Voices In Essay:
Lehigh Valley Health Network

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A collection of essays
from ten years of
Nursing Voice
1987-1997
EDITORIAL

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Dedication

"Voices in Essay" is dedicated to the caregivers of the Lehigh Valley Hospital & Health Network... past, present and future.

Editorial Board, Nursing Voice

Each day you, the staff, struggle with the many activities and work you need to achieve. You juggle multiple assignments with the need to spend time, show concern and promote healing through caring.

According to Jean Watson, "Caring involves the will to care, the intent to care, and caring actions. These actions can be positive regard, support, communication, or physical interventions". Everywhere you look at Lehigh Valley Hospital and Health Network, you see caring. I thank you and our patients thank you.

Mary T. Kinneman, R.N., M.S.N.
Senior Vice President, Patient Care Services

All of you reading these words have chosen to earn your livings by helping other people; someone, somewhere has breathed a little easier because you were there. Each of you has healed a wound, done a kindness, brought a life into this world. Most of you have helped usher a life out of this world, loved someone, and acted sheerly out of kindness.

Never doubt how vitally important you are; never doubt how important your work is, and never expect anyone to acknowledge it before you do. You make a difference. In fact, you are in the business of making a difference in other people's lives. In that difference lies their healing and your power. Never forget it.

Curtin, Leah (1996)
Reclaiming the power to heal.
HISTORICAL

Reflections

Looking back to the Spring of 1987, I remember Barbara Sherman Hacker, who was Vice-President of Nursing at Allentown Hospital, wanting a reorganization of the nursing newsletter. That newsletter contained nurse/hospital news items along with various literary compositions from the nursing staff. It was printed in-house and distributed to the staff on an irregular schedule. Barbara felt there was a lot creative talent among the members of the nursing staff and she wanted a communications tool which would present their thoughts in a polished format.

The Nursing Voice Committee was formed and its first task was to establish goals. Three goals were selected: communicate professional information; acknowledge achievements of the nursing staff; serve as a tool for communicating with nursing and other hospital departments.

With goals in hand, the committee members set out to create that very first issue. We all learned quite quickly what is entailed in producing a nursing newsletter: finding the news; working with authors; presenting ideas in novel ways; keeping to the necessary deadlines; doing the endless proofreading; then starting the whole process all over again for the next issue. Thank goodness for Kerri Puskar in Public Relations. She was our guardian angel.

First edition of the revised Nursing Voice was distributed during Nurses' Week, 1987. It was professionally typeset and printed on peach colored paper. That first issue evoked much pride not only from the committee, but from the nursing staff too. It was successful in accomplishing its goals.

Looking back at that first issue is a walk down memory lane. It contained information about two new nursing education courses: Critical Care and Perioperative Nursing. The Quality Assurance Program was introduced. There were several articles on clinical nursing issues: everything from the concept of a competency based system to specific nursing unit innovations. We met "Flossie" who enlightened us about the history of Allentown Hospital and the guest editorial introduced us to a new program which would honor nurses, Friends of Nursing. What a wonderful premiere issue and all articles were written by our nurses.

When the Allentown Hospital and Lehigh Valley Hospital Center merged, the Nursing Voice Committee was extended to include nurses from both sites. There was no problem in recruiting members. By this time the newsletter had gained a reputation as a quality publication and nurses were quite interested in contributing their talents.

Ten years after the newsletter's rebirth, Nursing Voice remains a quality publication. Two of the original committee members continue to serve on the current editorial board: Anne Brown and Susan Busits Busits O'Neil. Important in the newsletter's success is its ability to be constant and at the same time dynamic: constant in its consistency as a quality publication; dynamic as it evolves to meet the needs of its readers.

Helen R. Seifert, R.N.
Past Editor, Nursing Voice
Dear Sari,

I told you I'd write about the progress on the East Wing. I have started to see some walls coming down, and there are plenty of boxes sitting around and lots of people talking about moving.

The stories those old walls could tell! When I walk into old Ward A - that's where Educational Development and the Heart Station had been - I wonder how we squeezed 20 iron beds in there. The side rails were detachable - remember all the times we pinched our fingers? How about dragging all those portable screens around patients' beds for privacy?

Contact isolation and resistant organisms weren't even words in our vocabulary in those days. We scrubbed with soap and a stiff brush for five minutes, and then did our procedures with bare hands. Rubber gloves were used only in the OR. Now, we carry latex gloves in our pockets along with our pens and tape. I do believe I'm immune for life!

Oh, those trays of medications we carried - glass cups in metal holders on a cafeteria size tray. It was heavy, and remember how we weren't allowed to set the tray down for any reason. All of the glasses were washed by the medicine nurse after each use and then dried. If the glasses weren't dried properly, the pills would stick to the bottom, and don't forget that we had only one hand to administer medications...the other one was still holding the tray. If we dropped the tray, all we could do was cry.

The Health Office, on the third floor between Sections C and D, was a busy place. Remember how we stood in line with menstrual cramps for that horrible brown liquid medicine. I don't remember that it ever had a name - the bottle just said "for cramps." We didn't know which was worse, the pain or the treatment.

On the fourth floor were Sections E and H, medical wards with many poor patients. On Section H, some patients had actually lived there for 10 to 15 years. There were no nursing homes then, only the County Home, now called Cedarbrook. People in the Lehigh Valley referred to that as "The Poor House." The nursing staff did the laundry for those ladies, as each day they wore their "house dress" just as they would have at home. They sat in their chairs all day long and surveyed their domain.

Section E was a story in itself, with the slanting tile floors, the cubicles for tuberculosis patients down the side, isolation buckets (garbage pails) for their dishes, and big oxygen tanks with leather straps, which attached the tanks to the patient's bed. Section E was at one time an open roof. Pneumonia patients were placed there for fresh air, which was considered a cure. This unit was both fun and a lot of hard work.

I smile when I think of how far we have advanced in knowledge and technology. Each new piece of sophisticated equipment amazed us at what it did and how it improved patient care. But you know, Sari, the common factor in patient care, then and now, is the human touch. As the profession continues to advance, this part of patient care will remain unchanged.

I'm anxious to see what the new East Wing will bring to us. I'll write again soon.

Your friend,
Flossie

Patricia Stein, R.N.
Spring 1987
Dear Sari,

Hi! A small amount of progress has been made in the East Wing since I wrote to you. They are also breaking ground in the Fairgrounds for a freestanding surgical unit. Several recently graduated nurses are starting their professional careers by working night duty. It is certainly different from 30 years ago. The biggest difference being that you now work with the lights on!

Remember those dark wards and halls with the only light being that tiny desk light? I don't believe that I was ever afraid, even though we worked alone or only with an aide. We learned to do a lot in the dark, especially changing beds. Since there were no “blueies,” only thick flannel pads when a bed was wet, the entire bed had to be changed.

Starting IVs by flashlight also became an art. Steel needles were the only type available. IVs were not time taped; the flow rate usually needed many adjustments. Also, many different types of IV solutions were not available in those days. Blood was given as whole blood along with a solution of normal saline. Plus, we collected blood from donors in our own laboratory.

Included among a night nurse's duties was sterilizing all the enamelware and the basins and trays which had been utilized the previous day. No disposables or plastic items were available then. All the enamelware went into the autoclave by the night nurse and was removed by the treatment nurse on the day shift. Wasn't it great when you dropped an arm load of these at 2 a.m.?

I don't think dating the charts has changed much, but remember all our notes were printed. I do know one thing, excessive paper work was not heard of.

I really hustled at 5 a.m. when I filled a litter with buckets of warm water and passed out bath water. There were no bathrooms or sinks available in the wards. The semi-private patients, those with insurance, could wash their face and hands and then go back to sleep. The ward patients, those who had no insurance, had to take their baths.

The entire ward was then “tidied,” including bedside tables, shades all drawn to the same level, and all the bath equipment put away. Did I get finished? I hustled, because I still had to give out medications and do treatments.

At 7 a.m., an oral report was given to a small staff of nurses in freshly starched white uniforms who stood in an erect position to write their assignment. I went to my bed in a very weary state.

Times sure have changed. I don't know how I did it, but I did, and it was fun. I don't know if I would want to do it the same way again.

I'll write again soon.

Your friend,
Flossie

Patricia Stein, R.N.
Spring 1988
Dear Sari,

This letter is filled with a lot of different emotions and many memories. Our hospital's School of Nursing is closing its doors with the graduation of the Class of 1988.

Many fine professional nurses have passed through those doors. Some have used their knowledge and pursued important, fulfilling careers. Some have chosen to continue in nursing, while others have selected another road. Whatever they have decided, their beginnings were here.

I can recall many memories from my days as a student nurse:
- studying to all hours of the morning;
- being happy about the grade on a difficult exam;
- making lasting friendships;
- sharing secrets and special moments;
- being disappointed at not getting the night off for that special date;
- crying together over seeing that first child die;
- watching the mail for those special gifts from home;
- giving support to the spouse of a terminally ill cancer patient;
- giggling about the young male patient who asked you for a date.

I cannot imagine what it will be like not to see students in their green uniforms on the nursing units, and not to have our students here as new graduates.

Times are changing and along with that comes new ways of thinking.

Sari, I will always remember us as the best of friends traveling through nursing school. At 6:30 a.m. we left chapel in our starched blue and white uniforms and white caps. We marched down the steps of the School of Nursing and across the street to the hospital where we put our newly gained knowledge to practice.

Did we ever look back? I do not think so, but after this May only our memories will remain. The doors are closing forever, and I am sad.

Your friend,
Flossie

Patricia Stein, R.N.
Summer 1988
It was Dec. 12, 1987 and the words “Home for Christmas” never meant so much. My beautiful, sweet niece, Kelly Gallagher, had finally come home! Kelly had successfully undergone a bone marrow transplant for acute lymphoblastic leukemia at the University of Minnesota. She was away from home for almost three months. For her, Thanksgiving had come and gone that year in the hospital. Christmas had brought her home!

Dec. 22, 1987 - 10 a.m.- a visit to David Prager, M.D.’s office for a check-up. Kelly was having trouble eating. She tried and tried, but the total body irradiation (TBI) from the transplant had destroyed her GI mucosa. She lost eight pounds in 10 days. The doctor said, “I’m sorry Kelly but we will have to admit you so we can put some weight back on you.” “No,” she screams, “It’s almost Christmas.”

All our hearts were aching for her. Another disappointment, like “leukemia,” “relapse,” and “no Villanova for you” to add to her short 18 years of life.

Dec. 22, 1987 - 2 p.m.– Kelly was admitted to her “home away from home”, 6C at Lehigh Valley Hospital Center site. Everyone was happy to see her and we all tried our best to cheer her up; at least she was in Pennsylvania and not Minnesota. She laughed a little, but when everyone left her room, she cried and said, “but it’s Christmas.” We had no more words...we just cried with her.

We called Larry Feldman, M.D. He seemed to understand and said, “I’ll try.” He did more than try, he worked feverishly to come up with the right “recipe” for Kelly’s hyperalimentation. “Mary,” he said, “there is still one major obstacle. We need to train everyone involved in the care of home hyperalimentation in less than two days; we never have accomplished that before.” “We can do it,” I replied. I kept thinking about the bleak realization that this might be Kelly’s last Christmas...anywhere. “Damn it, it’s not going to be in a hospital.”

Dec. 23, 1987 - 11 a.m.– In walked Marian Hoffman, R.N. (Nutrition Support Nurse) with her arms full of supplies and a ridiculous face chest with a Hickman catheter. Kelly thought that rubber chest was hysterical! “Marian, what are you doing here, they said you were on vacation?”, I ask. Marian told us some pathetic story about how she wasn’t busy anyway. Over and over and over again she skillfully taught Kelly and her mom everything they needed to know about home hyperalimentation. She tactfully corrected mistakes and patiently answered a “zillion” questions.

She instinctively “took over” at a time when all our reserves were at their lowest. In less than 24 hours, she accomplished the teaching plan that usually takes a week.

Dec. 24, 1987 - Christmas Eve day- Kelly was going home! Marian’s phone number was carefully posted on the refrigerator along with all the emergency numbers. Marian made daily phone calls and even made house calls Christmas week.

We all enjoyed a very beautiful, special, and memory-filled Christmas that year...and as we all feared, our last Christmas together with Kelly. But, as we know with all our heart that Kelly is “at home” this Christmas- so too was she then– that Christmas of 1987.

Mary Sabo, R.N. and the Gallagher Family
Fall 1989
Grimace 'Saves' Patient

Why did I take the chance? I could have looked like a real fool!

Bill was a 68-year-old man who, two weeks earlier, had had surgery to repair an abdominal aortic aneurysm. He had unfortunately experienced just about every post-operative complication one could imagine. He was on a respirator and, although we knew he was "in there," Bill hadn't responded to anyone since his surgery.

Bill wasn't my patient that day, although I would frequently make rounds to visit the patients on the unit. I consider this an advantage of being an associate head nurse. Could it have been the eye contact? Perhaps it was the bit of a glint I thought I saw in his eye. Anyway, after greeting him and shaking his limp hand, I left two fingers in that relaxed palm and said, "Give me a squeeze, Bill!"

There was no response. His eyes had clamped shut after my initial greeting.

Undaunted, I proceeded to act as if the "Incredible Hulk" had just clamped a vice grip on me. Grimacing and writhing in make-believe pain, I sank down against the side rail. In a moment, Bill's eyes opened wide, somewhat amazed and bewildered. In the next moment, I felt a tightening around my fingers. Bill connected with me!

The next day during visiting hours I saw Bill's family just sitting around the bedside as had become their routine. Bill lay there without any response. I mentioned to them what had transpired the preceding day. Their facial expressions ranged from surprise to disbelief.

After greeting Bill again with a handshake, I asked him to "take it easy on me today." Immediately Bill's eyes widened. He really did clamp on to my two fingers, and even a tiny grin appeared on his face! Glad smiles appeared on all the faces in that room that day, for that marked the day that Bill really started trying to help us get him well again. It wasn't long after that milestone that Bill was out of Intensive Care and well on his way to recovery!

Those of you who have found humor to be an invaluable tool in your survival kit can bring a whole host of anecdotes and stories to mind. Those of you who find humor and patient care mutually exclusive are missing out on a wonderful capacity that could enhance not only your professional life, but your personal life as well.

Humor equals jokes, right? Wrong! Jokes are only a small part of the humor experience.

Dr. Joel Goodman, director of the humor project in Saratoga Springs, N.Y., uses a play on words to describe it: Humor means "YOU" "MORE." Humor is something that makes "YOU" feel "MORE" self confident, more relaxed, more a part of a group.

C.W. Metcalf, a humor consultant from Fort Collins, Colo., defines humor as a set of skills that can be developed. It is a sense of perspective- "a removal of oneself from the center of the universe resulting in taking oneself lightly while taking one's work in life seriously." He goes on to say that it "is the ability to access joy in adversity."

Raymond A. Moody, Jr., author of the book *Laugh after Laugh: The Healing Power of Humor*, points out that humor is a general sense of well being related to accepting the imperfections and frailties in ourselves and in those around us as well. Such a person, he adds, "has the ability to perceive life comically without losing any love or respect for himself or for humanity in general."

Used appropriately, humor is an excellent coping mechanism. It is a fact that the onset of mental illness and depression comes with the loss of the ability to find humor and joy in the things around you. By joking about something we fear, we can begin to gain some control over those fears and then begin to deal with them. Dr. Moody explains that "being able to laugh at the frustrations and painful things in life means we are on our way to overcoming them."
In my story, as Bill began to access his humor, he was becoming physically well. Be sensitive to this and encourage the appropriate use of humor in your patients’ care.

How often have you used humor to ease an embarrassing moment? It helps the patient and the nurse gain some control, thereby power, over an uncontrollable situation.

“So much pain is emotional,” observes Alan D. Russakov, M.D., medical director of Lourdes Regional Rehabilitation Center in Camden, N.J. “If you wallow in self-pity, the pain gets worse, but through joy and laughter you can ease the anxiety and depression that are so often associated with chronic pain and thereby eliminate the suffering.”

Find out what the patient enjoys, what gives him joy and find some way to bring it to him. Perhaps he would enjoy some music, would respond to relaxation tapes, would love to have a visit from a very special pet. The possibilities are endless!

I’d like to emphasize the immense role that humor can play in recovery from illness. That sense of joy in being alive that I mentioned earlier is linked very closely with the will to live. This can be enhanced by loving humor, joy, and hope. These positive emotions move the body in the direction of good health; whereas, the negative emotions of fear, anger, and hate emphasize ill health.

More and more research is being done which shows how positive emotions enhance the immune system and negative emotions repress and can even shut it down.

Humor skills for me have become much more than a novelty, but rather a necessity. What good can I do for my patients if I’m miserable, unhappy, and burned out? What good can I do for my patients and co-workers if I don’t show up for work because I need a “mental health day” and can’t stand the stress anymore?

