexible hours that work well with raising a family, you might marry a Doctor!"

Mom was surprised when nursing became my vehicle of the most exciting, challenging, life-changing experiences. It transported me to Africa as a Peace Corps volunteer from 1975 to 1977. I had the opportunity and privilege to work with different cultures and tropical diseases - malaria, cholera.

"Resource Constraints" was the norm. My memories include: working in a 500 bed hospital with an average daily census of 2000 patients; patients lying on mats; boiling syringes until dose markings disappeared; making our own IV solutions. I was young and loved the struggle.

Well Mom, Nursing has not been a quiet, safe profession, it has been a roller coaster, risk-taking adventure. Thanks Mom, for encouraging me to become a nurse!

- Cynthia Heidt, RN
UNIFORMS

My favorite uniform in my nursing career has been my "Combat Fatigues", helmet and boots. Symbols of my military nursing career.

Nursing uniforms have changed as fashions changed, but continue to be a symbol of our careers.

Scrubs, traditional white, colorful smocks, candy stripes, public health navy blue, flight suits, lab coats, business suits, and the gorgeous dark navy blue wool capes with maroon lining of yesteryear.

My closet is filled with many of my "old" uniforms representing a historical archive and account of my changing career (and size) over 25 years. Did I really fit into that beautiful white tailored formal nursing graduation uniform with the long white sleeves and the gold caduceus cuff links and wear a cap? The "wedding gown" of my career.

These archives are carefully and safely tucked in the back of my closet. Someday, I can show them to my daughters and share my experiences and adventures with them, encouraging them to fulfill their dreams.

- Cynthia Heidt, RN - Captain (Retired)
Navy Nurse Corps
VALUES SURVIVE THE TEST OF TIME

History is viewed through the perspective of developmental blueprints. This perspective includes the profession of nursing. The legacy bequeathed by Florence Nightingale was the rudimentary blueprint for a long journey that later was to lead to the recognition of the nursing profession as a model of excellence, knowledge and caring. Through Lehigh Valley Health Network programs such as Friends of Nursing, the PRIDE initiative, the Professional Nurse Council activities, and the care given by our staff nurses, it is easy to recognize that nursing excellence, knowledge, and caring are prominent in the Lehigh Valley. As is true of all construction, the phases of buildings are not always easy, and the blueprint requires modification.

Throughout history, women have filled the roles of the nurse and were entrusted with the care of children, the sick, and the elderly. Women, as nurses, were a fundamental function in ancient civilizations and throughout all of the different developmental ages of man. In the middle ages, religious orders devoted themselves to care for the poor, elderly, and sick. After the Protestant Revolt, nursing was divided among religious orders or delegated to secular authorities. For medicine, this was an age of callousness and brutality. Neither public officials nor physicians took any interest in elevating nurses or improving conditions in the hospitals. However, this was later changed by a courageous, innovative woman with her untiring dedication to mankind.

The birth of modern nursing is attributed to Florence Nightingale, whose reforms drastically changed the care of the sick throughout the world. Without question, Florence Nightingale was a significant individual in nursing and bequeathed to us a set of basic values. As she pursued a mission of service to humanity, she emphasized:

- Respect for people when in need of physical and emotional care
- Compassion
- Caring
- Dignity
- Treatment of patients' individual needs
- Advocacy for patients and health care in general

These values are still embraced by nurses today, just as they had been for the last century. As nurses, we have a commitment to these values and to foster them within our practice. We have perpetuated these values throughout the history of nursing, never losing sight of them, whether as an individual or as a collective group.
In addition to these basic values, Nightingale gave us the framework for what we would eventually call process improvement, data collection, and outcomes-based practice. By introducing sanitary science (infection control), Florence reduced the death rate from 45% to 2% (outcomes) in the British army. She showed the relationship of sanitation to medical institutions (process improvement) and used social statistics in graph form (data). Even though the words are different today, the concepts are the same. What we valued 100 years ago, we still value today.

Nightingale’s strong belief in formal education is the cornerstone of the profession of nursing. As Schools of Nursing proliferated across the country, the inception of formal education began in the Lehigh Valley. According to Anne Winkler, EdD, RN, a nursing leader in the Lehigh Valley, our first hospital diploma school was at St. Luke’s Hospital. The School of Nursing opened its doors in 1884 and graduated the first class in 1886. (The school is still open today.) The Allentown Hospital School of Nursing opened its doors in 1899, with the first class graduating in 1901. Unfortunately, this school closed in 1988. Nursing education in the valley continued to grow with the addition of Easton Hospital which opened a School of Nursing in 1900, taking a year longer to graduate its first class in 1903. The Sacred Heart Hospital followed by opening a School of Nursing in 1915, graduating its first class in 1919.

Anne recalls how each of the area schools embraced the basic values of respect, caring, compassion, dignity and advocacy. In fulfilling these basic values, Anne tells of nurses being on-call 24 hours a day. In hospitals, they slept in the same room with the patients in order that they might be vigilant to patients’ needs and respond quickly to patients’ changing conditions. Nurses worked 12 hour shifts --- much like some today --- only then, they worked six days a week.

Today’s nursing blueprint is still evolving. Besides a diploma school, the community is rich with baccalaureate programs providing formal nursing education which nurtures scholarship and leadership with caring and compassion. As nurses, we should recognize that through the use of scholarship, we have control over our practice, and we can create the kind of practice we desire. By controlling our own practice, we can formulate our vision of nursing, develop problem-solving skills, become risk takers and critical thinkers. Creating change through new skills is another value bequeathed to nursing by Florence Nightingale.
Another part of nursing’s blueprint was collaboration between nursing and physicians. It was important 100 years ago and the need for this collaboration between the two disciplines has not diminished. Anne Winkler describes how physicians taught microbiology, physiology, anatomy and -- in some cases -- were involved in clinical courses such as community health. Although we learned from them, physicians could not be our role models. Therefore, with time, being taught by physicians changed and nurses became their own educators and role models for students. Today's students can find a plethora of nursing leaders who serve as role models. Although the involvement of physicians in nursing education has changed, collaboration remains essential. The two disciplines coexist and support Florence Nightingale's basic values and the values of scholarship and leadership.

The foundation of nursing was created by a young woman who dared to stand for the best in nursing, foster high professional standards and was a courageous leader. Her voice now echoes in the collective voice of nursing, which touches lives across the globe every day through dedication to the same basic values first taught 100 years ago.

So, today as I walk down a hallway in Lehigh Valley Hospital and see one of our PRIDE posters (Privacy, Respect, Involvement, Dignity, Empathy), I cannot help but think of the values bequeathed to us by Florence Nightingale. I am proud that these values are still taught in schools of nursing, and are embraced by nursing organizations. These values have withstood the test of time and are alive, well, and fostered by nurses at Lehigh Valley Hospital and Health Network.

- Louise Oswald, RN
OUR MOTHER

Our Mother born so tall and stoic, so strong and wise. She was always smiling, arms outstretched to gather in the whole Lehigh Valley. Rich and poor, farmer, factory owner, new born babes, the old and feeble. Everyone loved our Mother who was so very brave, often fighting to stay alive, never afraid to try something new, nor to hold onto the old that was good.

Many folks came to visit her. Some even came every day. She had children who grew from her, and many not too far away. They flourished and grew, becoming very bright and filled with knowledge and technology. Their reputation is known far and wide and our Mother looks at them with much pride.

Mother is now growing old, and like all elderly folks, is becoming smaller, more frail, more melancholy. Her parts are wearing out, she has lost a lot of her friends, and not as many folks stop by to visit her anymore.

Silently, she still stands. Sometimes we see a faint smile, and sometimes we even see her grieve and a small tear runs down her face. She thinks of years gone by and all the wonderful memories and grand stories she would still like to tell.

Our Mother - The Allentown Hospital - the Mother of the Lehigh Valley Hospital and Health Network. Long May She Live!

- Patricia Stein, RN
LONG AGO AND FAR AWAY GOALS: A CAP, A DIPLOMA, A NURSE . . .

I remember it well so long long ago,
Let me tell you a story that helped me grow.
A cap, a diploma, a nurse come to mind,
My reachable goals to care for mankind!

As a “probie” I nervously started a road,
And studied and did everything I was told.
“Answer that call bell, empty the bedpan, help the doctor” I heard,
From head nurses and instructors who were utterly absurd!

I worked many long hours to put in my time,
But the reward was my “cap” and it was really mine!
I reached a major goal and felt so fulfilled,
I was excited, motivated, and ultimately thrilled!

In the next several years new demands came my way,
Equally challenging but a little more complex every day.
I grew more competent and relaxed and really at ease,
As I accepted more and more responsibilities.

Finally I knew the time was right,
Reaching my next goal was already in sight.
Proud, happy, and nervous once again,
I received my diploma and saw an end . . .

An end to the long days of “training” perhaps,
But a beginning as a nurse with a diploma and cap!

- Maryann Gergits, RN
"You gain strength, courage and confidence by every experience in which you really stop to look fear in the face . . . You must do the thing you cannot do."

- Eleanor Roosevelt
NOSTALGIA

The first time I walked into the Allentown Hospital, I was probably 15 or 16 years old. I was a candy striper that summer. I handed out water and magazines and ran specimens to the lab for nurses. It was my first glimpse of the hospital and nursing. I remember thinking the place was very old fashioned looking and had that very unique hospital smell. Those were the days when you entered the hospital from Chew Street. The old lobby was very spacious and had an echo that reminds me of an important building. There was no carpet on the floor, only the little tiles that people associate with hospitals. The whole place had that “hospital” quality. In those days, I thought everything should be new and shiny and modern. My viewpoint has changed over the years.

In those days nurses wore caps. I thought they looked very important and authoritative. If the nurse told you to do something, you jumped and did it. They always seemed intelligent and confident in their jobs.

The next time I walked into the Allentown Hospital, my dad had his first heart attack. It was 1979. I was 16 years old. I believe he was hospitalized on 3T. The nurses were still wearing caps and were even more important in my eyes. They did a fabulous job taking care of my dad. They were not only intelligent, they were compassionate and funny and knew just what to say or do to make him feel good. That is when I decided to be a nurse myself. At that time, the hospital still had its old shape. I found 3T to be dark and dingy and forbidding. The whole east side of the hospital seemed that way. It felt very Victorian. Everything felt heavy and suffocating. I don’t know if my perception of the building was from the actual building or from the reason why we were there.

The next entry to the hospital was probably in 1983 when I was a junior at Cedar Crest College. The blueprint of the building had changed quite a bit. The original entry was closed off and the east side of the building was not being used anymore. The building was much more up to date as it had been renovated over the years. Things looked more modern and cheerful. The nurses at that time had pretty much given up wearing caps. My class at school still wore caps and we all thought how dumb it was to have to wear them. I remember thinking what an important job I was going to have someday. I still was impressed by nursing. Families depend on nurses to be supportive and kind and I was proud to be able to be becoming that type of person.

This last time I returned to the hospital was in 1991 after many years away from Allentown and my home. The first and only place I wanted a job was at this institution. I have always been extremely
impressed with this hospital and its top quality staff and reputation for being the best in the region. I got my first job here working in the transitional care unit. I worked with great nurses there. I don't think the building had changed too much since my last visit with the exception of the new tower, again more modern and streamlined. We nurses no longer wore caps, and the old school of thought that nurses were handmaidens to doctors had given way to nurses as professionals. I embraced that position wholeheartedly. During five years in the Air Force, I learned to respect all my coworkers and was treated the same by them. Over the years, physicians slowly are embracing my beliefs that we nurses should be treated as professionals.

Now in 1999, I look back at The Allentown Hospital with nostalgia. I was sad when they tore the east wing down, because it was a historical landmark in my eyes. It is part of our history as a community, a hospital, as nurses and doctors. The Allentown Hospital played a major role in my life choices. I lost a parent there, had a son there, became a nurse there. When the School of Nursing closed, it was a testament to the changing times. People were moving toward college for their educations. I hope that colleges give people an education as good as that school. When I come to work and see nursing students in the halls, I am very proud to have the job I do. I am proud there are girls and boys who look up to me for the same reasons I looked up to nurses when I was a girl. I am proud to be kind to people at their most vulnerable hour.

When I drive by The Allentown Hospital, I think of my seven-year-old asking me where the ghosts have gone since they tore down the old east wing. I usually tell him they are still there somewhere in what's left of the wing and it is the home for souls who don't want to move on. I wish now I had saved my nursing cap as a reminder and tribute to the nursing of old. I have become more nostalgic in this regard. Ultimately, I will always carry the history of our hospital around in my mind. I hope we all can.

- Michelle Anderson, RN
Catherine "Pat" Bailey was the kind of nurse that could instantly intimidate a new graduate or inexperienced intern. You know the type, the “old school” RN who had a powerful presence, with a look that was no nonsense and a pattern of speech that could leave the most seasoned RN tongue tied. She had no tolerance for careless mistakes or pathetic excuses. Physicians, and the hospital staff as well, held her in the highest regard, consulting her opinions, requesting her approval. And, everyone knew not to ever cross her. . . . and as fate would have it, SHE was going to be my personal “mentor” for three months! I felt slightly nauseous and a bit shaky in the knees. I had accepted the position as a nurses’ aide for the summer at the local hospital, prior to entering nursing school that fall. I figured it would be a great “head start” for my future education. I also thought working as a nurses’ aide in Central Supply would be a cakewalk; running supplies to the units, inventorying the OR, maybe even hanging out in the ER at times. I had no idea that my supervisor would be this particular RN, who had worked every inch of the hospital for 30 years. I had no idea it would be my Aunt! The most feared and revered RN to walk the corridors of Wayne Memorial Hospital! This was a different person than I knew from my family gatherings. The aunt that let me and my cousin play dress up was a drill sergeant on the job!

Aunt Pat entered nursing in the early fifties, when all nurses wore white starched caps, stood to give their seat to rounding physicians after pulling all their charts for them. She had supervised the care of countless patients with varying maladies on the night shift without the assistance of aides, gave baths, breathing treatments, made beds, and compounded medications as needed. She had learned about the art of nursing hands on, having worked in all the units and actually supervising the ER and the OR, until her move to head Central Supply that summer. She was proud of her profession, and always wore her cap and school pin. In the days to follow that summer, I would learn more about nursing than at any other time in my career.