We need to cultivate the attitude of the “Inverse Paranoid,” as Dr. Goodman points out. To this type of person, “the world is out to do him good!”

Don’t deny yourself or your patients the right to feel good. Exercise your right to a sense of joy, a sense of humor. Just remember, as Metcalf says, professional is not the opposite of joyful!

To laugh often and much,
To win the respect of intelligent people
And the affection of children,
To earn the appreciation of honest critics
And endure the betrayal of false friends,
To appreciate beauty,
To find the best in others,
To leave the world a bit better,
Whether by a healthy child, a garden patch,
Or a redeemed social condition,
To know that even one life has breathed
Better because you have lived,
This is to have succeeded.
-Ralph Waldo Emerson

Andrea Parry, R.N.
March 1990
Life at TAH-LVHC Anecdotes

Nancy Stevens, patient representative, has an uncanny ability to see the light side of a patient's personal problem.

She remembers two elderly women who shared a room during their hospitalization. Sometimes elderly women tend to be very possessive of their belongings and feel there's nothing better. One such lady mistakenly claimed the other lady's dentures. As hard as she tried, Nancy was unable to convince the patient that the dentures she was wearing were not her own.

Fortunately, the story had a happy ending- one patient got a new pair of "used" dentures and the other got a new pair of "NEW" dentures.

A patient, who was admitted for a cholecystectomy, had strong feelings about being disturbed throughout the night when the nurses conscientiously made rounds to check on her. To rectify the "problem", she simply moved her bed up to barricade the door and had a restful night's sleep.

Almost everyone is superstitious to some degree. Some people mask this trait while others have very strong convictions. A patient who was admitted the day before scheduled surgery was assigned to room 13 on one of the patient care units. Since she was quite apprehensive about her surgery and quite superstitious as well, she refused to have surgery until her room assignment was changed.

As the monitor rang out, I identified the rhythm to be ventricular flutter. Fortunately, one of the physicians on duty was in the unit. Together we ran into the room and noticed the patient lying in bed, appearing not to be breathing. Not being able to quickly find a pulse, the physician ordered the patient to be defibrillated. A 360-joule current entered his body. Suddenly his eyes opened and from his mouth poured the words, "Please don't do that again, the first one really hurt."

Probably, as former nursing students, we can remember some embarrassing situations. Perhaps, though, none more embarrassing than trying to get vital signs on a patient who had expired one-half hour prior.

While signing a voluntary admission form which allows 72 hours of treatment, a psychiatry patient exclaimed, "I'm sorry, I can't volunteer to work on this for 72 hours."

Most visitor restricted areas have lots of fun stories about visitors who are determined to become immediate family and visit their friends in the hospital. Some unique monologues are: "I'm the neighbor, and I walk the dog every day," and "We work together at the scrap yard and are like brothers."

An elderly gentleman and child came to visit "mom" in the critical care unit. They walked over to the bed, and the nurse greeted them and offered a step stool for the child to stand on. The ventilated patient, unable to speak, tried to tell them something. The nurse couldn't quite understand. "Do you need the bedpan?" "Are you in pain?" No. The man quietly held her hand to comfort her. The 20-minute visit over, he turned and asked why his wife was on that machine today. Together they realized he had visited the wrong patient.

A patient who had become quite proficient at using his Yankeur suction device to clear his oral airway was served his first meal in one month. Sitting in the chair, trusty Yankeur in hand, here came the beef broth, tea, and orange Jello. Yummy! In disbelief, he watched the beef broth disappear as he stirred it- with the Yankeur!

Virginia Kovalovich, R.N.
Jack Schwab, R.N.
March 1990
In the early 1990s, just as today, the operating room demanded attention to details. Nurses at the turn of the century performed procedures according to physician-prepared texts. Return with me now and review precisely what was communicated from physician to nurse.

The preparatory treatment for laparotomy was commenced three days before the operation. The patient was confined to a light, though nutritious, diet and received a warm bath and laxative each day.

On the evening before the operation and prior to shaving the abdomen, instructions included “denude the pubis with scissors and apply a potash soap poultice. After an hour, remove the poultice and shave the entire abdomen, scrub with hot water and potash soap, then wrap a little cotton on the end of a match to clean the umbilicus. Wash with sterile water, scrub again, using turpentine and soap. Rinse and dry. Rub ether well into the skin and sponge with alcohol. Then use warm bichloride solution and cover the operative field with a three-yard compress of gauze and cover with oiled muslin or waxed paper until surgery.”

The patient received a very light supper and no breakfast. One half ounce of brandy diluted with water was given four hours before surgery. Before leaving the room, the patient was attired in clean clothing, including a pair of stockings.

After the patient was placed on the operating table, the head nurse applied a laparotomy sheet and surrounded the field with dry, sterile towels. The head nurse took charge of the instruments, ligatures, and sutures.

Immediately before the incision was made, she poured alcohol over the hands of the surgeon. She was then prepared to anticipate the surgeon’s every want.

The senior nurse took charge of the sponges and laparotomy compresses. She stood conveniently near the assistant who was to do the sponging. The nurse, being accountable for compresses, kept a record of them and before the incision was closed, she counted them again to make sure that none were left in the abdomen. (Some things never change!)

The junior nurse cared for the doctor’s hands and brows. If anything not aseptic was touched, she handed bichloride solution, or, when only blood was to be removed, a basin of warm physiologic solution sufficed.

And lastly, one of the highest qualifications of a good nurse in the operating room was to anticipate the wants of the surgeon.

Today, nursing thrives on policies and procedures to communicate methods for accomplishing patient care and the changes in theory and practice. Perhaps the nurse of the 21st century will look back at our documentation and wonder, “How did they ever manage?”

Nancy Root, R.N.
August 1990
Fishing the Lure in Weaning Process

Mike was an 81 year old patient admitted to the General ICU Unit after he had had a major chest surgery and multiple complications. At one point he coded and was subsequently unresponsive. Mary, his wife, was a lovely woman. They reminded the staff of the couple in "On Golden Pond". They had met near a lake in the Poconos, and later bought land and a boat to enjoy, especially during their retirement. Mike loved to go fishing in his boat with his wife.

After a long stay in the ICU, attempts to wean him from the respirator to the BRIGGS were initiated. Prior to this he wrote long letters to the staff and his wife. One morning he wrote, "I've had 81 good years, I've had 51 wonderful years of marriage with my wife, I'm cashing in my chips. I've had it!". This response did not fit the active, caring man that the staff had learned to know and love. He had decided to give up just when he was starting to make some progress. He was encouraged by the staff, reinforcing how well he was doing on the BRIGGS. However, when placed on the BRIGGS his blood pressure, heart rate and respiratory rate increased, he looked frantic. He could feel every breath he took and he constantly watched the monitors. He looked like he was not going to be able to handle the weaning.

Such great anxiety might place too much stress on his body and his vital functions might just fail. I decided to intervene. I told him, "Mike, this is not the end, it's just the beginning. It's time for you to get away for a while, at least in your mind." I encouraged him to close his eyes and said, "Imagine that you have gone to the Poconos and you are in your boat with Mary. Imagine yourself throwing the line into the water, feel the spray of water on your face and catch some fish." He did close his eyes, his heart rate, blood pressure, and respiratory rate decreased and he successfully stayed on the BRIGGS for almost 24 hours. The following morning he started getting anxious again and I immediately suggested that he needed to get out on the boat again. He did, and was successfully weaned off the respirator.

Four days later after he was transferred to the regular floor, he remembered the "intervention and said, "you helped me get out of there". I reminded him that he did all the work. I merely gave him a suggestion. He went home and, hopefully, is still fishing in the Poconos.

Andrea Parry, R.N.
April, 1991
I'll be Michael's Nurse Today

Like many early mornings, Joan is on her way to work. Only one sight ever makes these trips pleasant, the sunrise. Today's is spectacular. There is something about winter skies at dawn. Orange, purple, blue and black fluff together, carrying brilliant red clouds across the sky. Music springs from the speakers and Joan sings along- "Don't let the sun catch you crying!" Her thoughts drift to her two young sons. When she kissed their sleeping cheeks this morning, her lipstick left a mark. She chuckled, knowing how annoyed they'd be. She, however, felt like she was leaving a bit of herself on this peaceful Sunday morning.

She arrives at the hospital with a few minutes to spare, grabs a cup of coffee, then enters the ICU. It's buzzing already! One night nurse dashes by and Joan almost spills her precious coffee onto her scrubs.

"Sorry," said Rhonda.

"It's ok. Hey, what's going on? This place looks like a zoot!" questions Joan.

"What a night! If I were you, I'd quick leave before anyone sees you!" Rhonda teases. Joan smiles. Excitement is her "thing". It isn't that she delights in seeing people so sick. Few people could do the work she's chosen. She wishes she had a nickel for every time someone said, "How can you do this?" But Joan loves the challenge of a really critically ill patient.

She glances at the assignment board to see with whom she'd spend the next twelve hours. His name is Michael. She approaches the bedside for report from Amy. The two nurses' eyes meet and the unspoken exchange begins the story. Then Joan sees the woman and man standing on either side of the bed. This room is filled with fear and sadness.

"Hello, I'm Joan. I'll be Michael's nurse today."

A GRIM REPORT

Amy and the parents say their good-byes, good lucks, and thank yous. Then they kiss their son's hands and agree to get some breakfast. Amy gives Joan report.

"Michael is 16 years young, an unrestrained passenger in a motor vehicle accident, car vs. tree. The driver was fatally injured. Michael was found on the roadside, unresponsive, with poor respiratory effort, and weak pulses. He was intubated and immediately transported to the Emergency Department, where resuscitation continued. His injuries are severe maxillofacial fractures, and closed head injury. CT scan of the brain revealed intra-ventricular hemorrhage and moderate cerebral edema. During the resuscitative efforts his neurological status deteriorated and he is flaccid and unresponsive to pain. In the Emergency Room his pupils were 5mm, equally and sluggishly reactive. Neurosurgery suspects his prognosis is grim. At present, all vital signs are stable, but urinary output is tremendous, suspicious of Diabetes Insipidus. His neuro status is unchanged. His pupils cannot be evaluated because his head is wrapped with an ace bandage to stop the bleeding from multiple facial lacerations and his coagulation studies are elevated.

NOT A SCRATCH

Joan's assessment of Michael is quick. Everything is stable. During his bath, she inspects his body. There is not a scratch. She bathes his arms and legs, the muscles are firm, but relaxed and smooth. Then a thought occurs, perhaps she should have asked his mother to help her. Of course, he probably hadn't let his mother see him naked for sometime. But here is a stranger touching this mother's son. This might be the last of his days. She might be the last person to touch this young body. Joan feels a little guilty, because it's too late to ask his mother. She is nearly finished. She wonders what kind of boy he is. Was he happy? Was he a good son or a rebel? Had he time enough to fall in love? Was he lucky or unlucky? Would Michael make it?

Continued on page 18
The doctor pokes his head around the curtain to ask for the morning lab work.
"I didn't check the computer yet. Gimme a minute and..."
"I'll get it!" says Dr. Smiley.
"Thanks," she yells back.

JUST A NAME

Joan looks back at Michael and feels close to him, and sad. She wishes she could see his face. It is difficult to identify the feeling she has, because she never cared for someone with no identity. Many of her patients are comatose in apparent peaceful sleep much of the time. But they still have a face with eyes and cheeks and hair and lips. The only thing Michael has is his name and his perfect physique. Sometimes patient's identities are lost to diseases or bed numbers, but this is really unfair.

The doctor returns with the computer print-out, unscarred and cheerful. They discuss the plan to support all systems, but proceed to evaluate for brain death. They plan to arrange a family conference and prepare the family for the unpleasant news. Then he is called away to an emergency.

From then, it turns into one of those busy days of too many admissions, and too little resources; the brain death diagnosis is taking longer than anticipated. Joan views this as a time to allow the parents to be with their son. She finds herself spending a lot of time talking to them about Michael. She wants to know all about him. She encourages them to talk to him and not be afraid to touch him.

"Do you have a picture of Michael?" she asks.
They do. She keeps it, taped to the bed.

"I'm going to coffee break now, you two stay here. If you need anything, ask for Ruth. She is covering for me," says Joan.

WHAT'S WRONG WITH JOAN?

"Do you think we'll be able to remove the bandages from his head?" his mother asks.
"I'll check," Joan answers.

Joan enters the nurses' lounge where everyone is complaining about one thing or another. There is barely a pause between the price of a cup of coffee and the boyfriend who went hunting all weekend. Joan doesn't chime in today. She is absorbed in the mother's request. She usually likes a good complaining session, but today these words sound petty, and senseless.

She goes to the ladies' room. When she does, the other nurses begin to wonder, what's wrong with Joan?

"She's been hiding in her room all morning. Maybe she had a fight with her husband," they conclude.

She walks back into the silent room. "Hi, Joan," says Tina. "Are you ok?"
"Yeah, I'm just sad for this kid and his parents. We're waiting to do an apnea test. His parents want to see his face. I don't know how bad it is under those bandages."

"Oh, gross!" says Patty. "Don't let them! Who'd want to see their kid so messed up?"
"They may never see him again," says Joan.

"It's best they remember him as he was," says Helen.
DON'T DO IT

Don't do it, Joan, is the consensus. But in her heart, she wants to help the parents see his face again. Is her own curiosity playing a role?

When she returns to the bedside, she is still pondering the pros and cons. She doesn't bring up the subject.

Soon the apnea test and neurological assessment confirms the diagnosis. Everyone meets with the parents. Joan tries to hold back as the comforts them, but soon she is crying with them.

"Please, can we see his face?" his mother cries.

"Let me ask the doctor".

"No," the doctor says, "they don't want to see his face. It won't look like their son anyway."

By now, Joan is convinced they should make their own decisions. She tells the parents it would be best not to remove the bandages. They agreed and understood. She half wishes they would have insisted, and together they'd pull the curtain and look at Michael.

Joan, the doctor, and his parents stood by as Michael left this world. For him, no more sunrise, no more songs, no more laughter or tears. Joan witnessed every mother's nightmare. It wasn't the first or the last time. She thinks of her sons. There are angels praying somewhere, she can feel them. But, even faith doesn't rule over the sadness of these moments. She wished it would.

WHY NO ONE CAME

Afterwards, she understands why no one came to help her with the body. Everyone is stressed today. In fact, it wasn't a great week. There was a death of a long-term patient with whom everyone had grown close. The head nurse was covering another unit until a replacement was chosen, as their head nurse resigned. So she was not accessible lately.

Then the charge nurse interrupted Joan's thoughts as she came over to the bedside.

"Do you need any help?" asks Ruth.

Joan saw past her to the unit. Everyone looked very busy. She realized that she was hiding, taking her good old time while everyone else was running around.

"Thanks. Just help me turn him and then he's ready, and so am I."

Joan's children got a few extra kisses that night. But as she tried to fall asleep, her thoughts were of Michael, and if she had done all she could do for him.

Susan Busits O'Neill, R.N.
Spring, 1992
I would like nothing more but to reach out
    and hold you in your desperation
    and tell you everything is going to be fine
    as you visit with your family member.
But I cannot.
I cannot lie to you- or to myself
I hold back instead
    My heart breaking at your very words you speak
    to your loved one- the one that you knew
    not the one I know.
You ask me how can I do this
    how can I just watch him suffer.
In my heart, I know I cannot
    leave his side
    As we fight together for every breath
    during every little quintessential second
    in our survival- together.
You see, we are one-
    I am his eyes, ears, mind and voice
    as he lay silent in the bed before you.
    I am his guardian and protectorate
    from all who come to his bedside.
My heart wrenches as I watch you come in to visit-
    minute by minute
    hour by hour
    day by day-
    to tell him you love him- you are there for him.
He cannot say thank you-
    we cannot say anything-
    held back by our chemical,
    technical and professional binds
    tying us together,
    yet separately from you.
Together, we echo our sorrow
    in your eyes
    from our hearts
    through our eyes.
We do not know what the next moment,
    let alone tomorrow will bring
We cannot ease your mind
    as you visit
We are sorry- so sorry
    I am so sorry

Joanne M. Bartelmo, R.N.
Spring, 1992
For the Very Last Time

Allow me to take you back to a warm summer's night. The sun was shining through my bedroom window warming my face as I took the last sip of coffee, stretching out the time until the very last minute when I had to leave for work. "What a beautiful evening", I thought. "Why couldn't I have off to enjoy this beautiful evening?"

The ride to work was the usual, windows down with a nice breeze. I changed the radio station from Bon Jovi (too loud, after all, I would be hearing alarms and bells all night) to easy listening music.

Okay, out of my car with stethoscope and midnight snack in hand I hurried across the parking lot to catch up to one of my co-workers. "Did you work last night?" I asked my friend. She replied, "Yeah, it was pretty busy. That lady in bed #9 didn't sleep a wink all night."

I thought of the challenging patient I would take care of that night. Through the doors we went. "Lucky you," Said my friend as we saw my name assigned to bed #9.

"Well, not much of a challenge here," I thought. "Some oxygen, a heart monitor, and an IV. What, no ventilator, no complicated IV drips? Where is all of the high-tech equipment to put my brain to use?" So, maybe I'll have an easy night.

I introduced myself to "bed #9". Her name was Anna.

Here it is-midnight. Assessment done and charting completed. It was then that Anna developed what my co-workers diagnosed as "the call bell syndrome." After several pillow fluffings, cups of tea, and more pillow fluffings, I decided to ask Anna if I could get her something to sleep. "Oh, I don't want anything to sleep," she replied. It was then that I realized this was going to be one of my most challenging nights.

You see, this brought back a memory of the last few nights I spent with my grandmother. Afraid to close her eyes- for it might be the very last time.

With the lights dimly lit, I put down the siderail, like removing the barrier that made Anna the patient into Anna the person. The person with that one great fear.

I pulled a chair close to her bedside and asked if she would like me to sit by her side. She smiled and said she would like nothing more. I told her I would stay there with her, right by her side.

We sat in quietness with her hand in mine. For the first time that night there was a calmness in the room. Words did not have to be spoken.

Anna closed her eyes for the very last time that night.

When I arrived home, the sun was still shining through my bedroom window warming my face, but the warmest feelings of all were right here in my heart.

Tina K. Abraham, R.N.
Summer, 1992
Reflections of Nursing

I remember as a fresh and enthusiastic graduate nurse how exciting it was to walk on duty in a fresh white uniform and cap, going to work to apply all the knowledge and skills I acquired in nursing school. Actually getting paid for doing the work I enjoyed was a great thrill.

Many years have passed since those first weeks and months. They have been years full of family, children and always, of course, nursing experience in three hospitals and many varied clinical settings.

I believe I am not alone in becoming comfortable and complacent with nursing as something I do and am. It is a part of who I am even though daily demands on my time, talents, and interests sometimes appear to take precedence.

Occasionally something or someone jars me to attention and I focus on what nursing is really all about. Recently, I received the following comment from a patient which illustrates my point.

"The morning after my surgery, a young girl appears at my bedside. It was her job to get me washed, get me up on my feet and take me for a walk. That morning I was not the least bit interested in anything she wanted me to do. I was what you might call a very hostile patient. Throughout the entire ordeal, she remained very cheerful and positive and, even though I was acting like a total jerk, she did what she came to do. We went for that first walk, with me hanging onto her and the IV dolly (with her sticking ammonia under my nose every few steps to keep me from passing out). I have not seen her since. I realize now what a fantastic person she was and how she performed her job very well under quite adverse conditions. Of all the hospital staff that I came in contact with, she would have rated #1. She got me through the worst morning of my entire life and, when she finished, I began to believe that perhaps I was going to live after all. Please tell her I appreciate what she did for me."

Every day we, as nurses, do ordinary, every day things for patients and sometimes forget that most of nursing is not a "brass band" experience. At times patients do not even remember our names. Nursing is every day doing our best to care for our patients as we have been educated to do, knowing that each nursing measure is done to benefit the patient. At times, our patients do not appreciate that what we do to them and for them, is done in order to guide them through the journey from illness to recovery, but we nudge and cajole them to trust us, that even though it hurts, they will be better for it.

I hope and pray that nurses everywhere can remember the enthusiasm and excitement of those first days when the daily grind seems to be just that. I know that most of our patients feel as grateful as the one who so eloquently put it in writing.

Nancy Stevens, R.N.
Summer, 1992
Thoughts About Caring for a Burn Patient

The patient was burned over ninety percent of her body. Her tracheostomy prevented her from speaking to me. Her eyes were so edematous that she could not make eye contact with me. We chemically paralyzed her to reduce her oxygen consumption. The depth of her burns had probably destroyed her sense of touch; she could not eat, she could not drink.

But I think that she could hear me because her vital signs changed when I spoke to her. I tried to communicate with her through the only sense she had left. I played rock and roll music when I wanted to talk to her about her treatment. I turned on CNN so that she could know what was going on in the world outside. I played classical music when I wanted her to rest. I know that I was communicating with her, but what was she saying to me? Was she sad? Was she in agony? Was she serene? Did she want us to do what we were doing?

Her heart was stronger than anyone expected. It kept on beating through surgical procedure after surgical procedure. Was this a sign of a will to live or merely the involuntary reflex of a strong muscle? Through the process of culturing epithelial cells, new skin was grown and grafted to her debrided abdomen. When she finally died, the skin was totally viable. Perhaps, for a strong person like her, this would have been enough to justify all of her pain.

When her blood pressure was falling and her lungs were losing their function, I said to her, "It's okay for you to die now". Several days later she went bradycardic and, despite Code Blue, she let go. I guess she was listening.

Priscilla Albenzi, R.N.
Summer, 1992
I am a Nurse

I am a nurse. The mere word "nurse" elicits many emotional feelings and visual images in my mind. My profession and I have become so interlocked that I could never imagine doing any other work.

It was not always this way for me. In fact, I wanted to be a teacher throughout my growing years. I was a freshman in high school when a friend invited me to join her in becoming a candy-striper. My friend dropped out of the program. I loved candystriping, and so my affair with the health field began in a mundane way. No job was too small for me. I loved passing fresh water, sorting mail, delivering mail and flowers, and manning the information desk. Most of all, I loved the smiles and words of appreciation. I felt very important.

November of my senior year in high school is when I decided that I wanted to be a nurse. I received negative feedback from my grandfather and father, both of whom hated hospitals and thought of nursing as a "dirty" profession. Even so, with only days to spare, I submitted by application to one nursing school, never doubting that my application would be accepted. To my delight, I was admitted to nursing school.

The first weekend that I went home after clinical experience, my father's most urgent question for me was "Did you wash your hands?" My mother was pleased, because she harbored an unfulfilled desire to become a nurse.

What a strange phase of this affair: frustrating and exhilarating all at once! After many hours of classroom and clinical training, I was a nurse! That is when the deep feelings began.

Flashback to a young woman aged twenty-seven with terminal ovarian cancer. She was not allowed the luxury of smoking a cigarette without supervision due to her heavy narcotic use. There were busy evenings that would not allow a staff member to supervise her smoking. I remember staying after my shift was over to sit with her while she smoked. We would talk and we would cry together. Yes- I was sad when she died.

Flashback to a man in his late sixties with bone cancer. He would beam with such delight upon my approach to his bedside. He gave me his Norfolk Island Pine plant around Christmas time. He died shortly thereafter. To this day I cherish that plant.

Flashback to post-operative patients, chronic renal failure patients, rheumatoid arthritis patients, and the list goes on.

I found myself crying inside: "God, I am only twenty-one years old. I should be out having fun somewhere. I feel such a responsibility, taking care of these people who are so vulnerable and so in need." This affair was not a bed of roses.

Somehow I kept going and found the strength to go the extra steps to show how much I cared. Nurses, who are also friends, became a wonderful support system. They would not only listen to me, but would also share their experiences with me. Somehow the bad times seemed less intense and we could find ways to laugh.

It has been fourteen years since I am out of nursing school. Like any lasting relationship, some strong storms have been weathered. I did not become like a robot, only going through the motions. I handle the rough times much better, because I have learned to find smiles and laughter in small things. It is okay to cry with the saddened patient as long as I remember to smile and laugh with the one who is rejoicing. As someone once said: "Anyone can show sympathy to someone who is down, but a true friend without envy, will also be there to celebrate the good times."

Nursing is a challenge that can be so rewarding, if we only allow it to be so. I feel truly privileged to share a part of so many lives.

Anita Lewis, R.N.
Summer, 1992
How Nursing has Affected My Personal Life

When I ask myself how nursing affects my personal life, I become confused. By personal life I suppose this question means my life outside the walls of the hospital building I work in. Some people have very distinctive lives apart from their place of work. I, on the other hand, feel both lives for me are intertwined.

This case was never so evident to me as when I was forced not to work because I fractured my ankle. (Ironically, this happened while playing tennis with three shock-trauma nurses.) Six weeks of "rest and relaxation" was ordered. My first reaction was: Fantastic! A big vacation. After one week however, major depression hit. I was forced to be dependent on others for activities I took for granted, such things as showering or getting food from the refrigerator. I was forced to live with my parents 25 miles from work, cut off from friends at the hospital. I experienced long periods of waiting, first in the emergency room, and then repeatedly in doctors offices. It was a very eye opening experience for me because now I had to be a receiver of care instead of a giver of care. I pleaded to return to the hospital as soon as possible and work as a nurse again.

I'll never forget that first day back. I was washing a young male burn patient on a medical/surgical floor. He was 26 years old and his burns destroyed his hands, ears and half of his face. He was dependent on others for even the most basic tasks and his outlook on life was incredible. He talked about current events, smiled, joked around and obviously found reasons to keep on going. He remembered that I took care of him once a few years ago in the Burn Center although I, myself, couldn't remember this. He and his roommate (a young quadriplegic who was always intensely grateful for any act of help) talked about wanting to find the "right girl" and getting married. These two showed me what real courage was all about. I felt guilty for having felt so sorry for myself. I thought "if these two people who are my own age can find joy in life after having been stripped of their independence, I have no reason to feel discontent."

This in only one instance out of many that have given meaning to my life. Whenever I feel weak and depressed in my personal life as a single woman, my work as a nurse brings me in contact with patients who teach me how to be strong. I then strive to return this strength to those who need it during their time of weakness. I guess this again makes me confused, because, most of the time I am nurse and patient all at the same time.

Juliet A. Geiger, R.N.
Summer, 1992
Seeing the Forest and the Trees

I was encouraged when I discovered the trend in elementary school education included “brainstorming” and is applied to all areas of learning to the point that it has become a natural habit for my sons to provide many solutions for any given question or situation. It’s challenging for them in an amusing way to attack a problem from every angle, not just to accomplish a task, but to gain the ultimate reward, those times when the bizarre thought is successfully applied and the accolades pour forth.

After twenty years in nursing, I’ve realized that those nurses I have most admired, trusted, and emulated are those exceptional few who are global thinkers. The process, in my case, began as a self-defense mechanism in that I always believed there was more than one effective way to deal with a situation and, the more choices I could provide for myself, the better treatment the patient would receive. Particularly in the OR and again with cost containment and resource constraints that have always been in place, brainstorming has to be exceptionally creative. Slowly, the fun of the game replaced the stress of problem solving. Actively seeking the next challenge keeps me going when I thought I’d be long gone from this profession.

The first time a specific problem arises in your practice will be months before the de riguer ad hoc committee has been assembled to address it. A nurse at a suburban hospital years ago solved the temporary linen shortage with a strange solution. For her patients facing bed baths without towels and wash cloths, she tapped the over-abundance of pajama bottoms, using one leg to wash and the other to dry.

A classic chain reaction case of substituting what you have for what you need occurred when my son and I were kept inside our house by a barking stray dog. I called my brother, a restaurant owner, for help and within a few minutes, he was jumping out of his car with a hatchet in his hand, scaring the dog away. My son, wondering why he chose a hatchet, was told it happened to be on hand because it was being utilized to hold open a window with a broken sash in the restaurant kitchen. “Well,” said my son, “It would have been really funny if he brought a spatula.”

Practice of the Art of Nursing has ingrained in me a thought process for seeing not only the whole picture or “the forest” but every individual tree, bush, fern, and invasive nut-toting squirrel.

Sheryl Madrigale, R.N.
Summer 1992
Pulling a Promise

I have a secret for the past thirty-seven years and I think it's about time I tell someone. I wonder if we, as professionals, realize how much of an influence we have on other people, especially children. My experience happened while I was a pediatric patient. I was one of the last people to be diagnosed with poliomyelitis. Being admitted to the Isolation Ward to be cared for by strangers in masks and gowns was a very scary thing for a ten year old child. My parents watched in disbelief from the window in my room.

In the next few days, I experienced tests, needles, and questions galore. Paralysis had not set in, but the diagnosis had been made. I was across from the nurse's station and heard the nurse read the report back to someone on the telephone.

When the pain began, I only wanted to go home and be taken care of by my mother. That, of course, was impossible. I can still hear the doctor tell me I had to be a brave little girl and never tell my parents what I was going through because my mother couldn't take such news. So, I listened to him and laughed when my parents came to the window and I told them this wasn't as bad as having the chicken pox.

Meanwhile, I could not wait to be wrapped in the Sister Kenny Packs. The steaming woolen blankets and plastic wrap was the only treatment to relieve my pain. Of course, when the pain went away, I couldn't feel my legs nor could I walk. My entire right side of my body was significantly weaker than my left.

I remember asking the nurses for the bedpan quite a lot. I apparently angered some nurses and they told me I would just have to wet the bed. My crying didn't bring anyone to my bedside to comfort me and I couldn't tell my parents either. Prune juice was another favorite item. I obviously needed a lot to take care of my bowel problem. The day I vomited prune juice into a doctor's cupped hands was the last day I had to drink that horrible juice.

After several weeks, I was told it was safe to move me to the Children's Ward. I thought I would be saved. I could actually be with my parents. This happiness was short lived. My parents would try to sneak me food I liked. If it wasn't confiscated from security people standing guard downstairs, the nurses on the floor took it away from them. Later, after visiting hours, I would see them eat this food that was denied me. Remember, I was still this brave little girl, so I did not complain to anyone, especially my parents.

My only fun over the next three months was going to Physical Therapy where they would exercise my limbs and put me in the whirlpool. This was my play time and I loved every minute of it. Miss McDonald and Ann were God-sent to me.

Back on the unit, the staff soon moved me away from the nurse's station. The view of the world became a corner room occupied by six younger children. My parents continued to sneak me food and, of course, the richness would make me vomit, but I didn't care because hospital food in those days was very, very bland. I could not eat and would not eat and opted for IV therapy instead.

This so-called horrid behavior came to a halt one night. A student nurse, while caring for me, told me to leave the light on at my bed because she would soon return. Meanwhile, the charge nurse entered and started hollering at me. She told me I was nothing but a spoiled brat who wanted pity and wanted to be treated special. She decided that all this was to end immediately. I was to be placed in the hallway for the whole world to see me do such things as take a bath and use the bedpan. For some unknown reason this punishment never happened, but I didn't know that so I just lay there and listened.

That night I prayed real hard and asked God to please restore my legs so I could walk and in return I would care for people and treat them with kindness and understanding and listen to them for their needs. My miracle happened and hopefully I am fulfilling my promise to God today in both my personal and professional life.

Janice Barber, R.N.
Summer 1992
Sid’s Final Contribution

Sometimes special people have a way of remaining in our memories and touching our lives in a dramatic way. Upper classman, president of the senior class, star basketball player, member of the National Honor Society, class comedian - that was Sid. Sid was one of those special people. But usually when I remember him, I think of him as being my husband’s best friend, the “boy next door”.

We all grew up together in a small town and attended the same high school, where the largest graduating class was only 125 members. We lost track of Sid for several years, but were thrilled to find out that he had married his childhood sweetheart, Nancy, and had accepted a position in the town where my husband had been transferred by his company. It was fun getting together again as we had much catching up to do. Sid, my husband Ron, and Nancy had all gone to college. I had gone to work as a secretary immediately following my graduation from high school to help put my husband through school. Sid had not changed much. He was still the fun-loving guy with the great sense of humor who could never do enough for you. He was now the Assistant Dean of Admissions at a local college and the students and faculty quickly became very fond of him. Then it happened.

Fall came and Sid began feeling ill with flu-like symptoms. When there was no improvement, tests were ordered and it was discovered that he had cancer. By Thanksgiving, this healthy, athletic young man had gone from one hundred ninety to one hundred twenty pounds. He looked strangely odd now, like a young boy, lying in his hospital bed the night we visited him for the last time. With his family at his side, we stood at the foot of the bed looking upon his small frame. There was almost a revered silence among us with only the sounds being his, struggling to breathe precious air. He had lapsed into a coma, but we wanted so much for him to know we were there. I felt totally helpless - how could this have happened? I desperately wanted to understand, comfort his family, make things better somehow. Deciding his family needed this time alone with him, we left his room and headed for the elevator just outside the room. As the doors began to close, Sid took his final breath and we heard the cries of his family.

Over the next few weeks, I began to realize that I needed a purpose, a goal, some real direction in my life. Two months later, I contacted several colleges in the area and by spring was accepted into a nursing program. I graduated first in my class and upon receiving my pin, I dedicated it to Sid. Nursing has become one of the most precious parts of my life. There can be no better thing in life than to help another, relieve some pain, try and make things better for someone who is hurting. But I will never forget that the patient’s family needs support and comfort also.