Pat Bailey, RN, came to work 30 minutes before her shift and expected the same from those she supervised. More than once, I’d entered the department 10 minutes to 7:00 to a raised eyebrow and a furrowed brow. Each day, she had something “planned” for my educational experience. I’d assist in casting the broken bones of school age kids, watch the miracle of the birth of twins, empty bedpans after barium enemas in the GI lab, assist in placing chest tubes in a breathless man at the bedside, as well as deliver needed supplies hospital-wide. My eyes began to truly open up to the profession I had decided to pursue. I experienced smells I had never imagined existed, saw things a
naive 17 year old girl had never seen before, heard moans and cries of sorrow I could barely tolerate. It was the educational experience of a lifetime.

As the summer came to an end, I also began to “see” my aunt in a whole new way. She had done it all: from delivering babies, running codes, triaging traumas, holding the hands and soothing the fears of the dying patients . . . and all the while holding steadfast to her belief in her profession. “Always know the vital signs and fully assess a patient before you call the Doctor” she’d advise. “Always keep a calm head and an open heart when dealing with the family,” she’d instruct. “And always, no matter what, be a patient advocate,” she’d insist. Aunt Pat also knew that the profession was changing, that nursing would have to answer the call of managed care, balanced budgets and the like. She’d shake her head and hold her ground with that determined look and state “the patient must always come first!” Then she’d fix her cap, adjust her pin, and make her supply rounds. I entered nursing school that fall with the memory of her pride for nursing and conviction to the profession etched in my mind.

Years had passed since my Central Supply days. I visited my aunt as often as I could. There were classes to attend, a career to nurture, a young family to raise, and responsibilities of my own. We’d speak of nursing rarely now, for she’d recently retired and seemed quiet and settled, no longer eager to discuss the ups and downs of the profession. And, before I could thank her for all she’d taught me, for all the insight she’d shared with me, for all she’d given of herself, she died. So quickly, so stoically, with her head held high with as much dignity and grace one can, succumbing to ovarian cancer. Aunt Pat had a presence to the final end; we buried her with her starched white cap and pin.

She was, and always will be my heroine. Her love for the profession and her art of nursing touched many lives. Her steadfast belief that RN’s provide the best quality care for the patient, and that we must always put the patient’s needs first are lessons from the past, that have touched the present, and will remain a foundation for the future.

- Karen Nuschke, RN

Honorable Mention
“It’s only when we truly know and understand that we have a limited time on earth- and that we have no way of knowing when our time is up - that we will begin to live each day to the fullest, as if it was the only one we had.”

- Elisabeth Kubler-Ross
I am standing on the seashore. A ship spreads her sails to the morning breeze and starts for the ocean. I stand watching her until she fades on the horizon and someone at my side says, "she is gone".

"Gone where?" The loss of sight is in me, not in her.

Just at that moment when someone says "She is gone," there are others who are watching her coming. Other voices take up the glad shout, "Here she comes!"

And, to me, that is dying.

- Henry Scott Holland
BOX OF MEMORIES

Moving out of one home into another certainly is no easy task. Every object suddenly takes on higher meaning. Is it worth the effort to pack it carefully along with other items, or should I just throw it out? Such was the task I faced recently when moving into my new house. Fifteen years worth of momentos were sorted through and put in either the trash or deemed worthy enough for hauling across town. Years worth of bills, old school textbooks, journals ... The more I poured through, the more I relived the last 15 years collecting all these objects. When I opened one box, I found old receipts from vacations. Another box revealed a recipe for which I remember calling my mother-in-law: Pork and Sauerkraut. My first New Year's Day with my husband, I wanted to make the perfect dish the way his Mom did. Last year a momento like this would not have carried the same meaning. But this year, my mother-in-law is no longer with us. Four months after the phone call that gave me that recipe, she was diagnosed with a recurrence of cancer. Three months after that, she died. I hardly got to know her. The other box carried another forgotten item, a picture of my old friend Judy. I met Judy when she worked in PCCU as a nurse. I was a float nurse then, scared to begin with, later just excited to be in a profession where I always learned something new and met the nicest people. Judy was one of these people. She always had a smile on her face and knew how to make you chuckle about one thing or another. When Judy moved across the street to the Helwig Diabetes Center, we continued to stay in touch taking in an occasional movie or dinner. Then suddenly, I overheard another colleague say Judy was in the hospital. Cancer. Sudden. No symptoms. Everywhere. She was 31. What could I say to her? How could I help?

The next year and a half was characterized by a long series of chemotherapy treatments, including experimental ones that ultimately bought more time, but didn't kick the disease. I'll never forget the day she came over to my place and we went swimming. She said her chemotherapy treatments had been stopped because they weren't helping. Now she had to think about how she would spend the last few months of her life. One of her options was to take a vacation to Germany, but what if she got sick ... Another was to get her will in order. And still another was to keep on living and doing what she knew best ... nursing. Judy worked as a nurse until the two weeks before she died. When I thought of a topic for the theme of this Nursing Voice "Voices from the past ..." I heard Judy ... Judy's spirit to keep going, to pass on a gift of caring and humor to her patients during the last moments of her life was, and continues to be, an inspiration to me. Since then, I have encountered, like many of you, the passing of other co-workers, George Gulden, RRT; Rose Trexler, RN; Dr. George Moerkirk ... to name a few. Let this issue of Nursing Voice take us back to the lives of these people who, not only helped their patients, but served as a role model to their colleagues. Who, by ways they
conducted their lives around us, made our day just a little brighter and gave us energy to pass on to our patients.

Thank you, Nursing Voices and my fellow colleagues, both past and present. Your smile in the hall. Your pleasant voice on the phone. Your willingness to help turn that patient "one more time" makes it all worthwhile. And, thank you Judy lobst, RN, whose picture found in the back of an old box of memories made me relive the value of working hard and inspiring others to do the same.

- Juliet Fischer, RN
"True friendship is like sound health, the value of it is seldom known until it be lost."

- Colton
REMEMBERING CHERYL

My earliest memory of Cheryl took place on W1 at Allentown Hospital where my roommate Carol and I began our careers after graduating from nursing school. Cheryl, a tall brunette, looked foreboding in her pink nurse assistant dress. She was the experienced one. We were brand new GNs that would have to be broken into the 3-11 shift routine. Cheryl resigned herself to this task and during the course of this endeavor we all became friends.

We supported each other during difficult evenings of working short-staffed on the men's surgical unit, and throughout the mini crises that occasionally manifested as postop complications. One year we experienced three abdominal eviscerations. I remember the occasion of the third evisceration. Cheryl calmly approached me, her charge nurse, and stated "Nikki, it’s sterile saline and binder time again. Oh, I already stat paged the surgical resident." Cheryl was quick to learn and to anticipate what needed to be done. She was a good team member during Code Blues. She always stated after a Code Blue that she wanted to tattoo “No Code Blue” on her chest so that she would never be put through one herself. We always laughed each time she said this to us.

Cheryl, Carol and I got together frequently after work as most 3-11 shift nurses do. We would have a drink, unwind and commiserate about our work, men, and life in general. Cheryl was never without a cigarette in her hand. Carol and I tried unsuccessfully to get her to quit. She was older than we were and, as a single mother, had experienced more of life than we had. We admired Cheryl for her hard work, and her devotion to her son, mother and sisters. She certainly was entitled to smoke if she wanted to, we thought.

After a few years, Carol and I left W1, and Cheryl, for other pursuits. We kept in touch with Cheryl, but didn’t see her very often. Carol moved out of state after getting married. I still ran into Cheryl when least expected. It usually took place near or around the hospital. I would notice a tall brunette standing outside the hospital entrance, cigarette in hand. I would realize from afar that it was Cheryl. She usually was visiting her mother or another relative who was hospitalized. Despite the length of time between our encounters, we would get caught up on our respective lives after a brief chat.

There is one particular encounter that I will always remember. It was several years at least since I had last seen into Cheryl. I was the nursing supervisor at 17th and Chew the evening of the Gross Towers explosion. As I was walking down the 4S hallway, a Disaster Alert was announced.
Walking onward me was a tall woman in a bathrobe, navigating her IV pole down the hallway. "Nikki" called a familiar voice. It was Cheryl. I expressed my surprise to see her and asked how she was. With her usual forthrightness Cheryl blurted out, "I have lung cancer." I was stunned, but could only say, "Oh, God. I have to run, Cheryl. A Disaster Alert was just called. I'll be back."

During the next year or so, I saw Cheryl during her periods of hospitalizations as she was tested, explored and treated for her carcinoma. Cheryl told me that she had finally quit smoking the year before she was diagnosed. She thought that was really ironic. She still had her sense of humor despite knowledge of her prognosis. Cheryl reminded me that she would allow her physicians to treat her, but did not want extraordinary means keeping her alive when the time came.

Cheryl's inner strength was failing when she was admitted to critical care on her last hospitalization. I had encountered Cheryl's mother in the hallway when I learned this news. Cheryl needed to be intubated and placed on a ventilator. Her family struggled with the gravity of this decision as her organs started to fail. They didn't want to lose Cheryl. It was upsetting to see Cheryl attached to tubes, lines, and ventilator and not be in a position to speak for herself. As Cheryl's condition continued to deteriorate, I met with Cheryl's mother and sisters. We discussed the probability that Cheryl would never get off the ventilator if she survived resuscitative measures. I reminded them of Cheryl's wishes and what ultimately needed to be done to honor them. Within what only seemed like minutes, Cheryl's physician arrived on the unit, spoke with Cheryl's family, and gave the DNR order to the nursing staff.

I visited Cheryl for the last time and told her that it was going to be O.K. I returned to the nurses' station to answer my pages. While I was "on hold," I glanced at the monitors above me in time to see Cheryl's cardiac rhythm change to asystole. Cheryl left us quietly and peacefully.

It has been several years since Cheryl's passing. I believe that my encounters with Cheryl throughout the years were somehow destined to occur. I only hope that she was comforted by having one of the nurses she "trained" with her at the end.

For many reasons . . . I will always remember Cheryl.

- Monica Morekin-Serfass, RN
“Where there is great love
there are always miracles.”

- Willa Cather
A FAMILY PORTRAIT

The phone rang about noon on that midweek morning during the summer of 1975. "Hi, Kim, this is Ronnie, at Medical Personnel Pool. Can you take a home case for the 3-11:30 shift today?"

I was 20-years-old and had recently graduated from Reading Hospital School of Nursing. In September, I would be entering Cedar Crest College as a full-time student to earn my baccalaureate degree in nursing. I was working for Medical Personnel Pool as a Registered Nurse, a position I hoped to continue throughout my three years at Cedar Crest, as my student schedule allowed.

"Sure, Ronnie," I replied, "tell me about the case."

"The patient is a 45-year-old woman with ovarian cancer, who is in the last hours of her life. Do you think you can handle this case, Kim, knowing she will, in all likelihood, die during your shift?", asked Ronnie gently.

As a student in a diploma school of nursing, I had cared for many patients who had passed away while I was assigned to them. Though I had never cared for a dying patient in their home, I was willing to accept this case.

Mrs. W. was the wife of a prominent businessman in the area and as I pulled my car into the family's driveway, I was impressed with the lovely brick colonial home on a beautiful, tree-lined street. My heart began to break for the young woman who lived in such an idyllic setting.

As I was ushered into the home, I was somewhat surprised to see approximately 50 people throughout the downstairs, sitting and standing quietly in groups, sipping drinks and eating. The patient's husband kindly introduced himself and led me upstairs to a room where Mrs. W. lay in a hospital bed. At her bedside were her two sons, one who had recently graduated from college, the other from high school. As I began to do comfort measures for Mrs. W., the sons left the room.

For the next two hours, I sat with Mr. W. at Mrs. W.'s bedside, listening as he shared some very intimate thoughts. He told me that throughout Mrs. W.'s year long battle with her disease, he only witnessed her cry on two occasions. The first was the day when her older son's first and longtime girlfriend married another young man. Mrs. W. cried for her son, as his heart was broken over losing what he thought was the love of his life. The second time she cried was with her younger son the day he broke his leg and knew he would miss his senior year basketball season, the love of his life. "She never cried for herself. That was the kind of person she was -- very caring about others, particularly her sons," lamented Mr. W.

"You know," Mr. W. remarked a bit later when I came back into the room after allowing him some private time with his wife, "I was just sitting here thinking that we never had a family portrait taken. Do me a favor, Kim, when you get married and have a family, be sure to have regular family portraits taken."
As my nursing career progressed over the next 20 years, I never forgot Mr. and Mrs. W. In some ways, my life paralleled that of the W. family. My husband and I were blessed with two sons, four years apart. We, too, lived in a lovely brick colonial home on a beautiful, tree-lined street. Yes, life was idyllic for us. Of course, we never thought of it as such -- amid the chaos of both my husband and me working full-time, the boys in day care and then grade school, with the accompanying endless activities, deadlines and other life predicaments.

In fact, it was an especially crazy Saturday morning the summer of 1995, exactly 20 years after I cared for Mrs. W. The phone rang about 10:00 and my husband answered. When he hung up, he told me it was someone from our church reminding us of our appointment at 11:00 that day (one hour away!) to have our family portrait taken for the church directory. Like so many other things, we had forgotten! We looked at each other with a sigh and that "let's forget it" look on our faces -- my husband was in the middle of cutting grass, I was knee-deep in laundry, the boys were at swim practice, not to mention no one had recent haircuts or the "right" clothes ready to go. As my husband went out the door to resume his mowing, I remembered Mr. W. and his gentle direction about regular family portraits. Up to this point, I had not heeded his advice. And, so, within one very hectic hour, we managed to all get "spic and span" and have the portrait taken.