Most of us will agree that all things happen for a reason. We may not always know what, how, or why, but we have to go on, establish goals for ourselves, and try to be the best we can be. This realization has caused me to know that I need even more education, as nursing is complex, and medicine is always changing. I have decided to continue on for my degree and have already started back to school. For me, there is no better challenge.

Thank you, Sid.

Marybeth Sprankle, L.P.N.
Summer 1992
Sharing the Caring with El Salvador's Children

From June 12-20, 1992, Patty Deutsch, RN, JoAnn Noe, R.N., and Marianne Muraro, CRNA, all Cedar Crest and I-78 OR, accompanied Raj Chowdary, MD, and Mark Kendall, MD, to El Salvador.

The group, under the auspices of “Healing the Children”, was part of an international group of healthcare workers sent to perform plastic surgery on native children.

Before the team arrived, approximately 72 children were prescreened. Some came from 100 miles away. They ranged in age from a few months to 16 years. Most youngsters needed re-construction surgery for cleft lip and palate. Another group required release of burn contractures. In a country where fires are started for heating and cooking purposes, children are often left to tend them. This results in a significant number of burn injuries.

Three medical teams operated in one room. Physicians and nurses brought their own equipment, including monitors, pulse oximetry, and thermometers. Each case took between 1.5 and 6 hours. Fifteen hour days were not uncommon. Equipment shortages in local hospitals is a major problem. At one point, Marianne had to barter pediatric suction catheters for IV fluids. Disposable products are virtually unheard of. Everything, including endotracheal tubes, are saved and reused.

The multi-national group blended well into a team for the singular purpose of treating children. On the last day, Grand Rounds were held with the physicians, nurses, and families meeting to discuss follow up care. Mothers were very grateful to the nurses and would bless them for any activity.

While familiar places such as McDonalds and Ramada Inn exist in El Salvador, running water and electricity were not available 24 hours a day. Precautions had to be taken to prevent illness within the group. Luckily, no one became ill.

Marianne Muraro recalls, “Each and every child was special in their own way.”

The mothers wanted and needed help and they were very appreciative. Mothers stayed overnight and sat with their children.

Both Marianne and Patty plan to take another trip next year. In the meantime, “Healing the Children” is working with Dr. Chowdary to bring a child from Nicaragua here for extensive plastic work. Perhaps in this way, nurses from Lehigh Valley Hospital will become interested in joining their fellow nurses on their next mission.

Cathleen Webber, R.N.
December, 1992
Of Kindness, Friendship, and the Tammy Tree

Somewhere beyond the simple words that attempt to describe what we are—kind, caring, dedicated—are experiences not easily put to pen. They defy standard text and are jotted down only as precious memories. They help me make sense of it all. My memories exist because of the people and lives I’ve touched. Let me explain.

It all started 13 lucky years ago. A very special group of nurses initiated me. These nurses enforced the “knowledge stuff”, but as an astute observer, I learned the lessons of kindness, gentleness, and compassion. The critical care nurse that I’ve become is in part thanks to them. I know now that the staff here in ICU are the natural group to which I respectfully belong.

Our unit is very patient and family oriented. I am in awe of the results of our work. It is a special feeling to have patients return and ask, “Remember me? I was over there in that bed.” They point to their temporary homesteads. For many it was a stay of several weeks; for some, we should have obtained a mailbox!

I ask them what they remember about ICU. “I remember the excellent nursing care. I also remember many of you talking to me; holding my hand when I was scared...scared I would die. And I remember so and so...please tell her hello.”

I’m amazed that Mrs. B remembers my name. At that time she didn’t even know her own name. She was confused and combative, but she was really there. I remember this when I’m frustrated with a patient who doesn’t cooperate. They are likely to remember those bad times someday.

The best reward for me is my memories of Tammy. She was a 16-year-old child with Down’s Syndrome that our staff cared for over the course of three years. She was irresistibly loving, and so, we all fell in love with Tammy. Between hospitalizations, her dad brought her to visit us often. We gave her snacks and she gave us hearty laughter.

Tammy passed on in the Spring, 1991. Our staff wanted to keep her memory alive. Money was collected and a tree was planted at Lehigh County Vo-Tech School. Today a picnic area surrounds our “Tammy Tree”, a place for her schoolmates to play, enjoy, and remember her.

Tammy’s father continued to make weekly visits to his “ICU family.” When he was recently diagnosed with cancer, he came to us to talk about his fears. He agreed to surgery only if his friends could help take care of him. His surgery is over now and, believe it or not, he still visits us.

Caring, kindness, dedication and so much more—what nursing means to me. I think you all know how I feel. I just needed to say it. Thanks for listening.

Shirley Wagner, R.N.
December, 1992
A Question of Faith

Faced with many changes in all aspects of my life, the decision to alter my professional life as well couldn't have come at a worse time (or so it seemed). My nursing career in critical care was my only place of solitude. I had a false sense of “control” in my job, handling critical decisions and patient care as second nature. Collaborative practice with peers and physicians jelled my feeling of fulfillment. Assisting patients and families make difficult ethical choices and handle grief gave me a worthy sense of being. My whole self centered around my perceived professional life. What I wasn't aware of was that the one thing I loved doing was slowly draining my strength.

Changing my nursing specialty was the one idea furthest from my mind. But, that is exactly what I did. Surprisingly it opened new professional avenues for me, and renewed my faith in nursing. The change was risky. During the interview process I remember wondering...What am I doing? Why am I putting myself through this? Do I really want such a major change now? Especially when other aspects of my life were also draining me. I had to sit back and look deeply into myself, to reassess my goals, my expectations, and my direction in life. I started on a journey of personal growth. The road was enlightening and painful, but ultimately extremely rewarding. The lessons I learned were valuable and adaptable to most of life's situations. The time spent understanding myself, facing my faults, finding new strengths and challenges, and conquering my fears has helped me be able to share whole new life experiences.

My career change placed me in the role of the learner. I was no longer the preceptor. It meant putting my pride away, accepting my limitations, and learning to ask for help. There was uncertainty, ignorance, challenges, and an underestimation of my strengths and abilities. The unfamiliar territory also heightened my anxiety. Each day was fraught with great joy and tempered with humility. My goals were always just beyond my reach. I felt as if I couldn't learn fast enough. Most of the time I found myself trusting in the blind faith that everything would be alright.

The change came ever so slowly, but day by day, patient by patient, I did learn. I no longer felt like the outsider; I felt I was now able to contribute and not only take. Lessons I had learned on my journey of personal growth I now carried over into my professional life.

Certainly I am not finished growing personally or professionally, but I have a newfound passion for life. I wake each morning eager to share in the birth of a newborn, the care of a high risk mother, or to teach families the skills they will need to nurture their lives. I look forward to working with peers and physicians.

By taking a risk, by putting one foot blindly in front of the other, by trusting in faith, my whole life has landed on a new plateau. A career that I felt was stagnating has been rejuvenated, and a flame that was slowly burning out is now a roaring fire. It was merely a question of faith.

Debra Belles, R.N.
April, 1993
Surviving for more than 2500 years are Aesop’s fables. The stories illustrate truth, wisdom, and common sense using the wonders of nature and wildlife. The “Tortoise and the Hare” reminds us that slow and steady wins the race. The “Lion and the Mouse” teaches us that little friends may become great friends. People may search for complex answers, but in nature, order is naturally simple and uncomplicated. For the moral of the “story”, we need only to observe and occasionally blend with the world apart from man.

A MAN AND HIS SONS

Once there was a man who had five sons. Instead of living together in peace and love, the sons were always quarreling. Their father grew weary of the constant bickering. He decided to show them how foolish they were. He gathered five sticks, all equal in size and length. Then he tied them together in a bundle.

“Sons, listen to me!” he shouted. “Who will take this bundle and break it over your knee?”

“I can easily break it,” scoffed the eldest son.

He took the bundle and pulled it against his knee with all his might. No matter how hard he tried, he could not break the five sticks in a bundle.

“This is impossible,” he growled. “Let me try! Give it to me!” the other brothers shouted. They all began arguing as to which of them could break it. In the end they all tried, but all failed to break the bundle. (They all did, however, succeed in getting sore knees.)

“Let me show you how it can be done,” said the father.

He untied the sticks, handed one to each of his sons and ordered, “Break the stick in your hands.” Each stick cracked easily. The sons thought it was only a trick. The father explained, “When a man stands alone, he can be broken as easily as one of those sticks. But, when a man stands united with others, nothing can break him.”

Then the sons realized the value of their united strength and were ashamed of their behavior.

The sisterhood and brotherhood of those who care for the ill needs uniting. We are a “family”, too. If we ponder each member’s roles, we realize that we cannot survive without each other. Yet, we often behave as though our own role is more important than others.

If we can strengthen our “family”, it will be easier to put the families we care for back together.

Susan Busits O’Neill, R.N.
April, 1993
The Real Reason

"Mom, why do you work?"

It was a very innocent question that came from my four year old as I was preparing to leave for work one evening. But being somewhat pressed for time, with my mind already at work and not really on his question, I answered with the first response that came to my mind. "I work so that I can make money". It was obviously a satisfactory answer to him and he went off to continue his pre-bedtime play.

But a short time later while I was driving to work our simple exchange crept back into my thoughts. As I recalled his question, my mind instantly became a sea of faces. I saw the face of my first labor and delivery patient anxiously searching mine after the birth of her baby, waiting for my words of assurance in her native Spanish language, that all was well with her new son. I was a student nurse at the time and far from fluent in her language, but I was the only one there that knew any words that she could understand.

I saw the sorrow and fear in the face of a young girl whose sister had not survived the car accident they had been in. We talked about her sister and cried together that day and others as she recuperated. That young girl is now a young woman completing medical school, her experience as a patient being largely the impetus for that career choice.

I saw the gentle face of an elderly man who gave me a silver dollar one Christmas Eve in hopes that I may "never go broke". That silver dollar still lies in the bottom of my jewelry box where I put it many years ago.

And as the faces of those whose lives I have touched as a nurse continued to stream across my mind's eye, it became clear to me that I had not given my son the answer that he truly deserved although cannot yet understand. It is true that the most tangible result of my time spent at work comes in the form of a paycheck. But it is by far not the most meaningful. While my paycheck can provide my family and myself with material things to make us comfortable, it can never provide the knowledge of knowing you have made a difference in someone's life and the deep feelings that accompany that knowledge.

And that, my son, is the real reason I work and the real answer to your simple but very complicated question.

Ginger A. Holko, R.N.
August, 1993
On Children

I have been a nurse on the Pediatric Unit at Lehigh Valley Hospital for over six years and find my job most rewarding. I have had some experience in other fields of nursing but did not find the satisfaction that I feel in caring for children. I have found that children, whether ill or well, are vibrant and full of life. I enjoy the satisfaction of seeing a child who comes into the hospital ill, and who leaves the hospital feeling better. Although perfect health is not always attainable in this profession, it will always be our goal.

Also, in working with children, I have been blessed with meeting many families whom I admire. I have seen families endure much more than should be expected of them, yet they are grateful for any small thing I am able to do for them and their child.

People often ask me, “How can you do it? It must be depressing.” But I don’t feel that way. I have been saddened by some things I have seen, but the rewards have outweighed any sadness I have felt. My heart has been touched by many of the children I have met, and they have made a lasting imprint on my life. I admire the ability of children to overcome insurmountable odds and still have enough energy to muster up a smile to make your day. It amazes me how much pain and struggle some children must endure from day to day, yet they are able to teach us something about compassion and faith beyond the medical profession.

I feel that I have gained much more than I have given over the past six years, and I will hold in my heart the names and faces of many of the children who have shared a small part of their lives with me.

Dee Fink, R.N.
August, 1993
Making a Difference

This is a story of young girls and their daddies, of learning and growing up to make a difference.

When I was ten years old, my Daddy died of a heart attack. I was sitting next to him in a car and, as his head fell on my shoulder, all I could do was hold him close and cry for someone to help us. There was no one to help make a difference for me or my family. From that day on, I decided to go to school to become a nurse so that maybe one day I could be the person some little girl would need to help keep her world intact.

I have worked in nursing for eight years and have seen life and death. I have told families the good news and the bad news. I have stood at bedsides and cried with wives, sons, and daughters. After long and emotional shifts, I have often wondered if I made a difference or if anyone can make a difference in the struggle of life and death? Recently I received an answer to the question that has haunted me for twenty years.

My future sister-in-law called me one day and asked if I would come take a look at her Daddy. He was complaining of shortness of breath and fatigue. His assessment showed pathological hypertension, irregular heartbeat, a moderate heart murmur, and “indigestion”. I convinced him to go to the hospital before his condition worsened. I used all of the knowledge I have acquired throughout my nursing career to try to make a difference. And what a difference it made.

He was treated for severe cor pulmonale and underwent cardiac catheterization and EPS studies. His condition was stabilized with medications and he returned home after nine days of hospitalization.

While driving to the hospital to bring him home, his daughter and I talked about the wedding that was only eight weeks away. She began to cry and said how scared she had been that her Daddy would not be there to walk her down the aisle. With tears and the feeling of relief, she thanked me for saving his life.

I cried then. I thought of myself and my life and dreams. There would be no Daddy to walk me down the aisle. No father-daughter dance for me. But there would be for her and that is the difference.

As I celebrate my brother’s wedding I will watch and enjoy my sister-in-law and her Daddy. I will dance with a man who was given a second chance to beat the odds. I will dream of what might have been if someone could have helped me twenty years ago.

The difference can be made!

The feeling is beyond words!

Nursing is about life and death. It is about beating the odds and helping patients and families through scary times. Now when someone asks me why I became a nurse, I can give them a heartfelt answer—To Make A Difference. I will remember a girl and her Daddy. I will remember her eyes and her voice as she said to me “Thank you, Maureen, for saving my Daddy”.

Maureen T. Smith, R.N.
January 1994
July, 1991. I've met my parents at the airport on their return from Hawaii and we're relaxing in their living room. My father asks me to look at a lump in his neck that 'just sort of popped up'. This is the beginning.

August, 1991. My father is prepped in the ASU and waiting to go to the OR to have the lump removed. The surgeon changes his mind and cancels the surgery. He wants an ENT physician to examine my dad before he does any surgery. My parents are upset and I'm angry. Why did we have to wait till he was prepped and waiting for the OR to decide that we needed another physician's opinion? I brace myself for another onslaught of questions from my parents. As the "nurse" in the family, I am expected to interpret what the doctors tell them, to explain the new medications, to give assurance, to be their resource.

The tumor in the neck is malignant and we are off to see the oncologist. The news is not good. We drive home in silence. My brother meets us and I gently try to explain what the oncologist has told us. Inside of me, a cold hand of fear grips my heart. I want to go home and cry and scream but I can't. I have to be the "nurse".

October, 1991. My father begins radiation. The radiation oncologist and his staff are the most compassionate and caring people I have met yet through this ordeal. The nurse takes me aside and explains everything to me in full medical detail, nurse to nurse. I'm getting weary. I know that when we get home after these initial visits to the Berman Radiation Center, I will spend several more hours explaining over and over again what the staff has told my parents. I'm beginning to dread these doctor appointments.

December, 1991. My father has had 8 weeks worth of radiation and he's badly burned on his chest. I visit on my way home from work and I'm shocked at the extent of the burns and the pain he is experiencing. I ask him why he didn't say anything to the staff at the Berman Center. His reply: "You're my nurse and I knew you would know what to do". I call the physician and get Dad taken care of.

April, 1992. We've had a reprieve from the cancer for a few months but now a new tumor has appeared. My father has weakened significantly and is starting to realize that he is probably not going to get better. He's admitted to 5T for 16 days in May. The nursing care he receives is excellent. I decide to cover the 17th St. site while he's a patient so that I can stop in to see him while I make rounds. After three nights I'm not sure if this is a good idea. He keeps having the staff page me because he's nervous or in pain. Emotionally, I'm becoming distraught. I want to be a daughter, not a nurse.

Summer. My father calls me everyday. He keeps asking me the same questions. I'm trying to juggle a summer course, work 11-7, spend time with my husband and daughter, "be there" for my parents. I finally convince my parents that I can longer support them emotionally, that I'm too close to the situation to be objective. I beg them to call Hospice. They finally give in. The Hospice nurse comes once a week to assess my father, and give support. I decide to stay in the background - I don't want to intrude on her territory.

October, 1992. My husband, seeing how stressed out I was becoming over the past several months, is taking me to Disney World. My father is not doing well. He's lost weight and is not eating. He's having break-through pain despite his medications and his energy is at an all time low. I'm torn with indecision. I really want to go on my vacation but I feel as if I'm deserting my father. My mother convinces me to go but only after I give her all the hotel phone numbers and our itinerary. I enjoy a brief respite with "Mickey" but my thoughts are constantly in Allentown.

November, 1992. It's Thanksgiving Week and while families are preparing for the holiday, my father lies comatose. Instead of going home from work at 7 am, I go to my
parent’s house. I meet the Hospice nurse who now comes daily. My mother has a million questions. She keeps asking me, “What will happen at the end?” I’m spending my nights off at my parents home. My fellow nursing supervisors are wonderful, filling in for me so I can have extra time off. I’m neglecting my husband and my daughter. I’m neglecting my course work for school. I want to grieve, but I have to be strong, I have to be “the nurse”.

Thanksgiving morning, I receive a phone call while I’m reporting off to the head nurses who will be covering day shift. My mother asks me to come home right away. I rapidly drive to the house. My father’s breathing is agonal. I’m appalled at how he looks. His hair is dirty and his skin has an oily sheen. His pajamas are wet with perspiration. He needs mouth care. I fill a pan with warm soapy water and go to work. I pull out all my Basic Nursing 101 Principles. I wash his hair, bathe him from head to toe, powder him, dress him in clean pajamas and change his sheets. I give him mouth care and pain medication. We gather by his bedside. An hour later, he stops breathing. It’s over. Relief and sorrow fill my heart. And something else fills my heart, too. Pride. Pride for giving my father the best nursing care I could give in his last hour. Because, I’m not only a daughter, I am a nurse!

Judith Bailey, R.N.
January 1994
Lesson Learned

It was a damp fall afternoon. As I sat in my car waiting for my patient to get home from her long hospital stay, many thoughts raced through my mind. I was anxious because she was late, I was far from anywhere familiar, and it would soon be dark. Being lost is one thing but lost in the dark can be a terrible experience. Leaving the hospital setting was a big step. The safe, familiar environment is far from the average day on the road. It's a big world out there and you are on your own. Anything can happen and just when you need something, you don't have it! Something as simple as a roll of tape or a sterile dressing can ruin your day. I mentally went through the visit one step at a time to be sure all would go well for my patient's first night home.

Ah, here they are, only an hour late. Mister B helps my patient out of the van. Her big blue eyes are electrically striking against her ruddy-yellowish complexion. Her movements are very guarded. They both smile and invite me into their home. The warmth and friendliness surround you immediately as you step in. I help Mister B unload the goods as my patient rests. She looks very tired and stressed. She is terminal, her doctor does not give her much time. Her family wants her home as long as possible. As she rests, Mister B and I set up for her nighttime ritual of hyperalimentation. This is the beginning of a long and fruitful relationship. He needs little instruction. Bette's husband caught on quickly. He learned to care for the IV's, the pumps, and to manage troubleshooting. He managed to learn all this and keep his sense of humor as we slowly watched Bette slip away.

As time went on her pain became worse, her skin became lemon yellow and we added more tubes, pumps, and gadgets to help keep her comfortable. We had daily instructions as he learned to care for all the new paraphernalia with great expertise. As Mister B learned, I did likewise. He would teach me his way of doing something, often making the complicated easier. They both had such strength. Their love of life and for each other was made more obvious with every day. Their love was so great he willed her to hang in there longer than anyone imagined she could. She had good days and terrible days. As time went on, she had more bad days. On those days my visits included long talks with Mister B and listening to him read from the Bible after the care and treatments were completed. He'd pick her favorite verses or scripture that was relevant to their situation. He read to her often, even as I changed the needle in her port. His reading seemed to ease her pain and keep her calm.

They took me into their lives and I became a part of their family. We laughed and cried together, drank tea and shared recipes. I was feeling their pain as she slowly slipped away. They both taught me that where there is life there is always hope. A little love can carry someone a long way. Bette outlived her prognosis by almost six months. She fought hard but it was the love and support of her family that helped ease her daily battle. Bette died in the hospital with her loving family at her side. I feel privileged to have been a small part of their lives. I could never give back half of what they've given to me. They will live in my heart forever.

Diane Fritts, R.N.

January 1994
Mom, R.N.

If someone would have told me a year ago that I would be a “different” nurse after having a child, I would have disagreed vigorously. I felt I was a very good nurse: professional, caring, empathetic. I felt I was the best nurse I could be. Well, something changed since I gave birth to my son last December. I don’t think I became a different nurse, but I know I practice nursing differently than I had before I experienced motherhood.

I didn’t notice any great revelations at first, the technical aspect of my nursing care didn’t change. I still took care of critically injured trauma patients and took pride in the manner in which I delivered the best care I knew how. The part that changed was the way in which I cared for the families of my patients.

Suddenly I could relate to the mother of a dying nine year old boy in a way that I was not able to before. I cried with her at the bedside as she professed her undying love for her son. I tried to relieve her feelings of guilt of failing to protect her child. But as a parent myself, I knew that a stranger’s words would not ease her guilt, only she could grant forgiveness and make peace with herself. I could feel the grief almost as strongly as if I had lost my own son.

I can empathize with the parents of my patients, regardless of how old they are, in a more heartfelt way. I can understand the feelings of a mother when she is in the hospital and separated from her child more sincerely. I see the anguish, the fear and the uncertainty in the eyes of parents as they stand at the bedside in a room filled with machinery and beeping alarms and I feel I can respond to their fears more sensitively than I could before. Becoming a mother has enriched my life in more ways than I could ever explain. I did not anticipate the influence it would have on the way I practice nursing. I attribute my increased sensitivity to patients’ families to the experience of participating in another of life’s relationships. I am now a daughter, a sister, a friend, a wife and a mother. I can understand and appreciate the dimensions of each of these roles firsthand.

I truly believe that the greatest love on earth is the unconditional love that a child and a parent share. I don’t think there is a bond or a love that is stronger. Being a part of this new relationship and experiencing this love has strengthened my ability to care for the families of my patients. I have grown personally and professionally since becoming a mother and I thank my son for making me a better nurse.

Wendy J. Robb, R.N.
January 1994
Don’t Know Nothin’ ‘Bout Birthing No Babies”

Emergency nurses are notoriously ready for any emergency (the more complex the better) with one exception—the normal delivery of a newborn in their department. I have pondered this phenomena as I have traveled and worked in several different EDs. At first I thought it was unique to me—that my undergraduate education was limited in normal OB. After several years out and working in ED’s in Pennsylvania, Northern and Southern California, Louisiana and Texas, I have decided that my education was just fine—it’s something about ED nurses.

How many ED nurses have thought about calling a disaster when they get word that a pregnant female is about to deliver a normal newborn in their ED? Calling a disaster drill may not be such a bad idea, considering the “safety factor”. In looking back at my experience in OB nursing, I really do have to go back to my nursing school days. My community health experience took place in Appalachia with an extended family which consisted of the parents, a grown daughter (who was the spokesperson for the family), and her 2 children. After two months time, on a visit in November, I suddenly realized that the grown daughter was pregnant. In trying to address all of the families’ various health needs, I spoke with my instructor and asked how I should approach prenatal care when this lady refused all information on birth control, stating that she had no need for it. My instructor said that when we returned from Thanksgiving break that she would accompany me on my visit and we could approach the woman together. When I returned from Thanksgiving break, you guessed it, she had already delivered the baby. I should have known at that point that I was destined to be an ED nurse.

My experience with pregnant females was only beginning. On a quiet Saturday morning we received a call from X-ray saying we could take a patient over for studies. Since I was not busy at the time, I volunteered to push the patient over to the department. Efficiently, I pushed the wheelchair into the room and asked the patient if she could get into the wheelchair by herself, or if she needed help. She slowly got up off the stretcher, stood, and sat down in the wheelchair. There was something unique about this particular patient and being the astute ED nurse, I thought I recognized it immediately!! Asking her to sit quietly while I went to check on something, I hurried out of the room to take a peek at her chart. Last menstrual period was filled in with the previous month’s date. Hmm. Deja vu. This patient looked as pregnant as the lady in my nursing school days. Because ED nurses always think best in pairs, I asked my co-worker to take a look at the patient with me. Several other staff replied that she was a private patient who had a kidney stone and only needed labs and X-rays before her private MD came to see her. (Does that sound familiar?) Once again, deja vu. Grabbing the doppler and the blue goop, we confidently stepped back into the room.

While asking the patient’s mother to wait in the waiting room for a few minutes, we assisted the patient back on the stretcher. Quietly, we explained to the patient that we thought she may be pregnant. My co-worker went to work on finding the fetal heart tones, while I questioned the patient on her GYN history. I listened to the patient’s explanation that she had had normal periods for the past several months. She insisted she couldn’t be pregnant!! Not finding fetal heart tones, my co-worker asked me to try. With control of the situation, I palpated the abdomen to determine how the baby was lying. No sooner did I put my hand softly on the patient’s abdomen, when she exclaimed in a high pitched squeal, “Oh, Oh, it’s here.” Quickly lifting the white sheet, we were all equally surprised to see a fully formed nine pound baby boy, who thankfully responded to stimuli.
and took his first breath. I am happy to report that mother and baby did fine, grandmother needed oxygen (ED nurses can handle that) and the two ED nurses needed to take the rest of the day off.

I have chuckled many times to myself when I think of the consequences if I had just pushed the patient to X-ray. Mother and baby may have been fine, but the X-ray tech may not have survived the surprise.

ED nurses are a special breed—not ever to be confused with labor and delivery nurses. L&D nurses have the corner on their share of the market and will probably never need to fear about me taking their positions.

Mary H. Alexander, R.N.
January 1994
Ode of an English Nurse

A long time ago around fifty nine
In the land of England, way back in time;
I accepted with pride and some feelings of fear,
My Diploma as Nurse, putting my life in full gear.
My training school was Britain's best,
Where in Open Heart we did attest,
To be the first in valve replacement,
With pigs and cows becoming part of the patient.
Before the Op. as the patient lay resting
In hospital quiet and having his testing;
Through windows bright he would see a view
Of herds of cows: O.K. What's new?
Well, these were the victims whose valves were diverted
To make a new man into whom they're inserted.
With training done and experience galore,
To the U.S. I came to what was in store;
Mass. General had always been my great dream,
To work there for sure was in the mainstream.
But what a difference I did find,
My dreams were such: I had been blind.
My uniforms were so out of place
For I was used to black hose and lace.
Here, now on another planet
Whites are the rule....forever damn it!
I look so good in lace and black,
What's wrong with these folk? Do they taste lack!
Mass General did "valves" of that we all know,
And to be part of the team had me all aglow;
Being there at the start of the worldwide techniques,
Was privilege indeed for many a week.
Living in Boston was an English girl's thrill,
'Twas exciting and fun and great until,
I tried to survive, and just pay the rent;
If only I could, I'd have lived in a tent!
In Boston the dollars you so frugally earn,
They vanish in moments at every turn.
There was never the money to visit the sites
Of the greatest of Cities in Massachusites.
But then came release in the shape of my beau,
He hooked me, to Rhode Island so fast we did go.
We lived by the ocean with the most wonderful view,
And I raised by hand to the Red, White and Blue.
And then as a Yankee and no longer a Brit,
To Lehigh we came with mate full of True Grit.
We started our business and all went so fine,
But Mom missed the action of working, in time.
So to the Center, I gave them my name,
And later was called to be part of the game.
In X-Ray I started in receptionist chair,
Where everyone teased me for accent so rare.
Along with others of accents clear
I came to be known as Nanny Dear.
Me wondereth still what the Staff did before
They had a Brit/Yankee to simply adore?
There were moments there of sheer delight
When an alien's ways gave staff such blight;
The Old Country was that I hold so dear,
Were not always those of a True Pioneer.
We laughed and we cried as friendships were made,
As we bonded in caring, we were never afraid.
The patient came first, we would always agree,
The rule being always, patient, you, me.
My language is different, it belongs to the Queen,
"oesophagus" is my way that you've never seen.
Honour, and colour and cheque are a few,
There's diarrhoea and halmatocrit too.
Nursing was always the noble profession,
The way for young ladies to make an impression.
We care with great pride and compassion we give,
As we laugh and we mourn, helping others to live
To "nurse", to "care", to "give" for today,
May be done both in England and in U.S.A.
Our callings are one, there's nothing we lack,
Though you wear all white and my hose are black!
As the years rolled by and with job application,
To Purchasing I came with some trepidation.
It's different 'tis true — we never wear whites,
Black and lace are also not in the rites!
I work with the nurses to help pay the dollar,
That's down to rock bottom so our bosses won't holler:
We help choose the vendor that gives the best price,
Either for "valves" or for "tissues" or just for "dry ice".
To buy and sell is one far cry,
From bedside care, but in this I'll try
To do my best for the patient's cure
For this is the reason I'll always endure.
I love the drama of Critical Nursing,
and there's none of that in Purchasing'.
But the memories fond of black hose and lace,
The future's still bright, and I've a smile on my face!!

Geraldine Thomas, R.N.
January 1994
I was Born a Nurse

I was born a nurse.

I didn’t become one until I was thirty-one, with a husband, two daughters, and a busy life...but I was born a nurse. I have always required an intensity in my relationships with people that only nursing can fulfill. What other profession allows you to stroll into a room and ask a total stranger what color his urine was today? And based on my role, my occupation, that total stranger will comply with my question...as well as other personal, difficult, or embarrassing questions, usually happily and comfortably. And do you know why?

Because I’m a nurse.

I represent someone who cares, even when people are at their physical and emotional WORST. If a patient has lost control, physically or otherwise, I’ll still be there. If they’re sad, or cranky, or whiny, or they smell bad, or they’re helpless, or they’re just lonely, I’ll still be there. That makes me pretty amazing, doesn’t it? Well, not really. It’s the same thing I’ve done for my family for many years, and I love it. You couldn’t pay some people to do what I do in a hospital, but for some people you wouldn’t have to pay them at all.

That’s why I know I was born a nurse.

But I will say this...nursing requires humor. Life, actually, requires humor, but since nursing is an intensified, multiplied version of life, then you really need humor. And I don’t mean laughter at the expense of others, I mean that particular brand of humor which scoops all of us up together, makes us all a good chuckle.

If I can get a smile out of a lady with lung and stomach cancer, who just had surgery because she fractured her leg...well, that smile has a certain undisputed value to both of us. And I still laugh when I think of the four gentlemen in a ward room. One of them was unhappy and began to complain loudly, which set off a chain reaction and tension grew until all four patients were upset. I accused them of a “mutiny”, and they became amused by the idea. We began to pick their roles...this one was the captain, this one would be Marlon Brando...oh, we were silly! But, you know, we just needed to laugh.

Families are particularly in need of humor, since most of them are worried, tense, or exhausted. I’ve found that coming in with a smile and an amusing observation draws a family in and makes them feel part of things, (not in the way). One woman had four of her sisters in her room, all bearing flowers and plants. When I admonished that our hospital did not allow the “Garden Club” to visit, she proudly introduced her sisters, and there was much laughter all around.

I know there are those of you who are thinking, “who’s got time for jokes and laughter and all this nonsense of chatting with patients?” I agree that the demands placed on a nurse make her job rather humorless, especially with the pressures of staff cutting and cost-containment. Time is of the essence, and there is no “standing around”. But the situations that come to mind usually took less than five minutes, and occurred while I was performing required tasks, so I would have been with the patient and families anyway! Certainly, finding something to laugh or smile about in such a high-stress occupation as nursing isn’t easy. It calls for an enjoyment of people, a sense of irony, and the ability to care.

It also helps if you were born a nurse.

Jennifer E. McGlynn, R.N.
January 1994
Fall, such a beautiful time of the year. Always, this season reminds me of a drive through the countryside, many years ago, with my mother-in-law. Each scene of brilliant color would cause us to cry out to one another in sheer joy. She passed away before the next fall and I never got to share with her this brilliant season again.

Being a Home Care nurse has brought me face to face, quite frequently, with others loss of loved ones. My feelings on death have certainly changed in the past 28 years of nursing. As a young person death seems distant, but as you grow older, reality begins to set in.

Death is inevitable for everyone of us and yet when it comes it always seems to bring shock and denial. If only there was more time, just one more day, one more season. Things left unsaid that should have been said. Loved ones left behind to face life alone, putting aside plans and dreams that were shared. Life is more precious to me now after caring for so many that have passed away.

I was also made to grow up. People who are ill and in pain need support, strength, and reassurance. How easy it would be to care for those physical needs — then walk out the door, but I learned that sitting down with and caring for the patient’s emotional needs is just as important, if not more so. It’s not always easy to do — other patients to see, schedules to meet, but maybe there will never be another chance. Another fall. I’m not perfect and I have my regrets, but I try to respond to those needs when my heart leads me in that direction.

Each season gives me a new appreciation for the joy of life. Each one more precious then the last. I do not fear death, but feel contentment in knowing the promise of eternal life. I am then able to share this hope with my patients; that death is not the end, but another season in one’s life.

Susan Rabe, R.N.
January 1994
I Can Do Anything...