The next day, my dear husband suffered a seizure and began a nine-month battle with a brain tumor. He died in April of 1996. Jeff, like Mrs. W., during his illness, never in front of me cried for himself. He only showed tears when admitting his fears for our sons' and my future. But, unlike Mrs. W., we are forever blessed with a family portrait. Not once do I pass that portrait, hanging in the foyer of our home, without a bittersweet smile and a prayer of thanks to Mr. W. for his prophetic words of wisdom.

- Kim S. Hitchings, RN
BEING A NURSE MEANS . . .

You will never be bored.
You will always be frustrated.
You will be surrounded by challenges.
So much to do and so little time.
You will carry immense responsibility and very little authority.
You will step into people's lives and you will make a difference.
Some will bless you.
Some will curse you.
You will see people at their worst - and at their best.
You will never cease to be amazed at people's capacity for love, courage, and endurance.
You will see life begin - and end.
You will experience resounding triumphs and devastating failures.
You will cry a lot.
You will laugh a lot.
You will know what it is to be human and to be humane.

- Melodie Chenevert, RN
Sounds of the Present
Women of Strength, Women of Courage

I see your face.  
I know it well.  
I have seen it many times before.  
I know the pain, the anger, the frustration.  
I've watched you hold the hand of a dying man.  
You told him that he would not be alone.  
Yet, you are alone.  
You have experienced your own losses.  
Your love died unexpectedly and left you to care for several much younger than you. . . .

Everyday you manage the care given to others.  
You are strong for them.  
You pull them through.  
You face your own challenges.  
Yet, you somehow carry yourself upright and free from the grasp of those challenges that surround you.

You comfort a mother through the loss of a child.  
You take away her pain.  
Although you have experienced much pain yourself.  
You have cultivated inner strength, because you are alone.  
You know the challenges, joys and turmoil in making everyday decisions that affect your children.

I see your face.  
I know it well.  
Even as we face our own losses, we somehow pull ourselves out of the darkness that envelops us.  
We give care, comfort, love and support to those in our charge.  
For we are all "Women of Strength, Women of Courage"  
We are nurses.

- Roberta Hower, RN, MSN, CCRN
Meet Florence Nightingale, CCM, Clara Barton, CCM, Mary Ann Bickerdyke, CCM, Rose Hawthorne Lathrop, CCM, Mary Breckinridge, CCM, Genevieve de Galard, CCM and Elizabeth Kenny, CCM, Certified Case Managers of the past.

Many of you remember them as dedicated nurses. When you read their life stories, you find how they helped the sick: bathing, feeding and caring for wounded and ill. But, you will also read how they helped their patients survive in many other ways. They helped with purchasing clothing, finding housing, providing food, cleaning floors, hiding their patients from the enemy. They cared about the whole patient, not just their medical condition, but their physical surroundings, family situations and mental status as well.

What does this have to do with me? I am a certified case manager of the present. When some people ask me what I do, and I proudly tell them I am a case manager, they look at me and say, "Oh, you're not a nurse anymore?"

How wrong they are. Yes, some things have changed. I usually do not have to hide anyone from the Confederate soldiers or the Indians, and I don't have to clean my patients' floors, but my job has allowed me to help my patients in many of the same ways.

In my six years as a case manager, I have helped patients and their families find housing, provided contacts for job opportunities, and helped single moms get enrolled in various programs that help provide food and day care for their babies. I've been a contact for many high risk maternity patients and have helped increase the number of moms that breast-feed their babies.

I've been involved in assisting a community to help a baby with a severe cardiac problem. The small town rallied around this family: the electric company, the fire department, the police department and the family's neighbors. If ever an emergency happens, that baby's medical equipment has first priority.

Churches have also been a big source of help to my patients. I have worked with them to provide food, shelter, clothing and support for many of my cancer and AIDS patients. Many times they have agreed to a rotating shift of church members to sit with a sick or hospice patient.
I once helped a family contact their local newspaper for some services which their medical insurance could not provide. The newspaper, free of charge, advertised what the patient and their family needed and the items were donated to them.

A good case manager has to wear many hats, and be able to prioritize at a drop of any one of those hats, many times a day. A Certified Case Manager must be a counselor, a mediator, a medical reviewer, a locator of services, researcher, etc. They need to be patient, adaptable, a motivator, an educator and above all a patient advocate.

Yes, many times, they work for some type of managed care company, but a good case manager is a good nurse first. They place their patients above all. They work within the parameters of their job to get the most they can for their patients. They need to have an extensive knowledge of all types of medical problems from cardiac surgery to breast-feeding twins, to the new chemotherapy drugs, to where they can get information on rare birth defects. Using their medical knowledge, national and local resources, the Internet, etc. they can help patients get the support they need.

A case manager's job does not start when the patient enters the hospital. It usually starts long before, when the patient was first diagnosed with their catastrophic illness. Many times, the case manager finds out about a patient with a catastrophic illness when that first bill comes in confirming their diagnoses and the case manager knows that the patient’s life will now change forever. That’s the time the case manager becomes the advocate for that patient and their family.

Some people say, “All you do is deny things for these same patients.” Yes, sometimes I can’t get coverage for something that a patient is requesting. But, just like other nursing jobs, there are parts of any job which are not nice or fun to do. At least in my job as case manager, I get the challenge of finding alternative ways to help my patients, like going out into the community or contacting a drug company.

As you can see, my job doesn't end at the office or hospital door. I go home with my patients - to their family lives, day to day struggles, work and family problems. I am just a phone call away. I am the support person they can get angry at, frustrated with, cry with, laugh with, and know I will be there for them.
The future is coming fast. Only a few years ago, when patients went for medical treatments, doctor visits, and inpatient stays, they would listen to their doctor, take their pills and never ask any questions. With the advent of managed care, many of these same patients, whether they are young or old, ask more questions and request more information on their medical conditions than ever before. They want and need more to say in their care. The value of managed care has many critics, but this has been, and is, one of its benefits.

The future can only get better for case managers. With shorter hospital stays, shorter physician visits, and more medical information available to patient, the case manager will be the contact person that patients can turn to for answers and help because the case manager will have the time to spend with them. They will be the ones that the patients turn to in joys and sorrows, wants and needs. They will be the ones the patients call to tell them their baby made it through the surgery and will live, they are the ones that cry when a patient they have case managed and helped for many years, dies. That's the joy and sadness of this job, being a part of a patient's life through it all.

They may be gone from us physically, but I think that the basis for case management that Flo, Mary Ann, Rose and the others gave us is here to stay. I think they would be happy to know that they were the foundation not only for all of the home health care nurses and the hospital-based nurses, but also for all the case managers of today and tomorrow.

- Kathleen Urban, RN
Honorable Mention
THE NOVICE

The scrub nurse stood alert and at his side,
As he clamped, ligated, sutured, and tied.

With skill and ease he handled the blade,
In no time at all, the incision was made.

It seemed there was no fear on his part,
As he opened the chest and made way for the heart.

When the surgery was over and the closure complete,
The surgeon turned to the scrub nurse white as a sheet.

There were beads of sweat rolling down each cheek,
As he looked for the courage with which to speak.

He said in a voice that was thin and quite shaky,
“'It's my first open-heart and I'm not DeBakey!'"

- Carol Miele, RN

“Dr. Michael DeBakey performed the first open-heart surgery at Baylor Medical Center, Texas.
"If stethoscopes could talk,
What would they say
after all they've heard?"

- Catherine Ehrig, RN
ANGEL UNAWARE

It was late in the evening, and I was finishing my assignment on a Med-Surg floor. Most of the patients were sleeping or getting settled down for the night. As I walked by one of the rooms, I heard someone crying heartbrokenly. I walked into the room, hoping to be able to console the dear little elderly gentleman in the bed. Handing him a handful of tissues from the box on his bedside table, I pulled up a chair beside the bed and asked him to tell me what had him so upset. He took the tissues, blotted his tears, and regained his composure.

"Today is my 60th Wedding Anniversary and I'm stuck in here. I want to be home with my sweet wife tonight. We always have a special dinner to celebrate, and I got a nice present for her this year. I expected to be able to give it to her tonight."

Finding a man who remembers his wedding anniversary is unusual, but finding anyone able to celebrate 60 years is awesome to me. I was hooked. This man was extra special!

"You know," I replied, "I'm impressed. Congratulations on your anniversary. Most people don't live long enough to celebrate 60 years of marriage and so many marriages end up in divorce these days. I'm just recuperating from the end of 25 years of marriage myself. You are so lucky to have someone special by your side all these years. Please tell me your secret on how to make a marriage work."

He finished dabbing his tears and took a moment to ponder the question. I watched his expression change as he calmly and firmly replied: "Honesty! Say exactly what you feel about whatever the problem is, no matter how much it might hurt you or your loved one. Details can be worked out if you're honest and open up front." What we talked about after that is forgotten. I bid him a "Good Night" and thanked him for giving me what I needed to hear, and he thanked me for taking the time to help him. As I walked down the hall, I realized I had been given a priceless gift from somebody I didn't know. I love it when God works anonymously.

- Martha Kissinger, RRT
MY PATIENT IS SLEEPING

Dedicated to Hospice Patients Everywhere

My patient's sleeping, yet he murmurs a sound.
It's a low and hushed warning that falls to the ground.
I'll listen much closer for the next sound he utters.
Oh look, he just moved and his eyelashes fluttered.
His hand has just fallen away from his side.
Oh God, please be there to take him...

My patient has died.

- Carol Miele, RN
THE STARS IN MY SKY

My introduction to death came early and as close to home as it can get. By the time I was five years old, my Mom had entered CedarBrook, never to leave again. She suffered four long years before dying. I did not understand anything about dying even though I attended Sunday School and Church. Death was a terrible end to life. It frightened me and made me feel helpless and alone. It was an evil thing that had no rhyme or reason. Anyone who was elderly or looked sickly was dying to me and I stayed clear of them. Death was an enemy that had invaded my life and left me vulnerable and terribly frightened.

It is ironic that someone who felt as I did, would end up applying for a job in a hospital. I was older and thought being a unit clerk would limit my exposure to patients. I started 3-11 on 4T at The Allentown Hospital. Just as today, we were extremely busy and, before long, my remote and comfortable life away from patients ended. I helped do a lot of things that were not “in my job description” but involved helping the nurses with patient care.

Christmas has always been my absolute favorite time of year. When I had to work both Christmas Eve and Christmas day my first year in the hospital, I was not real happy or thrilled. On Christmas Eve, as I entered Helen’s room, we began to talk about Christmas. She told me that she and her husband were raising their two grandsons, whose mother had left and whose father (her son) really could not be bothered. She wished ‘they’ would find out what was wrong so she could go home. They lived an extremely simple life, more simple than anyone could fathom. They had no running water, no phone, no TV - - none of the necessities the rest of us had. Her husband was a very proud man and accepted nothing from other people. I mentioned “Toys for Tots,” but she said her husband refused to let her get things for the boys. Here were two little boys who were not going to have Christmas and I was upset about having to work. I said goodbye to Helen as I left to take another patient to x-ray. “Code Blue 4T” sounded when I was returning. As I ran down the hall with the code cart, I realized it was Helen. Helen did not make it. I helped lift her onto the gurney and wheeled her to the morgue. She wasn’t alone there - - an elderly man and a baby were also lying in the morgue. We made numerous attempts to reach her husband through a neighbor but he arrived with the grandsons to visit before we reached him. Two boys who already weren’t going to have a Christmas had lost the only mother they knew. I went home that night and had a strong drink as I placed my
daughter's gifts under our tree. The drink may have eased the pain at the time, but thirteen years later, the memories are very clear.

Helen was only the first. There was the 83 year old woman, who was not unlike a leper in Biblical times. She contracted AIDS through a blood transfusion when it was a new and intimidating disease. There was the woman who had a tooth extracted, only to stir up the unknown cancer lurking in her mouth. The cancer rapidly took over, disfiguring her face. Within a short time, it destroyed a blood vessel in her throat, blood spurting everywhere...causing her death.

There were fellow employees. Joan was diagnosed with cancer: she spent her remaining time on 4T with her work family. Lorraine - where do I begin to tell you about Lorraine? She was one terrific lady -- in her 50's, divorced, mother of four grown children and a grandmother. Lorraine and I talked a lot about life and death. She was one of my best friends. After I transferred to TCU, we didn't see each other as much. She met and fell in love with a wonderful man, after a long search. They were married on Valentine's Day in a beautiful ceremony with a wonderful reception. Disaster struck -- Lorraine had cancer. She died on 4T with her families surrounding her.

The early years on TCU, ICU, ACCU and other floors had many deaths too. Watching someone's life end on a monitor can be very unsettling. ICU saw many last days. The conductor (a folklore ghost...or was he?) always hung around ICU to guide the spirits home. Hilda stands out most in my memory of those years as she withstood eighteen long, grueling months until, finally, modern medicine could not hold off the inevitable.

During the time I was on TCU, my Memmy -- who was technically my grandmother, but actually my mother since she raised my two sisters and me when my Mom was sick -- was hospitalized and became comatose from an infected IV site that also affected a weak heart valve. I loved Memmy dearly and would sing to her when she was in pain or restless. It would calm her right down. On the fifth day, we knew death was close. I remained after everyone else left, resting my head on the bed rail and holding her hand. Later, a spirit (whether it was her or the one that came to show her the way) touched me and let me know it was time to leave. I kissed Memmy goodbye and took the elevator to the lobby level. As the doors opened, the familiar smell of death was present. I got into my car and started the engine; the song "God is Watching From a Distance" began to play on the radio. Memmy died about an hour later. It was a major turning point in my life and my handling of death.
Valentine’s Day, 1994, I began working in the MPA in the Cancer Center. March 4. “Code Blue ETA 5 minutes.” We hear it all the time and really don’t notice but, this time, it sounded loud and clear to me. Less than 10 minutes later, Pastoral Care called me to come to the ED. Racing down that long hall and looking out the windows for a hint of who could be in the ED, I saw Cetronia, Emmaus and Macungie ambulances — that covered my whole family. It was my Dad. He had a massive heart attack. His last.