As I sit here staring at the blank computer screen, Meatloaf is singing on the radio, "I can do anything... I can do anything... but I won't do that." So here goes. I can write about an aspect of my life that has been affected by nursing. Choosing which aspect of my life is the difficulty.

Eons ago nursing was but a dream. The goal of entering nursing school and becoming a nurse was the goal throughout high school. Studying the algebra, biology, chemistry, etc. Applying to nursing school and being accepted. I did do that!

Then came the three years of study "in the halls of Montefiore." It was here that nursing took shape for me. I learned anatomy, physiology, and mitering corners on beds. I also learned there was a more dynamic side to nursing - the humanistic/holistic approach of seeing not the patient but the human being who is being impacted by culture, economy, race, education, fear, and ill health. The answer here is the ability to accept others with all of their strengths and weaknesses. I can do that!

On to the commitments required of family life. Guess what? Nursing affected this aspect of my life also. The increased knowledge base enabled me to worry less about the normal growth and development of children, parents, grandparents, and all of the other family members. By worrying less I was able to enjoy my family more. And, during time of ill health, this knowledge provided the interventions to obtain the necessary care and support for my family. I still can do that!

My being a nurse affects the community in which I live. Aiding on the Girl Scout camping weekend, helping the Cub Scouts in a first aid project, assisting the youngster who has fallen while cycling down the street, and sharing information with the neighbor about to undergo an angioplasty is possible because of my profession. I can continue to do that!

There is no other profession that offers so many avenues for adventure. All it requires is changing directions at the various crossroads. From being a new grad in pediatrics to working with the adults in critical care, nursing is an ongoing challenge. Challenges are to be met. I can do that!

Nursing affects all of my life. I am committed to nursing and so to chose an aspect of my life that has been affected by nursing is a very limiting challenge. I won't do that!

Carol Saxman, R.N.
January 1994
A Poem...Written for Dessert Storm Employees

I witness your leave, and as you go
I have this need to let you know
The many thoughts that fill my head
So little time, so much to be said.
As you go off to fight for peace
I pray that soon this war will cease
Yes, to all things a time and a season
Though we may question rhyme and reason.
So as you go, keep this in mind
From all of us you left behind
We applaud your effort — courageous and brave
Your own life at risk, another's to save.
And while you're gone, though we're apart
These thoughts and words are in my heart
Steadfast like the sun and moon
Come Home Safe, Come Home Soon.
And now my friend, I deliver my thanks
You're home at last on familiar banks
Sincere thanks I offer, humble and true
Thanking God each day for Americans like you.

Joan Collette, R.N.
January 1994
I've been a registered nurse for thirty years. During that time I've worked in different parts of the country and in a variety of in-patient and out-patient settings. For the past five years, I've worked in the Emergency Department of the Lehigh Valley Hospital, 17th and Chew. Once again, I'm making a change.

While I'm eagerly anticipating a new job, a new challenge, it's always hard to leave behind the known, the familiar, the friends. It seems like a good time to reflect on the meaning of all these changes.

Certainly there have been dramatic changes over the past thirty years in how we practice nursing. It's hard to remember what it was even like before the days of disposable equipment, monitors, and angiocaths. It's hard to believe we worked in starched white uniforms and always wore our caps. It seems ridiculous that we always stood and offered our chair when the physician arrived. Yet I'm sometimes nostalgic for the time when patients received back rubs at least twice a day and weren't rushed out of the hospital before they felt they were ready.

You can say we've come a long way, and yet I realize now that in each era we can say with Charles Dickens, "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness..." Each phrase, each stage of nursing has held both the best and the worst for so many staff and patients.

Right now, not only am I making a major change in my career, but nursing and how we deliver care to our patients is in a state of major change. All of this can be very unsettling. But as I face a new challenge, among the personal learnings from working in the Emergency Department is one that could be a lesson for us all, applicable to any of the challenges we face. I term that learning "uh-oh." And I take it from Robert Fulghum who wrote a book by that same title.(1)

Robert Fulghum maintains that "UH-OH" is part of an important philosophy that expresses a vital attitude. Nowhere did I see that attitude lived out more positively than while working in the Emergency Department. It seems that the worst crises, the Class I radio calls, and all the codes of whatever color, managed to occur when we were already the busiest or the most short staffed. Always there was the deep breath, the expletive deleted, the "UH-OH" muttered. And always the same thing happened. The staff clicked and the adrenalin flowed. Dealing with the unexpected sparked creative vitality that made me know this was a staff that thrived on the surprises, the unforeseen, and the "here we go again."

I will always think of the Emergency Department as the "UH-OH" place, with all the tension that term implies. I begin my new line of work grateful for all I've learned, the skills acquired, the friends I've made. Most unforgettable will be the "UH-OH" philosophy. It's knowing that "UH-OH" can be more than a momentary reaction to a problem. It points to an attitude that is always needed.

Robert Fulghum sums it up with an equation that says it all: "'uh-huh' + 'oh-wow' + 'uh-oh' + 'oh, God' = 'ah-hah!'" (2) May this attitude prevail!

2. Ibid, p.6.

Norma Storer, R.N.
Fall 1995
Think About It

We know, all too well sometimes, what it's like to be the nurse transferring a patient to another unit as well as the nurse receiving the patient. But have you ever thought about what it might be like to actually BE the patient? Consider this......

I was assisting to transport a patient to a med/surg unit from a critical care unit. She was a young woman in her 20's who had been on the unit for about a week. She had been mechanically ventilated during her initial days, had had multiple trips to the OR, and required hemodynamic stabilization related to fluid loss. Much of her time in critical care was clearly vivid in recall.

When she was well enough to be transferred, she was eager and happy to move out of "C bed". She couldn't wait to have her own telephone, a TV, a REAL room where friends and family could easily visit. But most important, she knew she was getting better and was one step closer to HOME!

As we rolled her bed out of critical care, past other patients' beds, the nurses glanced up from their work, waved goodbye and wished her luck. We rolled through the halls toward the elevator and I watched her eyes absorb the sights new to her. I remember thinking how funny it is that even our mundane halls with roaming people and stray equipment can be so interesting to someone else.

When we rolled out of the elevator, a bystander held open the door for us. On the med/surg unit, as we rolled past the nurses' station, my patient turned towards those sitting and standing there and called a cheerful "Hi!". I was surprised by her friendliness. Frankly, I found this a bit unusual. I have found most patients to be quite shy and a little nervous, lying quietly in their beds. But not her, she was thrilled to be there!

But I was saddened and even a little embarrassed by the response she received from my peers. Not one person looked up or responded in any way. No one even made eye contact with her. In an effort to acknowledge her greeting in some way, and to lighten the moment with some humor, I said to her, "Maybe the cat's gotten their tongues today!" It was only then that one nurse looked up from her work and said hello. How that patient must have felt! How I felt knowing that I would leave her there!

As we settled her into her new room, I watched as her husband sneaked to her bedside and surprised her with a dozen beautiful red roses. It was evident that, to this family, this transfer was a milestone in her life; a moment to be celebrated that will be forever in their memories.

I have been haunted by this experience. I've wondered if we, as nurses, realize how special a transfer like this is to a patient? I've wondered if we know how important that first encounter with the "new unit" is to the patient as they roll past the nurses' station? If not, we need to think about it.

This particular patient, so happy to be alive, having endured the ordeal of critical care with all the tubes and monitors and inability to speak or sleep, having been separated from any remnant of her normal lifestyle, deserved, at the very least, a smile and a simple hello. And she is only one of many patients.

A happy ending? I believe so. For the patient, she continued to improve and it wasn't long before she was able to go home and resume her life. And for me, this experience has touched my heart and I will never forget it. I can now be glad that I was given this experience and the feelings I have had. I believe it has made me a better nurse and caused me to pay closer attention to the emotional side of my patients. We as nurses, must realize what a joyful moment a transfer from critical care to med/surg is to a patient and family and we must enjoy it with them.

Susan Busits O'Neill, R.N.
Fall 1995
Reflections on Mother's Admission to 7A

Author's Note—This is a fictional story. It relates a hospital experience told from the perspective of a patient's family member. As you read this account, you may think that this MUST be a hospital of the future, one that does not exist anywhere. Well, it IS a hospital of the future—it is OUR hospital and it is NOW. This summer, five LVH medical-surgical units (7A, 7B, 7C, 6B and 6C) became prototype units for Patient Centered Care which typifies the care delivery system of the future. The care delivery system of TODAY.

It is 10:00 AM. As my car arrives in the parking lot behind the ambulance, I begin to dread what I know will be an endless wait in the Emergency Department. The last time we were here, it was six hours. But this time... things are different. The ED secretary smiles as she greets us with, “Hi, we have been waiting for you!” The ambulance crew gives a report to a nurse as they help Mother move to the litter. The nurse also smiles. I know she will next be asking me to go to the front desk to answer some questions and to sign some papers. But instead she says, “Hello, my name is Barbara. Let me check your mother.” She takes Mom’s temperature and blood pressure and tells her, “Your temperature is 100... your blood pressure is 180/100. That’s pretty close to what the ambulance crew found when they picked you up.”

The secretary approaches and hands Barbara a paper. “Thanks, Jane.” Barbara then turns to me and says, “This is the report that was prepared by the ambulance crew. We will take his report along with us to 7A, where your mother is going to be admitted. We are ready to go now.” I am stunned. In my surprise, I ask, “Don’t you want me to go sign papers and answer questions?” Smiling, Barbara replies that all these things will be taken care of on 7A.

As the elevator doors open on 7A, we are greeted by a smiling woman who says, “Hi, my name is Jill. I will go with you and your mother to her room. As soon as she is comfortable, I will ask you some questions.” As we enter Mother’s room, another person approaches us and hands me a business card. “Hello,” she says to Mom, “my name is Ann. I am a registered nurse. I am your Patient Care Coordinator, which means that I will be responsible for all the details of your hospitalization, 24 hours a day. The card I gave your daughter lists the other people besides me who will be caring for you. As you can see, it is a very short list. We try to assure that there are just a few faces that you and your family have to remember.”

Jill and Ann carefully move Mother into her bed. Ann then leaves the room saying, “I’ll be back when Jill is finished.” Jill sits down and opens a lap top computer and begins to record information about my mother. She asks mostly for verification of information she already has from Mother’s previous admission for her stroke. I am amazed that Jill had any of the information from that last hospitalization. This has never happened before. I am beginning to wonder if we are in the right hospital. In a very short time, Jill stands and tells us, “That is all the information that I will need. I’ll tell Ann that I am finished.”

Within just a few minutes, Ann is back. She also uses a lap top computer and also needs only to verify the information that is already in her computer. This takes 5 minutes. It is such a relief not to have to answer the same thousand questions every time someone new walks into the room! Ann turns to us, smiling. She tells Mom, “Your doctor has already written some orders. Let me explain them to both of you.” She tells us about the blood specimens that will need to be drawn, the I.V. antibiotics that Mother will need, her diet, and that she may get out of bed to go to the bathroom with help. She tells us that she will be starting the I.V. first. “I will be right back,” Ann says as she prepares to leave.
the room. "I only have to go to the area right outside this room called a patient server to get all the things I will need to start the I.V. and draw the blood."

While waiting for her return, I notice how pleasant and cheerful Mother's room is. There is a clock and large calendar on the wall, pretty pictures, a board with Mother's name on it, and the names and pictures of all the people listed on the card Ann had given to me. Just then a man enters the room and as he introduces himself to Mother I discover that he is the unit's pharmacist. He points to his picture on the board and then sits down to explain to us what we should know about the antibiotics that Ann is going to give to Mother. He gives us some written information that we can read at another time. Ann is back now and she starts the IV, draws the blood and begins the antibiotics.

I glance at the the clock on the wall and find that it is now 11:30. I cannot believe that it is only 45 minutes since we entered the Emergency Department! I am now almost convinced that I am in another hospital!

Another man enters the room carrying a lunch tray for Mother. He introduces himself as Jim, points to his picture and tells Mom, "I am the Support Partner that will be caring for you. I will do many things for you... take you to other areas of the hospital for tests, serve your meals, help you eat, take you to the bathroom, record your intake and output and clean your room." Jim turns to me and asks, "Have you had any lunch?" When I reply that I have not, he surprises me by offering to get me a tray so that I may have lunch with Mother.

The next three days go by quickly. I visit anytime that is convenient for me and I am able to stay for as long as I wish...even past the normal visiting hours. I am grateful for this flexibility because I work the evening shift and have two small children to get off to school early in the morning. My family and I are encouraged to write our questions concerning Mother's care on the erasable board in her room. We are encouraged to assist with some of her care and we are also able to meet the visiting nurse who will come to see Mother at home.

Ann was right when she told us that only a few people would be caring for Mother. I quickly get to know each of them by name and they also call me by name. I look forward to seeing the same faces each day and am amazed that they do such a variety of things for Mother. Mother finds it comforting, too. While visiting one day, I meet the physical therapist who shows me better ways to help Mother to turn, position herself, and ambulate. The nurse shows me how to help Mother do coughing and deep breathing exercises and explains to us how this will help Mom to get better. I find myself wondering that, if I had known more about helping Mother after her last admission, could I have helped to prevent her from coming to the hospital again?

I notice one more big difference during this hospital stay in comparison to Mother's last...the room is so quiet! I don't hear the constant paging of staff over the intercom that I heard last time. Instead, the staff wear pagers to alert them to their patients' needs. Ann even has a small portable telephone in her pocket which she uses to call doctors and other care givers with whom she needs to confer. Mother's doctor even told me he loves the new system because he can directly call the nurse who is paging him—no more calling a central desk and waiting for the nurse to be located to come to the phone.

When I arrive at the hospital on Mother's fourth day at 8:30 A.M., I am pleased to find out that she indeed will be going home today. When Mother had arrived, Ann had told us that we could expect her stay at the hospital to be about four days. I had even told my boss that I might need to take the day off to take Mother home. I am thrilled that it all
worked out so well. I feel good taking her home since I already know how to help care for her from all the things I have been taught during my daily visits. There are no last minute surprise instructions. As we prepare to leave, Ann says, "I will give you a call later this afternoon to make sure things are going OK. Please call me if you have any questions before that time." I already have her phone number...it is on the card she gave me that first day.

Mother has been home for two days now and things are going well. As I sit at the kitchen table, I hear the mail being delivered. I sort through the bills and the usual junk mail to find a card addressed to Mother. It is a get well card from her care team at the hospital. What a nice, thoughtful surprise! We have always been pleased with the care at the hospital but this time things had been so very different. And I will always remember how the staff respected our family's values and preferences, coordinated Mother's care and services with her individual needs, constantly communicated with us, made us as comfortable, and helped us learn to care for Mother. Even the transition from hospital to home was smooth. Everything that happened was centered around Mother and our family. We really knew that she came first. Care was truly focused on the patient and the family.

I must sit down and write Ann a letter.................

Barbara A. Moyer, R.N.
Fall 1995
One of my most memorable experiences in nursing occurred during my training. I was a few weeks away from completing my college education. My final semester included a clinical portion focusing on “leadership” and I was spending time learning the chain-of-command in an inner city emergency room.

A few days into my rotation a “code red” was called. A patient from a small suburban hospital was being transported via helicopter with a possible laceration of the liver. Among the other information obtained was the fact that the thirty-six year old patient was involved in a one car accident after drinking and driving.

The patient arrived on a stretcher with a cervical collar in place. She was brought down from the landing pad on the roof to the trauma area of the ER. I stood back as the doctors and nurses swarmed over the patient to perform all of the initial assessments and treatments. After a portable x-ray was obtained, the trauma team moved off to the side of the room to await the results. The patient was left on the stretcher, awake, staring at the ceiling and alone.

As I was standing “out of the way,” my instructor came into the unit to see how things were going. I gave her an update on the patient based on all of the clinical assessments I had observed. She then asked me a very important question, “Do you notice anything peculiar about the patient right now?” Not sure exactly what she meant, I declined. She continued, “She looks very alone to me,” just then I knew what she meant. The doctors and nurses that initially had overwhelmed her with attention were now standing several feet away from her. No one was close enough for her to see because of the cervical collar that was stabilizing her neck. I asked my instructor what I should do. She suggested that I go over and talk to the patient. I replied, “I don’t even know what to say to her,” thinking to myself, what do I have in common with a woman who drank and then drove her car into a tree? My instructor answered, “Maybe you won’t need to say anything.”

My instructor left and I nervously approached the patient. She was lying on the litter staring up at the ceiling with a tear-stained face. I said “hello” and introduced myself. I asked her if there was anything I could do for her. All that she wanted was something for her dry mouth. I wet a gauze pad and moistened her lips. I then put my hand in hers and we waited . . . together. When it was time to go for further testing, I walked alongside of her, holding her hand so she knew I was there even if she couldn’t see me.