Through the years, many coworkers have also lost family members and, in the short time we’ve been in the Cancer Center, more than 20 family members died. Many were sudden and unexpected, others blessings after long suffering. Last spring, Memmy B stopped all her medications, deciding she was tired of quantity of life without quality. Just a few weeks ago, the son of a TCU friend died in a car accident when he was only 24 with a lot of living yet to do. I picture him as a teenager at the picnics for the gang from TCU.

As an outpatient area, the MPA sees our patients frequently and they become part of our lives. They are family. We know about their lives and they know about us. We have a bond, a kinship, a genuine relationship with these people. Rarely does a patient walk through our door that I don’t know.

Not all the patients we treat have cancer but many of these ‘family’ members have died over the last five years. Some may have stood out more than others, just as we are closer to some family members than others, but none have left without touching me in one way or another.

Maybe Dan was the first to leave us. He came almost every day for transfusions but, through it all, he didn’t complain or show any frustration. Debbie was a young mother of two teenage girls, newly remarried and in love. She fought long and hard and even kidded that she should just have a zipper installed at her incision site for repeated surgeries. Catherine kept holding on despite the pain. Gary was so robust and loved to kid around. He planned to win the fight and run for an office in the Teamster’s Union. When it became apparent he wasn’t winning the battle, his goal was to stay alive until his birthday and to receive an award from Alton Park for his years of dedication and coaching. He made his birthday, but not the awards banquet. His son did a great job of accepting the award on his behalf, although I am sure Gary was there. Brad, oh Brad! His death was one of the most difficult, because he was so young, only nineteen with so much life to live, yet it was not to be. Seeing the pain of his loving and dedicated mom, Chris, was very difficult. His dream was to meet the Phoenix Sun
Basketball players; Dream Come True sent him and his family and they had a wonderful time together in Phoenix. His calls for mommy when the pain persisted will forever be etched in my mind. Rose loved to polka and was always dolled up. There was Vi, Wilbert, Kitty, Mary, Nancy, Lester, Pat, Frank, Joseph, Livia, Guido, Janice, Esther, Lorraine, Rosemarie, John, Forrest, Dale, Jane, Gus, Roland, Antonia, Aledidia, Dale, Tom, Cathy, Jim, Julia, Jeff, Karl, David, Sylvia, Onelia, Fannie and so many more. Joe was the latest. A kind, gentle, loving man, he worked hard, gave great advise, brought us tomatoes from his garden and cared about everyone. He would volunteer himself and his wife to watch my 4 year old when my sitter was off to save PTO hours. He came for a transfusion his last day on earth to say goodbye to all of us.

I have come a long way from that little girl and young woman who was terrified of death. I no longer run from, nor hide from death. I have come to accept and yes, even hold death’s hand. Although we want to cure everyone, that just is not realistic. These people, and others too numerous to mention, have taught me that death is not something we should hide from. If I had not known all these people, I would have missed so much love, caring, understanding, and friendship. They taught me and I have grown and become a better person because of them. The pain and tears from their deaths are lessened by the smile remembering brings. As I look up and see the twinkling on a starry night, I know all my stars are looking down and smiling.

- Brenda Dysher-Mohr
Technical Partner
A SPECIAL KIND OF PERSON

It's a special kind of person,  
that goes the extra mile,  
Who treats people with compassion,  
and always wears a smile.

Although they know all about you,  
your secrets they won't tell.  
They know when you are feeling blue,  
or when you want to yell.

They teach you what you need to know,  
to live a "better" life.  
Respect is what they want to show,  
and help you cope with strife.

It's been the same throughout the years,  
although the "times" have changed.  
They've helped us wipe away the tears,  
or lives they've re-arranged.

It's a special kind of person,  
to be all this and more.  
They keep their sight on the mission,  
health and strength to restore.

If you think you know who it is,  
your guess could not be worse,  
Although your Mom could be all this,  
it really is your NURSE.

- Stephanie Mascavage  
Administrative Secretary
VISIT IN THE SNOW

The Christmas candles slowly burn, as she drives 'round the last slippery turn.
It's the last stop this Christmas Eve, a new admit, three wounds and one I.V.
But as she reaches for her bag, she spots a shiny tag.
"This must be from Mrs. Brown!" . . . her last patient north of town.
"Why, she must have put this in my pocket, before I closed the door to lock it."
The tag was taped to a tiny note, in which Mrs. Brown shakily, but neatly wrote:

My Dear Home Care Nurse,

Just wanted you to know, some things I cannot show.
Like how grateful we all are, that you journey from afar.
Though you travel many miles, you bring care, and warmth, and smiles.
You teach us all about our pills, our illnesses, and living wills.

You do all you can to make our lives better,
So I thought I'd write this letter.
And, would you pass this on to my Aide?
She's worth far more than she's paid.

Also, the therapists and social workers I've never met,
There's not a one you should forget.
Whether there's snow or pouring rain,
They never show the strain.

My mission won't be done, till I thank each and every one.
You bring caring to our homes, you bring hope when we're alone.
So as your day comes to an end,
Please know it's not just the wounds you mend.
It's the spirit that you heal, just thought I'd tell you how I feel.

Merry Christmas,
Mrs. Brown

- Carol Miele, RN
GIFTS OF LIFE

One of the most difficult aspects of being a professional nurse is learning to deal with death in a positive way. Hospital nurses deal with death almost on a day-to-day basis and do so more than any other health care professional. I have found that nurses who have developed their own acceptance of death as a part of life are the nurses who deal with dying patients the best. Every nurse must accept the fact that patient wellness is not always the outcome of health care, but comfort measures for dying patients promote more positive death experiences for both patients and their families.

I worked as a medical/surgical nurse for several years and began to see that death for most chronically-ill patients was somewhat the means to an end. That was especially true for elderly clients whose quality of life was poor by medical, nursing and personal standards. Later, as an oncology nurse, I viewed death as a release from the horrific pain the body might endure as a result of end-stage carcinomas. Working in the open heart unit, I realized that despite all the advances in medical and surgical cardiac care, there were times to just stop and let a weak, worn heart be still. The greatest challenge of my nursing career with regards to death began when I became a neuroscience nurse in the neurosurgical intensive care unit.

There are few acute illnesses that are more devastating than traumatic brain injury, either from strokes, falls, motor vehicle accidents or aneurysm rupture. One must understand the difficulty in viewing a patient whose outward appearance is normal, often without a mark on the body, especially after trauma. It is easy to see why families of head injury clients have an incredible task of accepting the death of their loved ones in these instances. When I first became involved with such patients, my views of death were literally shattered. I thought I had developed a perfect way to deal with patient death - - boy, was I wrong!

What helped me deal with the numerous, seemingly senseless deaths, was the concept of organ donation. Organ donation has occurred for many years, but recently became more frequent in Pennsylvania because motor vehicle operators can now designate themselves as donors when they renew their licenses. Ideally, I don't want to see anyone have to live up to their stated wishes, but, realistically, it is one of the most selfless acts of kindness any person can do at the last moments of their life. Through organ donation, patients and their families have become heroes to hundreds of organ recipients. I have been able to deal with the death of patients from brain trauma much better since my own involvement in the organ donation process. This process helps families see a positive outcome despite the tragic death of their loved ones. Knowing that person lives on in one or more recipients helps families to begin to grieve in a more therapeutic way.

I recall a twenty-one-year-old female patient whom I'll call Mary. Mary was on the brink of achieving her independence; she just opened her own hair salon and moved to her own apartment.
Sadly, this was all that was to be for Mary. Her life came to an abrupt halt in a car accident on her way home from a friend’s home on a snowy winter night. Mary’s mother was devastated; she was divorced from Mary’s father and her daughter had become her sole reason for living. I was fortunate to be assigned to Mary’s care in the last days of her life. I developed a closeness with Mary’s family that I had never done before as a professional nurse. As fate would have it, Mary’s prognosis was poor. One night, Mary’s mom and I had a very intense conversation in which I introduced the concept of organ donation. I learned that Mary had recently renewed her driver license and told her mother that she had registered as an organ donor. Mary felt she would really like to do this in the event of her death. During this conversation, Mary’s mother began to come to terms with her daughter’s prognosis by speaking positively about the donation process. She later signed the needed consents for the donations.

Mary’s legacy continues because several of her organs were placed with some very special recipients. Although organ donation is not appropriate in every situation, I receive a great deal of personal comfort knowing that donors like Mary had the opportunity to make their own deaths into something beautiful for others.

Parting Gift . . . in memory of Mary

Perhaps it was chance that brought you into my care.
Sweet young girl, all but twenty-one, ready to face your world.
Alas, fate would have a much different plan for you.

Love from your heart you gave your whole life through,
so this, your final gift, is one so very true.
A gift not only from the heart, but of the heart itself.
So that at your end, some other life would mend.

Sweet young girl, now gone at twenty-one,
Your parting gift, one’s life has just re-begun.
Selfless were you to the bitter end,
May God always hold you closely in His hands.

- Richard Riccio, RN
Honorable Mention
CARING IS A STAPLE AT LEHIGH VALLEY HOSPITAL AND HEALTH NETWORK

Webster's Dictionary defines Caring as: "Painstaking or watchful attention. Concern, fondness, regard coming from desire or esteem." As an employee of Lehigh Valley Hospital and Health Network for seven years, I have come to firmly believe that we do painstakingly care for our patients, ourselves and our community. Especially now, in this age of managed care. There is enormous watchful attention taking place - - by us, the government, managed care organizations, the media and the community - - to make sure that we continue to care.

I have always believed that no matter what the situation might be, the little things are the big things. I think this is true when it comes to caring. In my career as a fund raiser, and now as a Physician Relations Representative, I remain highly successful only if I listen to our physicians, our staff, and our patients. If one really listens, one finds that there are random acts of kindness and caring happening every day, maybe every hour, throughout the network.

Before we were a Network, caring was a staple at the Allentown Hospital, located by the Allentown Fairgrounds, and today known as LVH at 17th & Chew. One emeritus active physician on our staff told me that in the old days, when it was just Allentown Hospital, physicians competed to do "Ward Work." He described how it was considered a privilege and an honor to treat and care for the indigent and that a doctor built his or her reputation by the charity work he or she performed.

Allentown Hospital then joined with Sacred heart Hospital, (long before mergers were commonplace, and with Leonard Pool's money, built Allentown-Sacred Heart Hospital or ASH. I had the privilege and the honor to actually read some of Mr. Pool's letters written in the early 1970's, and I was truly amazed at the vision he had! He was already forecasting managed care, long before it could even be conceived that reimbursements would eventually dwindle!

ASH then split apart and the Allentown Hospital/Lehigh Valley Hospital Center was formed. The corporate entity, HealthEast was also created and the Lehigh Valley watched the dawn of a new health care system that eventually would evolve into what is now Lehigh Valley Hospital and Health Network.

I wonder what Mr. Pool would think of us now. Surely he and Bishop McShea are members of the same angelic squad in Heaven? I wonder if they're smiling at us, and at our merger with Muhlenberg Hospital Center. And, what do they think of PennCare? Surely Mr. Pool wanted ASH to be the best regional hospital in the state of Pennsylvania - - could he have imagined the integrated delivery system of eleven collaborative hospitals?
Mr. Pool saw that his Air Products' employees were being badly burned at his facilities throughout the United States and Europe, so he invested in a burn center at his hospital in his hometown. At this Level One Burn Center, only the best treatment is given and random acts of kindness and caring happen every day. For example, a toddler who was severely scalded in hot tub water was taught by the burn unit staff to enter a tub, first without any water in it, and then gradually readapt herself so as not to fear water the rest of her life.

Mr. Pool lost his beloved wife Dorothy to cancer, and through his benevolence and trust, helped our hospital to expand its cancer programs and services. John Morgan picked up the torch after Leonard Pool and residents from the Lehigh Valley and surrounding region have access to the outstanding staff, excellent technology and oncology services of the John & Dorothy Morgan Cancer Center.

Beyond our hospital's walls exist programs and services that extend the continuum of care. Lehigh Valley Hospice and Lehigh Valley Home Care help patients and their families through support, home treatments and pastoral care. Preventive community health programs, such as the Smoke-Free Coalition, Alert Partnership for a Drug-Free Valley, Burn Prevention Foundation and Health Disease & Health Promotion educate children in schools and adults within the community how best to improve their own health and the health status of the region.

If our physicians are the gatekeepers of a patient's health, then our nurses are the keepers of the watch or the "vigilantes" of a patient's treatment and care. All members of our patient care team, including physicians, nurses, lab techs, technical partners, radiology techs, support partners, social workers, pastoral care ministers, registration clerks, patient representatives and so many others -- work together, often as angels in disguise, to help the patient heal.

All of us here at Lehigh Valley Hospital and Health Network know what it means to hurt, whether physically, clinically or emotionally. And, we all know what it means to heal, because we are all healers in our own respective ways. We also know what it means to care. It is an essential function of all our job descriptions. A century ago this organization began and 100 years from now it will continue to flourish. Can we imagine what our Network will be like in 100 years? Perhaps we can't imagine this in a physical sense, but surely in a philosophical one. Simply put, we will continue to care.

- Diane Zapach
Though it was only 7:30 in the evening, it was pitch black that January night. I walked out of
the hospital behind a group of nurses. Trailing behind in the faint echo of their laughter gave me a
familiar feeling. Leaving work at night always reminded me of the past, of so many years ago when
I first began...

I was twenty-three when I came to work for the Allentown Hospital. It was my first real hospital
job as an RN and I was both grateful and excited to have it. I liked the looks and atmosphere of my
assigned unit, the funky head nurse who was obviously talented in communicating with staff and
patients, and I was starting with a bunch of new nurses who were unusually likeable.

The hospital was jumping back then. It was full of patients, various specialty units, eager
nursing students from the respected nursing school across the street, doctors and every other kind of
hospital staff one could think of. The hallways were lively, the cafeteria was crammed and the place
was brimming with warmth and life. It seemed strong and indestructible; good, old Allentown Hospital
was a landmark with history. It was a flourishing, functioning city hospital that the people of Allentown
were born in, grew up with, grew old with and were proud of. And those of us employed there were
willing to work hard for the hospital; it was a great place and we relied upon it to take care of us as well
as the patients.

We were all very close on the psychiatric unit. We worked hard, were very meticulous, had a
strong sense of pride and interest, as well as enjoyment in our work. No matter how difficult the
situation or how busy the shift, we always managed to laugh, share our feelings with one another and
get the job done right. The months would pass, the years would pass - - we grew closer and excelled
at our work until we ran like a well-oiled machine.

Unfortunately, people don't appreciate what they have until it is no longer there. We all learned
this truth.

Allentown Hospital was changing. Units were closed or moved to the Cedar Crest site. The
throngs of personnel that once bounded down the hallways were thinning out. But we stayed the same
on psychiatry, frozen still in time and living in a pleasant sort of delusion with our little work family that
had now been together for a significant amount of time.
But, reality has a way of finding everyone no matter how strong the resistance. And suddenly, this thing called "managed care" became very real. A term we basically disregarded because it sounded ludicrous. This idea was a rumor. It didn't sound right or healthy or even possible. Our hospital wouldn't let it happen to us.

It happened anyway. As patient lengths of stay shortened, we needed less staff. These nurses, this family we'd formed over the past ten to twenty years was suddenly being torn apart. Our safe environment was gone. It was reality. We were forced to focus on how we could live with the new system of health care and do the best we could in spite of its limitations.

My unit isn't the same and it never will be. We have grieved for the way it once was and the wonderful staff who were no longer here. Those of us who worked alongside them knew their specific talents and contributions to their patients. To all those nurses who have left the unit: your patients miss you, your friends miss you, you all made a difference and what you did was most important.

I don't know the future of nursing. We are constantly bombarded with varying ideas about the role of the nurse in today's managed care world. I fear that changes will pull us further away from our patients. But for now, I'll live in the present and hold onto the quality moments I do get to spend with my patients - this really is great and the truly important thing about nursing.

- Rose Nourse, RN
HUGS AMONG NURSES

When new on the job, she greeted me with a hug.

Overwhelmed with my caseload, she hugged me.

Coping with my Hospice patients' deaths, she hugged me each time.

When her husband died, I hugged her.

The death of a co-worker nurse had us hugging each other.

Now as she copes with having cancer, there aren't enough hugs.

- Sonia Clarke, RN
Honorable Mention
"We could never learn to be brave and patient if there were only joy in the world."

-Helen Keller
COMING OUT OF THE DARK

"Why be afraid if I'm not alone?
Though life is never easy, the rest is unknown.
Up to now for me it's been hands against stone.
Spent each and every moment
Searching for what to believe."

Recognize these words? They are from a very popular song written and sung by Gloria Estefan called "Coming Out of the Dark." She wrote the song in preparation for her comeback after a near fatal bus crash in 1990. The song has proven very inspirational to me in my own fight back after my personal crisis.

My hope in sharing this story is that perhaps many other health care workers suffering from the same or similar problems will realize that they are not alone.

It happened the summer of 1991. My family and I were on vacation at our favorite spot, Ocean City, MD. VACATION, SUN, SAND AND FUN. Isn't that the recipe for relaxation? Well, nothing could have been further from the truth. Instead of relaxing, I was shaking. I had blurred vision, tachycardia, nausea, severe dyspnea, sweaty palms, anorexia and insomnia. Since I had an allergy injection shortly before leaving on vacation, I began to fear that the treatment had triggered a severe asthma attack. Therefore, I began using my inhalers more frequently. This only accentuated the aforementioned symptoms.

Fearing the worst, I called my asthma specialist, who prescribed high doses of steroids. The symptoms just continued to escalate, as did my intense fear. I truly thought, "I am going crazy." I could not stop shaking. I was in a constant state of epinephrine release causing the "fight or flight syndrome." I needed to run -- but didn't know where or to whom. What I did know was that I needed help fast! After only two days, we were forced to return home and our long-awaited vacation ended.

After navigating the medical system, I finally found the cause of my symptoms and got the help I needed. I was diagnosed initially as suffering from Panic Attacks and Anxiety Disorder as well as Clinical Depression. Through the help of medication directed by a skillful psychiatrist and counseling managed by a caring psychologist, I am well on the road to recovery. It however has been a long and challenging road and there is still work to be done.
The step to acceptance was the biggest and most difficult step. Why me? What was the cause? How could this happen to me? All were questions without concrete answers. The bottom line was that it did happen. Now I had to get down to business and begin to accept the fact, learn to cope, try to relax, and say, "so what!" instead of "what if?"

We in the medical profession have very stressful jobs and compound that stress by trying to balance work, play, and family. Many of us have few or no effective coping mechanisms for dealing with stress. We think we are coping "just fine." However, Panic attacks, Anxiety Disorder and Depression can affect anyone at anytime.

As we begin the next 100 years of caring for others at Lehigh Valley Hospital & Health Network, we first must consider and care for ourselves. Be alert to the signs and symptoms of stress and more serious problems in yourself and your colleagues. Support each other as lovingly as you would support a patient. Take the necessary steps to alleviate stress and seek professional help as appropriate. Our predecessors of the past 100 years would recognize that we cannot care for our patients and advance the profession unless we care for ourselves and each other.

I owe my personal recovery to my very supportive family, friends, co-workers and caring medical professionals. It is a humbling and eye-opening experience to be the "care receiver" instead of the "care giver." Although my experience was a painful one, many good things came out of it. I've grown both personally and professionally and I've gained a new perspective on life. It's great to be alive!

"Coming out of the dark, I finally see the light now,
Coming out of the dark, I know the love that saved me,
You're sharing with me."

- Submitted by an Anonymous Registered Nurse
"Don't walk in front of me,
I may not follow.

Don't walk behind me,
I may not lead.

Walk beside me and
just be my friend."

- Author Unknown
UNKNOWN HERO

This is a true story that I'm about to tell... it comes from first hand information - my own. It's the tale of a nurse who deserves hero status, at least in my eyes.

I had been hospitalized for a compression fracture of one of my vertebrae from a car accident and had been an inpatient that Monday. The day is now Thursday, and not only was I in a great deal of pain, I was also very scared and lonely. I was in a two-bed room, but the other bed was not occupied. I awoke in the middle of the night because I was not used to sleeping flat on my back. I was very uncomfortable and in pain. After four days of this same feeling, I finally broke down. I felt as if my world had collapsed on me and I couldn’t get out. As quietly as I could, I sobbed in my bed. Racing through my mind were so many feelings and thoughts: missing my husband dearly and feeling him asleep in the bed beside me; not being able to sleep comfortably; how serious my injury may be; whether I will ever walk normally again; and more. The tears just wouldn’t stop and all I could do was cry uncontrollably. It was then that she walked in. I don’t know how she heard; I know I wasn’t that loud. But there she was. Her badge read B. O’Connell, RN. She was wearing a colorful scrub top and white pants. She had short curly blond hair and a wonderful smile. She came to my bedside and asked why I was upset. I couldn’t answer at first, because the tears and sobs were racking my body. I composed myself and everything I was thinking and feeling just came spilling out. She pulled up a chair and took my hand lovingly and just listened. I feel as if I talked forever, but the whole time she sat there and listened to me without saying a word. Finally, I calmed down. She said that she would return momentarily and left the room. Less than five minutes later, she returned with her arms full of pillows, a can of ginger ale and a plastic cup. She took the pillows and used them to prop me up on my side. Then she gave me some soda and a tablet that she said would help me to sleep. Then, she sat down in the chair again beside my bed. She told me she would stay with me until I fell asleep. And she did. My last image before sleep pulled me under, was her sitting next to me smiling and telling me that things will be fine and not to worry. That was the last I remember. I awoke in the morning refreshed, calmed and in much less pain. I also had this determined feeling that I would not let this injury get the best of me. When the morning nurse came to check on me, I inquired about the night nurse so that I could thank her for the kindness that she showed me. I was told that she didn’t recognize the name, but if she was on the night shift, she would have been finished at five a.m.

I never saw this nurse again during the remainder of my stay. But the determined feeling I had stayed with me for the next six months and helped me through all my physical therapy. Later that year, when I no longer had to wear a body brace and use a walker, I returned to the hospital with flowers to
thank my anonymous nurse for what she did that night and show her that indeed, she was right and I was fine. I asked several nurses on the floor and not one of them said they had heard of a nurse by that name. I never found out who she was. I left the flowers for the floor nurses, thanking them for the care they gave me during my stay. Some remembered me and said they were glad to see that I was able to walk again. I left the hospital that day, sad because I couldn't find my comforter to thank her. She, in my opinion, is what a hero is. A hero doesn't have to be someone who risks their life by jumping in front of a bullet for you, or pushing you out from in front of a speeding bus. A hero can be someone who just listens and is there for you in your greatest time of need. That nurse has been in my thoughts ever since the accident and I feel she always will be until the end of my days. She is my hero... I just wish I was able to thank her for it.

- Jennifer Guyton
Insurance Coordinator
Honorable Mention
“A happy life is not built up of tours abroad and pleasant holidays, but of little clumps of violets, noticed by the roadside, hidden away so that only those can see them who have God's peace and love in their hearts; in one long continuous chain of little joys, little whispers from the spiritual world, and little gleams of sunshine on our daily work.”

- Edward Wilson
I WILL NOT CRY! Every week I make myself this promise . . . and . . . every week I break it! Are you wondering what “earth shattering” experience happens to me on a weekly basis? One that elicits an emotional outburst, week after week. Let me share a typical Sunday night in my life with you. It happens around 8:00 p.m. after I finish the dinner dishes, straighten up the house, bathe my two children and tuck them safely into bed. I wrap myself in my favorite afghan and settle down on the sofa with a bowl of popcorn at hand. Finally, the predictable moment arrives . . . I hear those words that stir hidden emotions, and the flood gates open wide. Let me tell you, I’m not talking about a solitary tear here and there - - I sob!

What in the world could cause this reaction? That’s just it - she’s not from THIS world. This is what the T.V. show “Touched by an Angel” depicts - an angel, sent from heaven by God. At this point you’re probably thinking - YES - she finally went over the deep end - all this crying over a T.V. show!

Let me explain a little more and then maybe you can see why the tears well up in my eyes when I hear Monica’s words, “I’m an angel. God has sent me to you. He wants you to know He loves you.” It is then that I think of my life. I am a critical care nurse. I play the role of Monica each day I go to work. I’m sure even my mother would have a difficult time relating to my calling myself an angel, but this is how I see the parallel bond between the two of us. Angels are depicted throughout history and in today’s media as heavenly beings sent from God to guide, protect, and care for those that need help. Life altering circumstances make them appear. In my profession, these life altering circumstances are the accidents or illnesses that bring patients to the hospital . . . to us, the nurses, to care for and protect.

I can recall countless times when a patient, who has been close to death, takes his nurse’s hand and whispers, “You are an angel.” Close your eyes and imagine the inner strength and courage exhibited by the nurses in each of these scenarios:

- Helping a mother to lovingly wash and caress each limb of her child for the last time before the operating room nurse arrives to take away her child and begin the process of the “Gift of Life” - the last gift her child would ever give to anyone. A gift which enables his mother to be strong knowing a part of her child will “live on”.
- Preparing a stillborn baby, whose little heart never realized that first rhythmic beat, for his mother to hold in her arms for the first and last time.
• Holding a mirror for an eighteen year old burn victim so that she can see the reflection of her badly scarred face for the first time.
• Placing a reassuring hand on a father searching for the right words to tell his teenage son that he will never walk again or father his own children someday.
• Watching as a husband of sixty-one years places a last kiss on his wife's lips, his best friend, and listening as he promises to join her soon.

These are the memories that stir my soul . . . the ones that break me every Sunday night! The show ends, I dry my tears, and after a hug or two from my husband, I'm able to gain control over my emotions. Once again I vow . . . next week - I WILL NOT CRY!

Lying in bed as sleep begins to overtake my body, my last thoughts are: Remember in this time of change, why you became a nurse. Continue to care for and guide the sick back to good health, the injured back to their families, and the dying back to God - just as angels do. No, we are not heavenly beings, but rather we are “Angels Without Wings”. Earth angels with a mission that is constant and true . . . allow patients to return to their families, or to their Maker with one lingering thought, “I've been touched by an angel”.

- Michelle Bernier, RN
Honorable Mention
CNS # 6

Once beautiful,
your eyes now stare
wide and unseeing.
Breath by breath you gasp
silently, helplessly,
racked with the struggle.
Curt and self-important
they gather at your bedside
and stroke their chins.
Yet no one dares speak it ... 
Now I should scurry back and forth
with quick efficient white steps.
But I am riveted
and cannot look away
from your face.
Your soul speaks clearly
to mine.
Could I not be you, or you me . . .
Listening to your children laugh;
carrying the tedium of days;
warming to your lover's touch;
Stack those useless papers
over there
Calm the din
of beeps and wires
I will stay with you
just stay with you.
Please,
let me stay with you.

- Patricia Linkhorst, RN
Honorable Mention
“Grace strikes us when we are in great pain and restlessness . . .

Sometimes at that moment a wave of light breaks into our darkness, and it is as though a voice were saying:

“You are accepted.”

- Paul Johannes Tillich
I am a registered nurse and have been for the better part of eight years. Throughout my career I have come in contact with a great number of people. Most of these people I have long since forgotten. Some of them are distant memories. A few very special patients and their families have left a lasting impression and will be a part of me for as long as I live.

I remember the night of January 9, 1997. It was bitterly cold, and there was an ice storm raging outside. A similar maelstrom about to take place within the Shock/Trauma Unit of Lehigh Valley Hospital would change my perspective of life forever.

My shift began at 1900 with a two-patient assignment. One of my patients had expired a few minutes before I arrived. He was a distinguished elderly gentleman, a rabbi. I spent more than two hours consoling his family and preparing his body for transport to our chapel for a brief religious ceremony. In the meantime, our unit had received word that there was a Level I trauma over in the Emergency Department, a Code Red, meaning that the patient’s injuries were severe and may need immediate operative intervention.