Eventually my day was completed and it was time to go home. The next day began with plenty excitement and I was once again caught up in the fast pace of the ER. Later that day, the trauma resident informed me that the patient from the previous day had been admitted to ICU, but was “doing well.” At the end of that day I decided to stop and look at her chart to follow up. When I walked into her room, I began to introduce myself again. With all of the commotion the first time we met, I had assumed she wouldn’t remember very much. She interrupted me saying, “I’m so glad you came to see me, I wanted to thank you for everything that you did for me.”

As I drove home that day, I thought to myself how ironic it was that out of all of the health care professionals involved in her care that day that she remembered and thanked me, the student nurse who merely held her hand and let her know that she was not alone. I then realized that I had learned one of the most important lessons of my undergraduate career that day.

I will always remember that experience. Sometimes when I find myself preoccupied with technology, or when I start to get overwhelmed with paperwork, I remember that woman and I remember why I wanted to be a nurse in the first place. I know that our advanced technology allows us to provide top-quality care to patients, but I also know that nursing involves much more.

Jennifer McCardle, R.N.
Winter 1996
As I walked into the Pediatric ward one morning, I looked into a pair of the most incredibly huge brown eyes of a frightened little girl and I fell in love!

Her name was Maria and she was one of the first Leukemia patients to be treated when the hematologists came to town. Prior to then, this little girl would have been sent to Children's Hospital where I accompanied many other sick children, in the ambulance with screaming sirens and my pounding heart.

I was happy to be able to care for Maria, but troubled that now I would be seeing this through to the end. Maria had no father and her thirty-eight year old mother looked more like fifty-eight. They were poor and her mother had to walk clear across the city in the rain, the cold, the sleet and the snow every day for many months.

This slender child grew puffy from her medications until she didn't even look like herself. She remained sad looking, but when she smiled it was for me for all the loving care I gave her.

As her condition advanced, her mother wanted Maria to make her first holy communion but she couldn't afford a dress. My daughter offered hers. I shortened and nipped and tucked and altered the frilly white dress to fit Maria. As I wheeled her into the hospital chapel, she was so proud and happy to be sharing this spiritual day with God and our hospital personnel in her beautiful white dress and veil. My heart was bursting.

In the years that followed, I had many experiences and memories that will be implanted in my heart forever, but somehow I will always see those big brown eyes on the most important day of Maria's short life.

I have pictures of many of the children that I cared for and a story to go with each and every one.

I consider myself privileged to have shared in these experiences and to have been able to use my experience and knowledge in nursing to lighten the pain in these children and to comfort their parents.

I am sure Maria is looking down from Heaven above and remembering all the loving nursing care she got to brighten her days and ease her nights.

As the end of my nursing career is drawing near, "Remembering" has let me relive the happiest days of my life.

Joyce Herbert, L.P.N.
Winter 1996
My Career

When I was in my younger years
And choosing a career,
I didn't know which way to go
The unknown filled with fear.
I thought of all my choices
Different paths that I could fare,
I didn't know back then
Which road would take me there.
Photography - now that is great!
It really is an art!
Or Communications
Of that I'd be a part.
How about a teacher?
Teaching others about life.
Or, a beautician or masseuse
Helping others deal with strife.
Housekeeping - I'm not quite sure
If that would be for me.
But, I could be a guard
Somewhere in top security.
I couldn't choose just one small job
I had to pick them all.
It isn't easy that's for sure
But life sure isn't dull.
Yet, sometimes I need reminding
That my choice is not a curse
And that all these jobs together
Make the best kind of nurse

Loretta Becker, R.N.
Winter 1996
Sometimes I sit and look out my window. It's amazing how rain can be soothing, the pit pat, pit pat on the aluminum siding that surrounds my house. These are the times when I think of people or situations that have touched my life throughout my nursing career.

One day last week, I was watching the raindrops slowly dripping from my rain spout. I was reminded of a patient I had an encounter with in the holding area of the operating room. It saddened me to think of her, a lady with a name, face, family and a broken hip. I know I shouldn't be sad. After all, aren't we taught to leave work at work? I tried, but it didn't work this time. What saddened me was my mind's recall of the conversation she and I had one rainy day. I remember the day as if it happened yesterday. There she was, a woman with much history, who survived major wars and the Great Depression. There she was, a woman who had seen the creation of automobiles, televisions and VCR's. There she was, a woman with a family, children and grandchildren. There she was, a woman who couldn't remember her name, her family, her social security number or why she was at LVH. There she was, a woman with Alzheimer's disease.

I remember looking at a magazine with her. Since she was adamant about leaving the hospital right then, I felt it was in her best interest to keep her entertained. As we looked together through the magazine, page by page, she stopped when she noticed a picture of a young male child. It became obvious that it reminded her of one of her sons. The comment she made at this time broke my heart. She said, "I have trouble talking sometimes, something got lost up there," as she pointed to her head. "I have one of these," she said pointing to the picture, "he is all grown up now, but I can't seem to remember his name." The more she spoke, the more my heart broke. As I held back the tears I tried desperately not to shed, I realized that I didn't know how to respond. My heart was telling me to cradle her in my arms and express my sympathy for the loss of her memory. My mind eventually cleared and reminded me and my heart that I am a nurse and I must intervene in some way. I responded by reorienting her to the present time. I looked up the names of her children in her chart and shared the information with her. I proceeded by reorienting her to place and person while also tending to her physical needs. Her painful hip required attention, so I repositioned her in the bed carefully.

She was taken from me soon after our conversation, taken away to have her hip repaired. Although I cannot remember her name, she has impacted my life greatly. Because of my experience that rainy day, I have discovered that Alzheimer's disease is difficult to deal with. I feel that I have become a more understanding and caring nurse because of that experience. One must have much patience and understanding when dealing with a person with this disease. When I left the hospital that day I went home and cried. I cried for her. I cried for her family. I also prayed that this devastating disease would never strike any family member of mine. If it does, I will remain supportive and dedicated, as I do when dealing with patients daily.

Lisa Bower, R.N.
Winter 1996
A Memorial to My Father

In has been eleven years and the memories are still very clear in my mind. The pain has gotten easier, but the sadness still remains. I was a recently divorced mother with a sickly toddler, working as a charge nurse in ACU. As usual my dad was around to help me out with the babysitting while I worked, as well as transporting my son to C.H.O.P. in Philadelphia. It was a very stressful time in my life, balancing a stressful job and caring for an ill child. When I look back, it was a time in my life which contributed greatly to who I am now and how I treat families facing similar circumstances in my profession today.

I will never forget the night I came into work the 3-11 shift at the hospital. To my dismay, I found out that the oncologist, against my family’s wishes, had announced to my father that he had a fatal type of cancer. He was told he had metastatic cancer of the bone, with no origin and no cure. We had asked that we all be present when the doctor told him the news. I guess the doctor was too busy and decided to tell my dad prior to our family visiting. All I could do was cry. Imagine receiving that type of information as a patient alone!

My father, needless to say, basically lost hope, gave up and never walked again. We took him home with the services of Home Care, eventually converting to Hospice. My father was always a very influential part of my life and one of my best friends. I felt I needed to repay him in someway. Taking my father home to die and caring for him was going to be my gift.

My dad died approximately five months after his diagnosis. He died in his own home with his family by his bedside. It was hard to watch him die, but at the same time, his passing was a blessing. I had personally seen how degrading a disease like this can be to a person.

People say “life hands us a lot of situations that we feel we are incapable of dealing with,” but I learned how to help my dad die gracefully despite this awful disease. I can still see him in his hospital bed, setting his own alarm clock to take his morphine every three hours to prevent the horrible breakthrough of pain. I can still see the happiness he showed when old friends would visit him at the hospital. I can still see his smile when he saw his grandson, who he would only get to know briefly, come to visit him in the hospital bed set up in his living room. I can still hear him laugh, while watching from his bed the old family movies he took of my brother and I as we were growing up.

People say that we learn from life’s experiences. Now, when I see a family dealing with cancer, I can tell them I know what they are feeling and empathize with what they are going through. I believe this helps me a lot in my everyday dealings with patients and families. Sometimes as a nurse, we get so burdened with the tasks at hand and all the work we have to get done that we forget about the patients and what they and their families are going through.

I loved my father and I believe he is looking down and is very proud of me. I know he would be proud of how I took a terrible experience and turned it into something positive - a lesson he taught me as I was growing up. Sometimes, we all feel that we are untouchable and tragedy can’t happen to us. It takes an awful experience to make us all take a good look at ourselves and see how we treat others.

Cynthia Burkhart, R.N.
Winter 1996
Reflections on Nursing

Reflecting back many, many years ago, I remembered an instructor saying, “Take care of every patient as if it were your mother lying there in that bed.”

Little did I realize that I would one day be utilizing the above training to indeed “Take care of that patient as if she were your mother” — when indeed it WAS my mother.

My best friend called me one Saturday morning and said, “Your mother fell at Bingo last night, but she is really fine.” My mother and I spoke on the phone daily, but this day I made my usual call a little earlier. Whenever I spoke with my mother, she would always tell me how she missed “Bingo” by just one number.

When I called her that Saturday morning she said, “I’m sitting here praying for my Loretta, Eddie, David and Edward.” I said, “Mom, you’re talking to Loretta!” I realized she was confused and disoriented. My immediate diagnosis was a stroke. Terrified, I drove very quickly to her home. I brought her to my home and set up an appointment for her with an internist. After a thorough exam, I realized my mother was very, very ill. A Cat Scan was ordered immediately and I was there as she passed through the machine. I immediately saw that both sides of her brain did not measure equally. There was an enormous difference.

“Oh my God!” I said to the tech, “What on earth is that?” She, of course, said, “You know I can’t interpret the study.” I quickly retorted, “Then get someone who can!” One of the radiologists, whom I knew very well, came in to review the scan and said, “I’ll call your mother’s doctor and give him the report.” I said, “Wait a minute, I did many favors for you in the past and now you owe me one - what on earth is it?” He was so reluctant that it was difficult to retain my composure. I told him of the times I’d put add-ons on our schedules for him and took the screaming, stomping of the feet and yelling to help out a friend for him. Now I wanted my return.

Very seriously, he turned to me and said, “It sure looks like a glioma.” I said, “Tell me about abnormal paps, endometriosis, etc. and we’re talking the same language, but I don’t know what glioma is.” Very seriously he turned to me and reviewed the horrific outcome. I cried (and I hate to let people see me cry) became nauseated and immediately thought, how on earth will I tell my children that their Babci (Grandmother) is so very critically ill. We are a very close family and I knew this wonderful family would soon be disrupted by the horrors of this diagnosis.

She was admitted, a biopsy was done and the diagnosis confirmed. We had to set up a plan of action immediately, there was not a lot of time. I set up one of my bedrooms as her Get Well Room. Initially, mother was very weak, but we were still able to bring her to the dinner table and she enjoyed that very much. Our sons came home as often as possible to share meals and time with her. It didn’t take very long until she became overwhelmingly weaker, incontinent and could no longer stand. I was lucky enough to find a wonderful medical assistant to care for my mother while we worked. When my husband came home from work he took his time and fed my mother. Then when I came home we sat down to eat and later we sat with my mother, said the rosary and reminisced of the days gone by remembering how she helped with my colicky twins. She would get half of a smile and then just stare into space. Don’t you just wonder what she was thinking about? I wished I could have shared some of her thoughts, but she could no longer speak. Yet she would occasionally smile and tried desperately to communicate. It was to no avail.

There are four of us in our family - we took turns sleeping in her bedroom and setting the clock to get up every 2 hours to turn mother so that she would not get sore. It was a long three months and so many of my friends told me to put her into a nursing home so that we could get some sleep and time to get out. We knew it would not be a long time that we would be lucky enough to have this time with her and we enjoyed taking care of her. It was our pleasure to return some of the love back to her that she had blessed us with.
for so many years, in all my life I had never heard her say an ill word about anyone. I often think, if I could be half the person she was, I would be quite a person.

Ironically, we were all there when my mother took her last breath. Very quietly and peacefully my mother left us, but she never left our hearts. What a fulfilling time to be a nurse.

When her grandson preached her homily he said, "I'm sure Babci is either introducing Bingo to the people in Heaven or if it's already there, she's waiting in line to get a seat away from the people that smoked."

Loretta Domin, R.N.
Winter 1996
Could be the Start of Something Big!

I believe my odyssey into the world of nursing began one chilly day in New York City in the early 1970's.

I was a newcomer to the "Big Apple" and of necessity, found myself beating about the town in search of employment. I had gotten what I thought was a pretty promising lead. So about ten o'clock that fateful morning, my resume in hand; I made my way downtown to the offices of a prospective employer.

My fellow applicants and I, some twenty of us, encircled ourselves around the walls of a puckled-papered old waiting room, which in some places, bore hastily scrawled names and phone numbers underscored with crude sexual expletives. Indeed we were the typical mixed bag of cynical, too-many-times-rejected applicants. Some stared at the pitifully outdated magazines. A few continually checked their wrist watches or dozed. Others, like the lady with the rosary, prayed or fidgeted. Yet, each of us still somehow hoped that when our name rang out for that single call to the "inner-sanctum" of the boss's office, we could be one of the fortunates selected for a position with the company.

Then - a commotion. Just a few seats away from me a man suddenly sprang to his feet, let out a strange little guttural sound and toppled headlong to the floor thrashing about as if smitten by some unseen malevolence. A deep silence fell across the room. Some folks yawned. Others frowned. Most simply looked away in a display of studied indifference.

Now in those days - at least in my experience, the accepted thing to do for someone apparently having a "fit" was to quickly wedge some handy object into the victim's mouth to keep him or her from "swallowing their tongue." So grabbing a newspaper from a chair nearby, I rolled it up as fast as I could and shoved it cross-wise between the man's grinding teeth. Still nobody else made a move.

Moments later the man went limp. His glazed eyes finally focused and he sat up, wobbly and looking altogether bewildered.

Just then, the door to the boss's office jerked open. The balding, bespectacled executive stepped half-way through it, and peered about the room sharply as if to say, "What the H___ is going on out here?" Then his gaze fell on the guy still sitting on the floor and me on my knees at his side; still clutching the now spitty, bedraggled newspaper. Without so much as a word and shaking his head in apparent exasperation, the Boss squinted one last time, stepped back abruptly into his office and slammed the door contemptuously in the face of us all. And somewhere from a corner of that room, a bubble-gum popped loudly.

I did not get the job. Evidently, nobody was impressed that I had possibly saved a man's life, or so I chose to think, right there in front of them. There were no plaudits, no handshakes, no good-natured back slaps, nothing. And, so stricken with hurt and disappointment, I quietly slipped away from that absurd slice of life back onto the avenue outside.

Then without warning, there came to me as if from On High - The Experience.

Suddenly my entire being was penetrated throughout by some mysterious essence that somehow waxed cold and hot at the same time. I stood transfixed as the "it" rushed out to me from the midday Manhattan crowd, who then appeared individuals no longer. For in my mind's eye, they all began to meld together like some single entity, awash in a kind of babbling cacophony. The cursing inanities of the harried cabbies created a dissonant symphony that swelled beyond me and then up the sides of the broad, brooding buildings that towered silently over the scene in their mocking way, like gigantic granite gods.

This, to me in those moments, was truly a modern day manifestation of the biblical "Valley of the Shadow of Death," an extension of what had happened in the jobs office; an
extension of the sad reality that sometimes nobody seems to care about anything. Yet, I was somehow reborn that day or at the very least, my calling was made sure. And I knew that I must care. And over the more than 20 years that have passed, I have learned that someone else cares too, all of which is helping me to find my true place in this world - actualized in the ministry to people - that is Nursing.

Maurice Shane, Support Partner
Winter 1996
New Career???

Each summer I try to spend some time as a nurse volunteer for organizations such as the Girl Scouts, Boy Scouts, or church camps. Wherever I end up volunteering usually depends upon who asks me first. So, as the summer of 1995 approached, I figured it would be 'the usual', I just didn't know where. How wrong I was!!

My niece, Lauren, who knows how much I enjoy being a camp nurse, asked me if I would volunteer with her youth group in Burke, Virginia. Lauren's youth group had agreed to participate in a work camp project very similar to Habitat for Humanities. The teens would spend a week repairing homes for the poor. Some would repair roofs, paint the exteriors or interiors of homes, build porches, repair steps, build ramps for the handicapped. This seemed to me a very worthwhile cause and never having been to camp in Virginia, I agreed without hesitation. Of course the fact that Lauren had done the asking may have had something to do with my willingness to travel to Virginia to be a volunteer!