Our charge nurse, Jerry, asked me if I would like to take the admission. Never having been one to pass up an opportunity for a challenging patient, I jumped at the chance and said “Sure!” I gave my co-worker, Gloria, report on my other patient, a stable Level II trauma recovering from a closed head injury and rib fractures. She would assume care of Paul so that I could take the admission.

A nurse was needed immediately to transport the new patient to special procedures, a division of the Radiology Department. Jerry offered to stay with him until I completed my postmortem care of the Rabbi. After having transported the Rabbi to the chapel, I gave my final condolences to his family. I then headed for specials to relieve Jerry.

My new patient, Kevin, was undergoing an aortogram, a radiographic study done to determine the presence of aortic injury or blood clots. After receiving a brief report from Jerry, I could see that I had my work cut out for me. Kevin had been involved in a car accident and had sustained severe chest and abdominal trauma. In light of his prolonged entrapment in the vehicle and ambulance transportation to our trauma center, I knew that we had already lost precious time in the initiation of his definitive medical treatment.

Kevin’s condition was extremely unstable. His blood pressure was labile and I was noticing ectopy, or extra beats in his cardiac rhythm. His pulse oximeter, a non-invasive device that measures the amount of hemoglobin saturated with oxygen, read 75 percent. For a patient receiving 100 percent
oxygen, this was not good at all. Kevin was also extremely pale, meaning that he had lost a great deal of blood, was hypothermic, or both. I noticed the bloody, frothy sputum in Kevin’s breathing tube indicative of pulmonary contusion, or bruised lung tissue. I scurried between the procedure and observation areas documenting vital signs, hanging blood products and IV fluids, and discussing Kevin’s pulmonary status with the respiratory therapist, all the while trying to stay out of the radiologist’s way.

At one point, Kevin’s heart rate slowed considerably and we held our collective breath waiting to see if Kevin’s heart would stop completely. As I fumbled through the crash cart drawers looking for atropine and epinephrine syringes, Kevin’s heart rate spontaneously elevated, and we breathed a collective sigh of relief. “That was close,” I thought to myself, “He’s so unstable; I hope we can get him back to the unit soon.” I soon got my wish. With the aortogram completed, we began to pack Kevin up for transport to Shock Trauma. I quickly phoned the unit to let them know that we were on our way. It was now about 2300.

As we arrived, my co-workers converged on Bed Eight to offer assistance. I was loving every minute of this experience. In the entire time that I have worked in the trauma division, this was my first really “sick” trauma. I reveled in the adrenaline rush. I was organized and in control. I was going to take an active role in saving this boy’s life! My colleagues responded briskly, anticipating Kevin’s needs as well as mine. In the midst of this flurry of activity I stood back for just a moment and silently observed the swift, skillful actions of my co-workers. I felt a tremendous surge of pride in the way our staff, particularly those of us on the night shift, functions as a cohesive team, the proverbial well-oiled machine.

With the commotion of admission activities over -- hypothermia blanket on, electrolyte replacements and blood products hung, central intravenous lines and chest tubes placed, and vital signs stabilized -- it was time to turn my attention to Kevin’s family. They had not seen him since his arrival to our hospital. All of the procedures that were necessary to save his life had taken hours. They must have been extremely anxious to see him. I stepped out of the unit to the waiting room, introduced myself to Kevin’s family members, briefly described his condition, prepared them as best as I could about Kevin’s appearance, and escorted them to his bedside.

His parents held Kevin’s hands and talked softly to him, telling him that they were there and that they loved him. Dr. Paula Lundgren and I then answered their questions about Kevin’s condition, explained that he was stable, but still critically ill, and assured them that everything possible was being done to help him. They then walked back out to the waiting room as Paula and I continued with our work. Kevin’s oxygen saturations were still quite low and his latest chest x-ray indicated that we
needed to place another tube into Kevin’s chest. I hung some more blood. “He still looks awfully pale,” I thought to myself.

It was almost two in the morning. I was assisting Paula with the chest tube insertion when the monitor alarm sounded. Kevin was in ventricular fibrillation, full cardiac arrest! I quickly thumped Kevin’s chest, hoping to convert the deadly rhythm, to no avail. We called out for someone to bring the crash cart. Sandy hit the code button and within two minutes at least a dozen people had assembled at our bedside. I was doing chest compressions while Paula hurriedly finished inserting the chest tube. Dr. Glancy then ordered me to defibrillate Kevin. I remember having difficulty keeping my grip on the paddles with bloody gloves on trembling hands. We shocked Kevin several times while pushing epinephrine and lidocaine boluses through his intravenous line. Someone saw that I was beginning to tire and offered to relieve me and take over chest compressions. I suctioned the copious red froth spewing out of Kevin’s breathing tube. This went on for twenty agonizing minutes. Some of us were chanting, sometimes silently, sometimes out loud, “Come on Kevin, stay with us. Come back to us.”

As the last beats of Kevin’s heart crossed the monitor, I came to a horrible realization. It was all over. I felt lightheaded and numb, “This can’t be happening; he can’t be dead.”

The spell was broken as Jerry hugged me. I was jarred back into reality, and the tears that were stinging my eyes began to fall. I could no longer maintain my composure and had to leave the bedside.

When I returned, my co-workers were starting to perform Kevin’s postmortem care. As I put on a pair of gloves to help, Sandy said, “Let us do this; why don’t you sit for a minute and finish your charting?” “Thank you so much,” I thought to myself. My colleague’s kind gesture allowed me to take a few minutes to not only complete my documentation, but to collect my thoughts before I had to face this devastated family. Once again that feeling of pride welled up inside me. We instinctively know how to support each other as well as our patients and families in times of crisis. I don’t tell my co-workers often enough how much I appreciate their efforts.

As I finished my charting, I caught a glimpse of Paula’s face as she walked into the unit. She sat down next to me, putting an arm around my shoulders and asked me how I was doing. I didn’t envy her grim task of telling Kevin’s family that he was gone. I thought to myself, “How am I going to face these people?”

Kevin’s family was too distraught to come into the unit to view Kevin’s body, and we offered to transport him to the chapel so that they could spend time with him. Sandy and I placed blankets over Kevin’s body and around his head, leaving only his face exposed. We tried to make him look as
peaceful as possible. I cleaned the blood from his face and combed his hair. Jerry helped me push Kevin's litter down to the chapel.

I sat in one of the pews wringing my sweaty hands and wondering for a moment if I was going to vomit or just pass out. My heart was in my throat. I heard the door open, and it was the chaplain with Kevin's family. They walked slowly up to the litter and broke into sobs as they touched Kevin's body and the reality of his death sunk in. I have never felt more helpless in my life. I just wanted to escape from this pain, just run away, back to the safety of the unit and the patients who are still living. I realized that these people needed me too, but what do I say? What do I do?

As I walked up to Kevin's family members, they embraced me and thanked me for caring for Kevin. "Their son is dead and they are thanking me," I thought to myself. I thought my heart would break.

Kevin would stay on my mind for the remainder of that day and for days to come. Two patients in my care died on the night of January 7, 1997. You may be wondering why Kevin's death had a more profound impact on my life. I wondered about that myself. Could it be that the rabbi was so much older than Kevin, who was only twenty, and had lived such a long and productive life? The rabbi died a well-known and well-respected member of the community and had lived a full life, which made his death a little easier for me to accept. Kevin's life had barely begun, and his life will be remembered as one full of promise that ended too early and needlessly. Could it be that Kevin reminded me of my baby brother Steven, who was about to turn twenty? Or was I totally in denial, an adrenaline junkie running amok, selfishly indulging my own ego, not realizing how sick my patient really was? Worst of all, I kept asking myself, "Did I miss something? What if I missed something? What if this is all my fault?"

I think what haunts me most about Kevin's death are his last words. When I took a preliminary report from the Emergency Department nurse about Kevin, she mentioned that he was awake and alert when he was brought in. He was complaining of shortness of breath. He said, "I'm going to die; I know I'm going to die." She also told me that the last thing he said before he was intubated was, "If I die, I hope I go to heaven."

Well, Kevin, you never knew it but you deeply touched the heart of a cynical, jaded, burned out critical care nurse who thought she'd seen and heard it all. You will always be a symbol to me of the essence of trauma nursing. Every one of us who works in this environment sees tragedies such as your untimely death on a daily basis. You have reinforced how tenuous and precious life is, and that when we least expect it, it can all be taken away from us in a heartbeat. Thank you for that, Kevin. I, too, hope you've gone to heaven.

- Christine Blasko, RN
He died.
Finally, Ellen thought.

Ellen worked as a supervisor at the hospital where Charles had been a patient. He had a history of prostate cancer that had metastasized to his bones, then his brain. Along with that, he needed a pacemaker because of damage left by a recent heart attack. He became disoriented two days after surgery. Charles was an old and very sick man.

He became delirious. He became a stranger to his family, crying out names of unknown people and cursing loudly with language out of character for the gentle man who had been father, husband and brother to them. It was hard to keep those attributes in mind when Charles began spitting at the aides, hitting his nurses, and pulling on his tubes -- his life lines.

One night as Ellen walked onto Charles' floor, she heard him bellowing. "HELP . . . SOMEONE . . . ANYONE OUT THERE?" he screamed.

Ellen ran along with his nurse, Belle, to his room. They found him sitting on the edge of the bed, legs wedged between the side rails. His gown dangled by the arm hole around the IV tubing. He had pulled out the IV as well as his foley catheter. Urine and blood were everywhere.

Startled by the scene, the two nurses stood momentarily in the doorway thinking what to do next. Belle said slowly in disbelief and almost apologetically, "But day shift said he was so much better. They took the restraints off." They took a step toward Charles, but halted abruptly when he glared at them.

"God dammit, Rose, you KNOW I don't like olives! And get all these kittens out of the shower!"
The nurses looked at each other and couldn't help but laugh. Ellen turned, saying "I'll get the foley kit and some linen. I'll help you get him straightened up."

Walking away, she thought that, on rare occasions, the saddest times also were those that could make her smile at the same time.

Ellen was on duty the night that he died. Since his young nurse hadn't witnessed many deaths, Ellen stayed to help wrap the body. It was never a pleasant task to wipe dribbled sputum from a dead mouth, or to tie a tag to a cold toe.

Ellen had learned long ago that she didn't do well with appendages. She remembered that one of the only times that she ever felt faint during her nursing career was during the amputation of a great toe while she was a student in the operating room. She also remembered, while working in the
emergency room, being handed a teenager's limb that had been severed by a train. It was surprisingly heavy, she recalled.

Ellen thought that, over twenty-five years of nursing, she had become rather cold to the emotional time of death. She saw it as a blessing in many cases. That was certainly the case in Charles's death. Ellen could no longer remember the names of those she had seen die, nor even venture a guess to the number. There were too many.

Ellen chose the stairwell rather than the elevators at times when she needed to be alone to think, but still needed to get from place to place on her rounds as supervisor. Though she didn't know them well, she was thinking of Charles and his family when her beeper went off. She pressed the button. "We're getting a four-month-old respiratory arrest!" the little black box screamed at her. Spinning on her heels, she rushed back down the steps to the ER.

It was rare that the ER received youngsters in such acute distress. Most injured children they saw had only bumps and scrapes. For a moment, Ellen felt like turning and running in the opposite direction. But she knew she had a responsibility to be there.

A distant memory flickered. She was working in ICU when a friend of hers was brought into the ER after a terrible car crash. As the memory of his death came into focus, a respiratory technician sprinted past her. Ellen picked up her pace and the memory was gone.

Ellen heard the hospital's overhead page system click on. "Pediatric Code Blue, Emergency Room," the operators voice repeated three times in halting succession.

She felt herself being sucked into the undertow of the inevitable tidal wave of emergency situations. Well-practiced skills and techniques taking over, and emotions getting placed aside. Everything was in motion and would play out, the outcome seemingly out of anyone's control. They would all ride the wave -- staff, patient and family.

When Ellen got to the ER, she saw two nurses managing the other patients in the department. She could see their distraction from their duties of signing patients in, tending to sprained ankles, painful abdomens and the like. They kept glancing at the room at the end of the unit with the pulled curtains.

She saw police at the reception desk. She knew there would be questions afterwards, no matter what the outcome. She felt a twinge of sorrow for the parents, needing to go through such an interrogation, the inquisition piled onto their heavy grief. But they weren't at that point yet.

Paramedics and EMTs huddled just outside the resuscitation room. Everyone was waiting and listening for anything that might resemble an infant's cry. There was nothing.

Ellen peered beyond the curtain. It was as though she were in slow motion, moving into another dimension where she didn't care to venture. She was drawn in -- sucked in -- to the morbid turmoil beyond.
Once she stepped inside, she saw what seemed like a practice session during a CPR class. She saw a tiny, pale form with its legs splayed at the hips and its arms flared, palms upward. It looked merely like a Resusci-Baby, or like a well used Tiny Tears doll. But this small figure was wearing a diaper. From somewhere inside came a thought of the mother who had changed that diaper not so many hours before.

There were nearly a half a dozen people scurrying around the child. She saw Dr. Nelson, the ER doctor on duty, stationed at the foot of the stretcher, methodically calling out orders.

"Let's give another epi down the tube," he ordered. Ellen watched as the respiratory technician let go of the breathing bag. The tech disconnected the tube from the ambu so that Jim, one of the RN's, could dump the medicine down the miniature endotracheal tube that jutted from the baby's silent mouth.

Dr. Rivera, the resident, was focussed on completing the intra osseous access site, screwing a hollow tube into the little boy's shin bone. There was no movement. No apparent pain. Only the pale lifeless object of everyone's attention.

"Point one two of epi. How long have we been at this?"

"We started fifteen minutes ago," Carol answered with perfect control. She looked up from the breathing bag to the white clock on the wall, its red second hand slicing steadily across black numbers.

"Five cc's of bicarb after the epi is in."

"Epi's in," called the nurse after injecting the medicine through the new line in the bone. Another nurse, Nancy, recorded the medication as soon as she heard Jim's affirmation.

"Do we have anything?" asked Dr. Nelson.

With that question, everyone backed off the child and looked at the monitor. Jim checked the electrocardiogram leads hoping that maybe one was disconnected, which would certainly explain the straight green line on the dark monitor. All the wires were securely fastened to bold white sticky patches on the infant's torso.

"Nothing. No pulse. Back on the chest," Dr. Nelson ordered more quietly with an audible sigh. Carol's fingers began to push into the little chest, coaxing the dormant heart to pump blood through minuscule vessels. Ellen saw a trace of tears at the corner of the RN's eyes as she continued the rhythmic compressions. But no tears dropped.

Ellen understood how important it was to remain in control, staying professional at all cost, throughout everything. There were times that showing emotion was simply not acceptable.

Everything was being handled properly and Ellen backed away from the scene, turning to go back through the curtain toward expectant faces. She shook her head with movement so slight that only those who were watching for the least bit of hope could see there was none.

From behind her she heard Dr. Nelson ask, "How long was he down?"
“About twenty minutes or so before the ambulance got here. And who knows how long before the parents found him. He’s been here for 42 minutes now.”

“OK, let’s call it. Time?”

“6:37.”

“Thanks, everyone.”

Ellen watched most of the people exit the room, floating swiftly past the dead boy, brushing past her, to their other duties within the hospital.

Only two nurses remained. Ellen walked back into the resuscitation room to find them embracing, crying. She went to the baby and gently touched its tiny, cool fingers. A flash of Charles’ body lying in the morgue shot through her mind. She swallowed very hard and turned from the little corpse, releasing his fingers.

“You did a great job. It was a good code. Can I help finish up here?”

“No. We can’t take any tubes out or anything yet. And there’ll be x-rays. It’s a coroner’s case. But thanks.”

“Please call me if I can help later. You have my beeper number.” She smiled weakly. They nodded, smiling weakly in return.

Walking to the nurses’ station she touched Dr. Nelson’s shoulder. He was sitting at the desk.

“You O.K.?”

“Yeah. O.K.” He looked up into her eyes and added, “Thanks for asking.” He turned back to the paperwork that had to be finished.

The phone rang and she left the ER, returning to the stairwell. This time she stood clinging to the rail, squeezing her eyes shut and feeling a deep, sickening ache inside. It was almost time to give report. The night was over.

Ellen left the hospital after giving report to the day shift supervisor. She pushed through the door to the hospital parking lot. She looked up to the early morning sky: blue, cloudless, perfect. The air was fresh and already warm.

She yanked her door shut. Another night behind her.

She thought of Charles, then the baby. The engine turned over.

After a while on the road, she was driving through familiar countryside. Ellen felt the comfort of getting closer to home. She rolled down the window. As the air vented into the car, she smelled the sweetness of honeysuckles. She remembered being a little girl and her grandfather showing her how to pull the stamen out of the bottom of a blossom and licking the sweet drop of nectar that clung to the tip. She pulled off the road and cried.

Ellen would go home, have a bagel and orange juice, read the paper, and go to sleep. She knew that she would forget both deaths, just like all the rest. Forever.

- Karen Yellin, RN
In more than 100 years of nursing one aspect has not changed - caring. Caring is the core of nursing. And in no other area is caring more important than in pediatrics, where parents place the most cherished part of their lives, their children, into our hands. What follows is a story of an experience that has forever changed my life. It has made me look at nursing differently. It has made not only a better nurse but a better person.

HELPING EACH OTHER HEAL

First Prize
6th Annual Nursing Voice Essay Contest

I entered nursing as everyone does, excited and energized to "change the world." What I didn't realize was how nursing was going to change me. Nursing has taught me valuable lessons in my life. I realize I chose the right path.

There are many types of nursing as we know, but the one I feel is most difficult is Pediatric nursing. I'm not talking about the technical aspects of it but the emotional part. This is especially true in death. I've come to respect the devotion of many of my co-workers on Pediatrics. In adult nursing, most patients have already lived a good life. In Pediatrics, the little lives have just begun. When death occurs, I cannot find reason or rationalization for it.

I'd like to share an experience that changed my life and haunts me to this day. One slow Friday evening in June, while working at the 17th and Chew site, the Pediatric Unit got a call from the ER that a Pediatric code was coming in. Another RN and I went down and took our nursing assistant, who was a nursing student, along for the "experience." I had been back from maternity leave about five months, had been working on Pediatrics for almost two years, and felt quite comfortable with my skills. We went to the Pediatric room and got ready: working suction, right size ET tubes, flushes all drawn up, ready to go. We had the entire team - respiratory, anesthesia, neonatologist, pediatrician, ER and Pediatric nurses. I was sure this was going to go smoothly. I was most comforted by the fact that I had just completed PALS 2 months ago and everything was fresh in my mind. The patient was a 9-month-old SIDS victim. I was trying to put out of my mind the fact that I had an 8-month-old at home. The ambulance crew arrived and who was on the crew but my PALS instructor. I was feeling even better. An intra osseous line was already in place. I had no doubt that this would be a positive outcome. I was so very wrong. No heart rate or respiratory effort, hand bagged, perfusion poor, skin very cold. No one in the room could get a line in. We had two of the best pediatricians running the code. Multiple doses of epinephrine, defibrillated times three, no response. Despite a lengthy resuscitation effort, she died.
The parents were right outside and wanted to see her. The grandparents were in from overseas and spending their first night with their granddaughter. The grandmother had found her motionless in her crib. I tried to prepare the little girl as best I could, then I left the room. I couldn't make eye contact with the family as I heard them crying. I felt like such a failure. I cringed as I heard them openly weep at her bedside. I had to go, but I needed to know her name. I didn't even know her name. The ER staff pointed me to her Addressograph. I stamped it on a card and left.

Upon returning to the floor, the entire pediatric staff was in tears, especially the nursing student we took along for the "experience." I felt responsible for her as well. What had we done, I thought? It wasn't supposed to work out this way. I looked at the piece of paper I had stamped and it turned out the little girl was eight months old, the same age as my daughter. Their birthdays were three days apart. I held together as best I could and went home.

That night, when I got home, I went to my daughter's crib, picked her up -- you can imagine the emotion. I could only imagine how the other mother was feeling tonight. I felt so lucky that my world was still safe and sound. In the following days, a feeling of guilt overcame me. Why had this mother lost her daughter while I still had mine? Of course I was grateful that it didn't happen to me, but I couldn't understand why this had happened at all. We know life is unfair, but why this child? Is there ever an answer? I felt so strongly a sense of the pain this mother must be feeling. The picture of that little girl, motionless on the litter, was haunting. I couldn't erase it from my mind. I felt the need to contact his mother with a simple card to express my sympathy, which I did. I shared that I too had an eight-month-old daughter and couldn't imagine her pain. I felt better after I sent the card.

I next worked about a week after that awful night. When I got to work, there was a message that this mother wanted to talk to me. She had left her phone number. What did she want? What would I say? What had I done? I didn't feel strong enough to talk to her. The following Monday, I got up the courage to call after putting my daughter down for a nap. I couldn't let her hear my daughter. She wanted to know one question, "Did her Chelsey ever have a heartbeat?" Why in the world did she want to know that, I wondered? I told her that they thought they had a heartbeat in the ambulance at one point, but I conveyed that she never had one in the ER. I again expressed my condolences and said I would have like to have seen a picture of her little girl prior to that night. She looked so beautiful with her curly blond hair. I thought that it would be the last time I would speak to this mother as we hung up.
A few months passed and I still was trying to deal with and forget that Friday night. Then one day I went to work and found a letter from this mother - - a letter thanking me for what I had done. Thanking me? I thought, for what? I hadn't saved her daughter. There were also two pictures of Chelsey sitting on the sofa playing patty-cake. You can imagine my reaction as I ran to the locker room.

A year later, on the anniversary of this horrible night, I sent this mother a single pink rose and a brief note to let her know I had not forgotten Chelsey. I thought that the one year anniversary of this night would be awful for this mother. I simply wanted her to know that I remembered and that Chelsey's life was short, yet so precious. The mother sent a card back thanking me for remembering. She told me she was pregnant and knew it was a girl. They planned to have the baby's middle name be Chelsey. I thought, how beautiful. She sounded so strong in the note. I wondered if I would have been that strong had this happened to me. At this point I finally was able to move on from this incident. I realized the mother was accepting this tragic loss and so must I.

I don't enjoy the "thrill" of a code situation. It's not about who gets the first line in or who does the procedures -- rather, it's about life. If a code arises, I deal with it. I try to communicate with the parent at all times, and then move on. Anyone can be trained to handle the technical aspects of nursing, but the psychological part is the essence of who we are. Dealing with children who are very ill and the same age as my children is very hard for me. I have found, though, it can be good. I look at these children and think "What if this was my child? How would I want my child treated?" I think that is what makes me a good pediatric nurse and helps me provide empathy and support only a nurse and a mother can understand. Most importantly, it helps me grow as an individual.

I have never heard from this mother again, but that is all right. We helped each other heal through one of life's most awful experiences.

-Maryann Godshall, RN
"The body is a sacred garment. It's your first and last garment; it is what you enter life in and what you depart life with, and it should be treated with honor."

-Martha Graham
INTROSPECTION

My family and I were sitting in McDonald's and had just accomplished a personal achievement by buying and eating our one-millionth hamburger, when I noticed a table, two over on our left. Perhaps also working on a goal, eight patrons huddled around the round table making quite a scene. Two teachers were maintaining commendable poise, as they took responsibility for six mentally retarded adults, young, and on an apparent luncheon outing from their school. I attempted to view this group of eight with the appropriate discretion taught to me by my mother, however, it was quite impossible to ignore them. In a boisterous and rowdy manner, they spoke and laughed loudly, poked at each other and stole each other's food. Occasionally one of the teachers would yell at them to "Be quiet, and sit down." It didn't help, though. A hearty delighted grin came to my lips, as the rebel inside of me envied this throng for the capacity to indulge in such an open and free display of feelings in a public place. It was refreshing to view sincerity and the display of pure joy, although I could see that some others in the room appeared quietly annoyed, unappreciative and a bit unstrung. And then, just as quickly as my smile had materialized, my eyes began to fill with tears, overflowing onto my cheek which I surreptitiously wiped dry, so I would not appear to be yet another oddly behaving figure for this crowd to deal with. But, I wondered, "How could I feel such powerful and competing emotions at the same time?"

Was I happy or was I sad, or, could I be both at the same time? I certainly felt no pity or sadness for the six. How could anyone? They were certainly, by far, the happiest bunch in the place. As a high school student, I spent several years volunteering my Thursday nights and craft skills to mentally retarded adults. I knew that they were almost always this happy, predictably uninhibited by social rule, and thus, did not warrant a bit of sympathy from me. I could not explain my tears.

It was easier to understand the smile. The contagious joy that flowed from them was mischievous and childlike and broke all the rules. I loved their mutinous rebellion, and in my mind, I cheered them on, happy for the deviation from the mundane and frequently boring world that so many others are contented to exist within — Wishing I could join them or imitate their revelry with my family, and then, with everyone else in the restaurant. We could transform this place. But that would never happen. How many people intently spend their entire lives in the company of others, knowing too well that they are becoming more miserable and unhappy, choosing, in a sense, a life filled with melancholy? And how many people spend their lives without joy? It was then I realize that the tears are for these people, the ones who never laughed as hard over their lunch, and enjoyed the company
of friends so completely. How many people never feel the gladness of a genuine kinship with other humans?

I've been noticing entirely too many people who live life as unhappy participants in our world, ungrateful for the special moments that might be enjoyed daily. I suppose that when I saw this honest display of joy in front of me, I was reminded of the opposite, of those whose lives are devoid of happiness, who often do not value joy as a necessity of life.

I guess that, because I'm a nurse, I have developed a very keen, unending desire and ability to completely and endlessly assess my environment, particularly the people within it. This may be somewhat advanced compared to that of some folks, but I sometimes wonder, "Is this a gift or a curse?" Why couldn't I just eat my lunch and not concern myself to the point of tears, about whether or not the people of my world are happy or sad? But, I also know that, because I am a nurse, I completely appreciate my own life, knowing and experiencing a capacity for much joy; attempting to fill and share many moments with happiness, even when I have reason to cry.

Then the group of eight finished their lunch and rose to leave. I watched them skip away and I heard them laughing, and calling a challenge to a friend, "Try to catch me!" as the teachers ran along admirably keeping up with the lot of them. I turned my full attention back to my table and my family, these two boys, playfully roughing it up a bit too, lost in their own boyish clowning-around game. They had not seemed to notice my temporary hiatus of ponderous contemplation, or maybe they were just growing accustomed to one of their mother's solitary journeys as I have learned to do.

- Susan O'Neill RN
Inspirations for the Future
WORDS FROM MARY

One hundred years have come and gone. New approaches to the provision of care continue to develop around us. As we remember our past and look to our future, what is different?

♦ The dress code of long-sleeved, starched uniforms, "clinic" shoes and nurses' caps has changed to pantsuits, white sport shoes and no cap;

♦ Reusable, glass intravenous bottles have gone the way of dinosaurs and have been replaced by plastic bags;

♦ The use of math and a paper and pencil to calculate infusion drip rates has (thankfully) been replaced with computer-driven machinery;

♦ Facility design changes, first from large "wards" to semi-private rooms, and now to private rooms, have mandated adjustments to the processes by which we deliver care;

♦ Once wide-open spaces moved first to department units with core support areas and now have evolved to decentralized work areas which bring services to the patient;

♦ Expansion of our critical care knowledge and services, as well as the explosion of technologic advancements, have enhanced our ability to manage the sickest patients three- or fourfold;

♦ Cures for some diseases and the ability to better manage others have allowed individuals to return to a normal lifestyle and have increased longevity significantly.

During our centennial anniversary, we take the time to reflect on our past and recognize how it helped mold our present state. We should be excited and, at the same time, anxious for our future to become our present. Through the years, nurses have continued to enhance skills, learn new therapies, provide new treatment modalities, and take on new roles as health care providers. There are, however, those aspects of our role as nurses that have never changed and I hope never will -- our need to care, our need to be compassionate and our need to be open to self-learning and growth.
I salute our colleagues from the past who instilled us with the vision to care in times of change and strife. I commend our colleagues in the present and thank them for their vision which puts the patient first and foremost, even when burdened by never-ending change in both the environment and governmental regulations. I wish for our future colleagues the vision to see what the world and the patients need from us as individual nurses and as a profession, and the courage to change to meet those needs.

- Mary T. Kinneman, RN
Senior Vice President
Patient Care Services
LAST CHOICE

Nursing was my last choice as a career. In the 1950's, my family offered three choices: Secretary, Elementary Teacher, or Nurse. I'd had enough of summer secretarial work and didn't want to spend my days with young children. That left nursing. I had never met a nurse and didn't know what they did. Georgetown University changed that. Courses in arts and sciences were set in the context of personal integrity and ethics. We were challenged to make a difference.

Psychiatry rotation was three months at Walter Reed Army Hospital. We had time to hear patients and try beginning skills. I was intrigued by the mind and how it works, by people and the choices they made, and by the challenge of helping someone through a difficult time. While I had backed into nursing as a career, I went full forward with my choice of being a psychiatric nurse.

The 1960's brought patients out of institutions into community hospitals and community mental health centers. More medications and treatment modalities were now available to help. I had stopped graduate school to start a family. At playgrounds with my sons, I watched children and families and saw mental health problems starting. I decided to restart graduate school specializing in children and family mental health at New York University. Later, I entered family therapy training at Philadelphia Child Guidance Center and learned structural family therapy with Salvador Minuchin.

As a clinical nurse specialist, I worked in inpatient settings, outpatient clinics, home care, indigent clinics, consulted, presented conferences and workshops, served as adjunct faculty and maintained a private practice for fifteen years. While I enjoyed the challenge of whatever I've done, it is the challenge today that interests me most. Managing health care means that psychiatric patients today spend some six days in a hospital before transitioning to a partial program or to an outpatient level of care. That means people need to be evaluated, assessed for lethality and safety, educated about their illness, have presenting symptoms stabilized, and family issues confronted, and assure people are oriented to the next level of care in six days. The complexity and intensity of work require good team work, attention to people's needs, good use of time and environment, and a staff tuned into the rapid influx of patients with complex needs. It also requires a strong connection to community and to programs which interface with our patients.

People often ask if I get "burned out" listening to problems all day. I find there is a particular pleasure that comes in psychiatric nursing. It does not come in the witnessing of someone's emotional pain or in making a diagnosis that will change someone's life. It is, rather, the focus, expectation of
healing and the interventions toward that goal in the face of illness. It is the respect I experience for people who struggle in complex situations and in great difficulty. It is the pleasure of working to empower patients to handle difficult psychotic symptoms or to manage better a recurrent depression. It is also the pleasure of working with determined colleagues who work toward a vision of yet better care and treatments.

What does the future hold? Technology will produce new ways to visualize and understand brain functions. Industry will produce new medications and treatments which identify the specific needs of the individual. Theorists will debate and define what part of us is genetically determined and what parts are influenced by family and culture. Economists will work to shave still further time off inpatient care which will spur yet more complex supportive systems in the communities. Advanced practice psychiatric nurses will continue the struggle for legal recognition and define the nurse practitioner role in psychiatry. I will continue to hope and anticipate that we find a "cure" for addiction, develop a vaccine against schizophrenia, invent medications that slow the tide of the dementias that will only increase with our aging population, and prevent the violence of our children. For today, there are still new people to meet and work to do.

- Patricia Fuisz, RN
MEMORIES AND CHALLENGES

Going through life threatening situations, watching an ambulance go to someone's aid, or playing hospital with dolls as patients are some of the memories we possibly share.

Nursing school, with all the trials and tribulations it presented, was definitely a defining time in our lives. Soon, we discovered that hospital life was very different from our personal life. Most of us can remember the hospital paging system. Announcements of births would be announced among other congratulatory announcements. We prepared our own IV’s, wrote individual medicine cards, had a huge supply of stock drugs on hand, and gave those “3H” enemas. Indeed life was busy but we had time to help one another. We would go from one ward to another to help those who were busier than us. Doctors took time to teach on the unit and at times helped nurses complete their work by doing dressing changes or starting IV’s, among other things.

These people we worked with became our second family. We were professional, sharing, compassionate individuals. Spontaneous kindness was experienced by everyone from our cleaning people to nurses aides and patients. Life seemed good and all felt it would never change.

Of course change is inevitable. The simpler life became more complex and demanding. Continuing education became a part of life. We rose to the challenge, because we wanted to give our patients the best care possible.

Well, we are in a new age and philosophy has shifted. Our thinking must also change. Our thirst for knowledge must remain, as must our professionalism, compassion for each other, and the need to support one another. We need to maintain our dignity at all costs, and rise above what each of us faces on a daily basis. The tide will turn again, and if we do not set the example, future nurses will not have the standards to guide themselves through the next changes.

The future is ours to have, but we need to redefine our role in the nursing profession. To achieve this, we must stand side by side and guide one another through the rough waters. Remember, caring for one another and sharing with one another must remain a part of our professional lives. Without this, we cannot possibly give our patients the excellent care they deserve.

- Janice Barber, RN
"There is only one journey.

Going inside yourself."

- Ranier Maria Rilke
When I first realized that I was working in a building that was celebrating 100 years, I felt honored and humbled. What a time to be involved with health care and nursing! For me, 100 years of nursing is very personal because I come from a family of nurses. My mother, now in her 70's, is an RN; an Aunt who is in her 80's is an RN; and my mother's mom did nursing in Canada in the early 1900's. The stories I have heard from these women make up my 100 years of nursing.

When I visit with my aunt today, she struggles with why I do not wear a cap and white shoes to work. She mutters "How can you be a supervisor and not look like one?" Early memories of nursing, hospitals and visits with my aunt still have the glow of a young girl's wonderment. My Aunt lived on the grounds of "her" hospital which was on the outskirts of Boston. When I would come to visit and asked to go to work with her, it meant walking around the hospital. She always had the perfect white starched long sleeve uniform, the white cap with the small black velvet band, Red Cross white polished shoes (she had two pairs clean in the closet at all times). She was a commanding presence and when her staff saw her, the greetings were so formal -- "Good Morning Miss Camara." She was proud of her work and her hospital.

The hospital had quite a history. It was originally set up as a sanitorium for rest and recuperation. The grounds were beautiful and even as a child I could imagine people sitting in chairs overlooking the pond on a warm summer evening. Since it was on the outskirts of Boston, the rich and tired would come out of New York City or Boston to spend two or three weeks resting from busy city life. By the time my aunt was a student, the hospital was doing surgery and caring for women having babies. I loved the stories of the student nurses caring for the wards of babies. I loved going through her pictures of her nursing students and the hospital in the 1940's.

My mom was one of my aunt's students and met my father at the hospital when he was doing work in what was then considered a laboratory. My mom talked of how they would look forward to kitchen work because my dad would come in to help prepare meals for the patients with her; they often were alone during these times and enjoyed the opportunity to talk. My parents were married in the chapel on the hospital grounds. To my family, the hospital life and their personal life were always tied together.

The reason my mom was in Boston as a student nurse was because her mother, who had nursed in rural Canada, knew an education was going to be important for the future. Her mother had
learned about nursing from working at a hospital, but had the vision to know that there was more to learn. The local hospital in Canada cared for the poor who had no families to help while those who were able cared for their families at home. Nursing care was very basic – support for dying or while recovering from farm accidents; very little surgery; TB was a big problem; and, most births were handled at home. My grandmother thought that the big city of Boston would be a good place to learn about the profession of nursing.

To me, these early memories and stories are what framed my picture of nursing. My own journey is filled with hospital nursing, with technology, with births and with deaths. I have laughed and cried with patients and families and by myself, but I always come back to the importance of caring for patients. Care a century ago was not based on technology, but on relationships and connections. Today, nursing research is validating that those concepts are what is vital to the human spirit. I feel that the stories and memories of the next 100 years of nursing will be about the intimate bonds forged during traumatic times that are made more comfortable because a nurse is available. I want to be part of the future and share my stories with another generation.

- Jeanne Camara, RN
"I cannot believe that the inscrutable universe turns on an axis of suffering; surely the strange beauty of the world must somewhere rest on pure joy."

-Louise Bogan
THE NEXT 100 YEARS

As we approach the 21st century, I was trying to envision all the changes that have occurred over the past 100 years and to imagine what will be the challenges in the next 100 years. It is hard to visualize nursing in 1898. So much has changed -- from the techniques, to the equipment, to all the knowledge and research surrounding the nursing field. While it is true much has changed, I tried to focus on what has stayed constant in nursing. Through plagues, wars, epidemics, natural and manmade disasters, chronic illness, disease and trauma, the one common denominator is the spirit of caring for fellow human beings. Also, nurses have always been there in times of crisis. Through nursing we celebrate the part of humanity that is seldom seen . . . our humanity toward each other. In virtually no other profession would an individual, through sheer devotion, risk their own well-being, health, safety and even life to do what nurses do on a daily basis. It is almost beyond comprehension. I'm sure many of us some days feel that the reasons why we became a nurse are beyond our comprehension.

So what kind of people were the nurses of the past? Are there any similarities between us and with the nurses of tomorrow? I believe the similarity is that we understand what is important and what always has been important -- man's humanity toward man. Recently I had a chance to speak to a group of senior nursing students. I touched on a subject that I believe binds all nurses from the past, present and future. Not only the spirit of caring for humanity, but also that we possess a very special gift. Call it instinct, call it "a gut feeling," call it what you like, it is still very real. It is the sense that something is wrong before it happens. I like to call it one of God's little miracles. As I looked across the room, everyone, to my surprise, was nodding. It seemed we shared an unspoken realization, a comforting, silent code that we understand, but can't explain, a feeling for what's been important and always will be important. Right then and there this group of seniors reminded me why I went into nursing in the first place. How exciting it was to see the sparkle in their eyes as they talked about all the different types of nursing in which they were interested. Their enthusiasm and eagerness to start their careers were quite obvious. How lucky I felt, yet I realized how much I took for granted. They truly rejuvenated my commitment to the profession.

Nurses have been and will continue to be caring, energetic and devoted individuals even in the midst of great personal risk. No one really knows what challenges we will face in the future. The best way to predict and build our future is by learning from the past and fully realizing the present. In the next one hundred years, nursing will continue to be the strongest and most productive part of the health "care" system regardless of all the changes and challenges we face. So, celebrate your profession, enhance and nurture it. Who knows, there may even be a little miracle in store.

- Noreen Schlegel, RN, MHA
"We ought to do good to others as simply and as naturally as a horse runs, or a bee makes honey, or a vine bears grapes, season after season, without thinking of the grapes it has borne."

- Marcus Aurelius
"What is it about nurses? The bonds you have are like none I have ever seen among any other group of friends."

This remark was made by Kate's husband, John, after a recent dinner party at Kate's home, attended by nurses with whom we had worked at the beginning of our careers, in a suburban Philadelphia hospital. Kate was the unit's head nurse and Mary Agnes one of her staff members. John's comment caused us to reminisce about our work life "way back when!" How could we ever forget . . .

- Scooping the cream of wheat into individual bowls from the huge kettle on the food trolley to serve to our patients for breakfast.

- The patient who meticulously decorated her hospital room to look like her bedroom at home. (Yes, the lengths of stays were a bit longer then!) And, when the December holidays arrived, this patient sent her chauffeur to Strawbridge's to get Estee Lauder perfume for the entire unit's staff. (We recently were saddened to read of this sweet lady's death.)

- Hiding in the food carts and scaring the other staff members when they returned a tray!

- The "intern" who fell asleep on a litter in the hallway at 3:00 a.m. - - and us then putting the litter (complete with the sleeping intern) on the elevator and pushing all the buttons!

- "Pouring" medications into pill cups for 40 patients from large bottles used by all, versus the individual unit doses we have today.

- Smoking at the "nurses" station - even taking the physician's cigarette from his mouth and holding it while he went to visit a patient!

As we laughed about those recollections and more, we realized how humor and having fun at work were lessons that were well learned at the beginning of our career. The hospital world is a very different place today. Standards of care for our patients and for our own behavior are dissimilar. But
what is the same are the caring and compassion exhibited by our colleagues with whom we worked "back then" and still exhibited by our staff members today. Some of our peers from that "long ago," 40 patient medical-surgical unit were not even of legal age -- the majority of us were in our early 20s. Yet, at that young age, we dealt with the dramas of life's tragedies and joyous miracles on a daily basis. It indeed shaped our lives, making us the persons we are today. And so, it is no wonder, John, that the friendships of nurses who have worked side by side, are the "stuff" of which no other friendships can compare.

As we contemplate the centennial of our current place of employment and think about the next 100 years, we know that nurses will effectively meet the challenges health care will face, continuing our profession's legacy of caring and compassion. It is our wish that we lace that caring and compassion with humor, tolerance and forgiveness -- for the organization, our physicians and other colleagues, and even our patients -- for being less than perfect. Indeed, these lessons from our profession's and our own past experiences will help us go on for the next 100 years.

- Mary Agnes Fox, RN
- Katherine Quinn O'Hara, RN
LIFE'S DOOR

Do not stand at life's door and wait,
   It will not wait for you.
The call to life is everywhere,
   In a thousand winds that blow,
   In the laugh of every child,
   In the hope of budding youth,
   The opportunity that smiled.

Do not wait for gifts to come,
   Nor seek another's way.
Instead, hold tight the rung,
   That guides your path today.

Our past gives all the strength we need,
   Our history is full.
Deep within it is the seed,
   That with the light of day,
   Branches tangled out to feed
   On tentatively what may,
   Its flower sign of hope fulfilled.

Tomorrow is a brighter day,
   Yesterday lights the way.
But keep in mind you must embrace,
   The fear within that each must face.

- Tim Porter-O'Grady, EdD, PhD, FAAN
To Lehigh Valley Hospital and Health Network
on the occasion of its 100-year anniversary.
Resolve to be tender with the young,

compassionate with the aged,

sympathetic with the striving,

and tolerant with the weak and

wrong. Sometime in your life you

will have been all of these.