The folks organizing the project soon contacted me regarding the orientation day I would need to attend. I was very impressed that there was a day of orientation for the adults who would be involved with this project, however the orientation was in Virginia and I was in Pennsylvania which posed a significant problem. I really didn't feel I needed an orientation to be a nurse (since it's been my job for a number of years) so I politely declined and attempted to excuse myself from the festivities. Well, come to find out, I had NOT been assigned to be one of the nurses as I had believed I was, but as a WORK GROUP LEADER for one of the thirty groups of teens who would actually be doing the project work! The project already had its quota of three nurses for the week, I was told, so I was not needed in that capacity. Needless to say, the phone lines were buzzing that night! I immediately called Lauren who calmly told me, "Oh, yeah, I forgot to tell you they didn't need you to be a nurse. But I told them you'd help out anyway, though, since you had lots of experience." I didn't know exactly what experience she was talking about...I've never built a porch or put on a roof in my life! Give me a cut, a scrape, a fracture and I'm fine; but tools and ladders are not in my bag of tricks! Somehow I was getting the impression that my experience with ventilators was not going to help me here! Needless to say, I agreed to attend the orientation.

What happened next can only be described as an out take from an episode of "Home Improvements". At orientation I learned that my group and I, of which Lauren was fortunately one, would spend the week living in an elementary school along with 150 other teens and 50 other adult leaders. The adults included the three nurses, any one of which I would have happily bribed to trade places with me! Our shower facilities were at the local YMCA and we could make up our bed anywhere we wanted on our designated non-air-conditioned classroom floor! What had I gotten myself into? Better yet, what had Lauren gotten me into?

Well, having been properly oriented and equipped with my tool kit, paint brushes and tarp, I headed south to the heat, humidity and my paint job assignment! (At least God was on my side when the assignments were handed out. I could not have imagined myself spending a week on a roof!) I had prepared for the worst, packing throw away clothing in my duffle bag. This was definitely a no frills kind of trip!

What an adventure the week turned out to be! The weather was cold and rainy (who had prepared for that?), the YMCA showers turned out to be in a deserted marine barracks with cold water only (I found out that some paints do not come off body parts without hot water!), the school had been newly air conditioned (it was the coldest I'd ever been in June!), and some of the teens insisted on holding a week long 'Who Can Kill And Eat The Most Flies' contest (fortunately it wasn't my group!).
But despite our minor inconveniences, by the end of the week we had painted "our home's" exterior trim and shutters, built a railing, turned a garage into a family room, painted two bedrooms, a hallway, a stairway, five legs, four arms, a nose and some other parts of the body I do not care to mention. And I was able to accomplish this all with the unfaltering dedication of six teens and four kittens, who started out black and white and ended up rainbowed! And lest I forget to mention the REAL painter who stopped by each day to help us formulate a game plan on what to paint not who!

The light at the end of the tunnel was to be the white water rafting trip that was planned for the teens. But in keeping with the rest of the week, the trip was rained out and we had to settle for a showing of Walt Disney's 'Pocahontas'. A meager substitute for 150 teens who really wanted to go rafting!!!!

By the week's end, the grateful family we had come to help and gotten to know had a better home and each of us left with the greatest feelings of pride and accomplishment that we had ever known. We all instantly vowed we would do it again in a minute. However, next time I go as the nurse!!!

Louise Oswald, R.N.
Winter 1996
Walk in My Shoes

Nursing has been my career for 28 years and I have always thought of myself as a caring and compassionate person. Obstetrics was my specialty area for 25 years, having worked in labor and delivery, post partum and the nursery.

Many years ago, I heard someone say that to be a “good” nurse, you had to have a broken bone, surgery and a baby. Up until two years ago, I thought I was doing fine at being a “good” nurse as I had walked in all three pairs of shoes.

When I was six, I suffered a broken bone. Thanks to my older sister, Jacqui, as she pushed me over a stairway railing; and in the fall I sustained a fractured right arm. I can still remember how my arm looked when the cast was removed. I had walked in the first pair of shoes. I was on my way.

Both of my sons were delivered in a naval hospital which meant there was no general or epidural anesthesia. It was me and Lamaze against the forces of labor. Fortunately, both my labors were less than five hours and I made it. I was quite proud of myself for having walked in the second pair of shoes. I was certainly on my way to becoming a “good” nurse.

In 1984, there was a lump in my breast. I was given general anesthesia for the biopsy and the final diagnosis was not a lump in my breast, but a Blue Dome Cyst attached to my chest wall. I had made it! I had walked in all three pairs of shoes. Now I was finally a “good” nurse, in addition to being a caring and compassionate person.

Now I know how wrong I was. In September 1993, I had a Modified Radical Mastectomy of the left breast because of cancer. I was pretty much functioning on “auto-pilot” and trying to be a good patient. To be truthful, I was very much in a state of denial. This really wasn’t happening to me. I would wake up and the nightmare would be over.

On my third day post-op, I woke up and it was not a nightmare. The surgical resident came in around 6:00 a.m. and took the dressings off my chest and casually said, “Your incision looks good.” I was quick to reply, “Maybe it looks good to you, but not to me!” There was a prolonged uncomfortable silence and then the resident apologized for what he said. It suddenly occurred to me that I wasn’t the “good” nurse I thought I was. How many times had I said the very same words? I would check a c-section incision and say, “Your incision looks good.” Looked good to who? Certainly not the woman who had to have surgery to have her baby. I promised myself that day that I would never again tell a woman her incision “looks good.”

I've been back to work for a year and a half now and I realize how something said innocently can hurt so deeply. It is important to think about what one says before the mouth opens. Maybe I'll never be a “good” nurse, but hopefully, I will keep getting better.

Eileen Morgan, R.N.
Winter 1996
My Miracle

Have you ever had an experience so powerful that the memory of it is as vivid today as it was five years ago? I've relived this scenario many times in my mind, but never thought I would have a chance to write it down and share it with others. I've often shared this story with family and friends, each time refreshing every minute detail. It's like pressing the "on" button and watching my favorite video. This story is about a boy named Chris, his family, and the miracle that changed my life forever.

Shortly after starting at Lehigh Valley Hospital and becoming a critical care nurse, my unit received the phone call. They were triaging an eighteen year old boy with an inoperable, malignant brain tumor to our unit. We were told his family, especially his mom, was hanging on to sanity by a thread. "Keep an eye on his mother, she's going to lose it," were the last words I received in report. The nurse was referring to the fact that Chris' mom had crawled into his bed crying and cradling him in her arms. Though new and inexperienced, my mind and heart cried out "what's wrong with that? A mother is losing her child!"

As I prepared Chris' room, my mind was racing. What would he look like? What would I say to his parents? Please Lord, don't let me be here when he dies, I prayed. My only comforting thought was that Chris was already in a coma and probably wasn't suffering. I then prayed for his family's suffering to end quickly.

The moment arrived and Chris' bed was wheeled into the room. As I looked at his face, I thought of my eighteen year old brother, Jeff. Next, his father and mother entered the room. They could have been my parents. The misery and anguish I saw in their eyes turned on a light in my mind. I no longer wanted to run and hide. I wanted to be a nurse, Chris' nurse. I wanted to care for Chris' physical needs and to comfort his parents until the end came.

I became one of Chris' primary nurses on the night shift. Each night I worked, I would enter Chris' room and give him a big "Hello Chris. How are you tonight?" As I did my assessment, gave necessary medications and bathed him, I would carry on a conversation as though Chris was my brother and would soon awaken to answer my questions. One night as I was washing Chris' deteriorating body, I decided a little music might boost both our spirits. VH1 was playing, "I'll Always Love You," by Whitney Houston. I hummed along with this beautiful song as I finished his bath. I don't recall exactly when the feeling came over me, but I suddenly knew something was different. Something had changed! I looked down at Chris' face and saw a single tear rolling down his cheek. I whispered softly into his ear, "Chris, do you like this song?"

From that night on, I told the other nurses that Chris was going to awaken. Most of them told me not to get my hopes up, and maybe I was getting too attached and should change my assignment. Some put a hand on my shoulder and said, "Michelle, you know what the doctors say." A few believed me; believed in Chris. I wanted to do everything possible to help Chris take that journey back to wakefulness. I needed to stimulate his senses. I filled the room with music for him to hear, placed a rose on his bedside table for him to smell and a teddy bear in his arms for him to feel. I went to work every night with anticipation, thinking "is tonight the night?"

I'd love to say I was there when Chris woke up, but I wasn't. Two days later our eyes met for the first time. As he looked at me without recognition, I said to him, "Hi Chris. I'm your nurse tonight."

Months later, my husband and I were enjoying the sights and sounds of Musikfest. As we walked down Main Street, a familiar face caught my eye. With trembling legs, I approached. "Do you remember me?" Without hesitation he replied, "You're one of my nurses, thanks for everything." My eyes were brimming with tears as I returned to my husband. "Who was that?" asked my husband. I replied softly, "That's my miracle."

Michelle Bernier, R.N.
Spring 1997
The Hug

It was just another day at work at the 17th Street site of Lehigh Valley Hospital. Well, maybe not just another day, since there were clowns and dalmatians roaming the hallways. After all, it was Halloween and some of the staff members really took pride in their costumes.

After completing my morning rounds, I received a call that Dad was just brought into the ER. He was having some chest pains, and although I was concerned, I had successfully seen him come through two other heart attacks. Mom was with him and he was awake and talking.

Within the hour, Dad had deteriorated and was taken to the ICU rather abruptly. Mom and I were in the ICU waiting room when some of my colleagues rushed into the ICU to a silent Code Blue. It was Dad. After nearly an hour, the doctor came into the waiting room and told us Dad was gone.

Once his words were really absorbed by Mom, she started having chest pains right there in the waiting room. She was taken to the ER, and I was now living an “instant replay” of earlier that day. Mom had a bad heart attack, and I hadn’t even contacted relatives about Dad yet.

The next day, I coached Mom through a cardiac catheterization. I was physically, emotionally and mentally drained. Because of my profession, everyone was looking to me for information and support. I just really needed a hug.

On the third day I was told Mom needed coronary bypass surgery and she wouldn’t be able to go to Dad’s funeral. At that point, I realized I wouldn’t be going either. My place was with Mom now. She needed someone to give her a hug and the will to live. Dad didn’t need me anymore. That day, two single red roses held our places in the church pews while everyone mourned Dad’s passing.

The day of surgery came. We spoke and I gave Mom a hug before she was taken away to the OR. I wasn’t so sure I’d see her again. It was the longest six hours of my life. I knew what Mom was going through on the OR table. I knew all that could go wrong. I didn’t know where the strength was coming from anymore. I was in a fog.

When the call came from the surgeon that the operation was over, I was relieved. All families worry about their loved one undergoing surgery of this kind, but because of my training a little bit of knowledge worked against me now.

Later that day, I saw Mom for the first time post-op. Mom had what seemed like a hundred tubes coming out of her. (Surely no patient I’d ever seen before had that many tubes!) But the most disturbing presence in that room was her ventilator. Sometimes that machine was all that I saw. It’s rhythmic breathing drowned out everything else. Curse this knowledge!

Later that night Mom’s nurse, Cathy, called me into her room. She wanted to show me something. I entered the CCU, and as I walked across the unit, I realized Mom had been weaned and extubated from the ventilator! I stood motionless at the foot of her bed. Cathy knew just what I had needed for days. She gave me a big hug! Five days of bottled-up tears poured out. The knots in my muscles loosened. My heart ached just a little bit less. At that moment I pulled renewed strength from Cathy and I knew I was going to have my Mom for awhile longer.

Maybe it didn’t require a doctor’s order, or a needle and syringe, or a sip of water to swallow, but that hug was the most important medicine I had ever received. I was glad Cathy didn’t forget that kind of therapy either. I came in contact with many nurses that week for both Mom and Dad. Although I am grateful to each and every one of them, Cathy is the one I will never forget.

Mom is doing well, and once in awhile, Mom and I see Cathy. She still gives both of us hugs. Along with my faith, I believe it was that single hug from a critical care nurse that got me through the worst week in my life.

Cynthia Moser, R.R.T.
Spring 1997
By closing my eyes, I picture real examples like this. There she is lying still (appearing to be asleep) in a hospital bed. She just had extensive thoracic surgery. The surgeon and his team had just removed a large lung tumor. The good news was that she made it through the operation and was stable. The bad news was that they were unable to remove all of the cancer; it had metastasized. She didn't know this yet, neither did her family. She was so young, so many things to look forward to. What would she and her family do once they all knew? How would they handle this shocking news? There were so many questions and just not enough answers.

What about the family whose mother was dying? They all clung around her bedside, painfully watching her struggle to breathe, wondering deep inside if each breath was her last. All were in such visible emotional pain. Even though they were there for one another, each one still needed all the support he or she could amass.

Finding ways to be there effectively for each of these patients and their families is a situation, I believe, unique to nursing. No one in any other profession could be there quite the same way. This intangible aspect of nursing is what has most touched my life.

There are many powerful messages that we as nurses can experience daily, that is if our hearts and our eyes are open enough to see them. An example of this is to live your life to the fullest — each day and each moment, for we know not when our situations may change (as with the young woman whose cancer had metastasized and/or with the family whose mother was imminently dying). So often in nursing, as our lives mesh with others, we learn many of these hidden messages. These are lessons which I believe that we can many times truly apply to our own lives. We also learn that our hearts are capable of holding infinite amounts of love and concern for others, even for those people we barely know. Sometimes, especially after seeing others’ misfortunes, we learn to appreciate our own circumstances, even when they are not as we wish them to be. We often see that the biggest gift and talent that we have to offer someone in need is truly ourselves.

Just as nursing has allowed me to touch the lives of others, it has also permitted others to touch my life as well, learning and experiencing some of the most important messages that life has to offer.

Margaret Carl, R.N.
Spring 1997
The Nurse, So Caring

Tender touch, the nurse
Smiles and gently reaches out,
The nurse-so caring!
It's cancer, they said
To lymph nodes, bone, and marrow
yet not...to the soul.
Weathered and now alone
She questioned, “Why me, dear Lord?”
Lived a good life, “Why?”
She spoke of good times
When so vibrant and alive,
And now, so weary.
“Time to meet my maker”
She whispered to me, the nurse.
I'll comfort, care, and listen.
The nurse's presence comforted-
Pulse slowed, pain lessened, now rest...
Her hand in mine, relaxed.
Tender touch, the nurse
Smiles and gently reaches out,
Her whisper... "the nurse-so caring!"

Debra Stroh, R.N.
Spring 1997
Memorial

This is in memory of my sister, who died after suffering from a brain tumor. During the six weeks of her illness, she taught me more about life than anyone could have over a lifetime.

Because we look so much alike, I sometimes catch a glimpse of myself in the mirror. It reminds me of you.

For the undying love I have for my children and family, it reminds me of you.

When I walk into the hospital, get on the elevator, and pass the sixth floor it reminds me of you.

When I explain the tests, give the medications, answer the questions, it reminds me of you.

For the tears I see, the comfort I give, the ailing bodies I bathe, it reminds me of you.

In the middle of a workday I find myself with tears in my eyes. But somehow I find the strength to make it through. This strength, reminds me of you.

For the peace I see in the eyes of a dying patient, which gives her family reassurance, it reminds me of you.

It’s ironic how we once thought that our lives were so different and now I find that so much of my life reminds me of you.

Anonymous

Spring 1997
One aspect of nursing has touched my life more than any other has, however, I was not a nurse at the time but on the other side of the bed as a visitor. It is what inspired me to become a nurse today.

I had graduated from college and was employed part-time as a teacher as well as a waitress. I was unaware of how quickly my life would change. One busy Friday night I received a phone call at work, which was very unusual. It was my brother explaining to me, as calming as possible, that my mom was in the hospital. The doctors thought she may have had a stroke. She had passed out at home and was in a coma. The first bomb dropped. I immediately left work and headed home to pack some clothes to proceed to New York, where my parents live. My brother and I had moved to Pennsylvania some years earlier.

I called my brother from my house and we discussed when we should leave. It was late Friday night and he thought we could wait until the morning. The phone rang a second time. My mother's condition was worsening, she needed to be transferred to another hospital where the capability to care for her was more appropriate. The decision was made, my brother and I left instantly.

It was the longest but fastest drive to New York we ever made. The discussion focused on getting there too late. To be quite honest, I do not recall seeing my mother that night. I do remember getting a yellow gown on to see her in an overflow room. It was determined that my mother had a ruptured cerebral aneurysm.

The next day, after several hours of waiting and multiple tests, the doctors told us that mom was having severe arterial vessel spasms. The chance of a stroke was extremely high. Although she wasn't stable enough for the operating room, there was no other choice. I had never seen my dad cry before. We left the hospital that day knowing that my mother was in a fight for her life. Stress is a funny thing, I remember washing my car while my mother was undergoing brain surgery.

The call came. She was doing well. I do remember seeing her after surgery. The picture will never fade. She laid in her bed, her head fully bandaged, tubes, lines, machines everywhere. The nurses were incredible. Every one of my questions were answered knowledgeably without hesitation. These nurses were titrating drips, paging doctors, calling respiratory therapists, and working hard to keep my mother alive.

My work schedule changed so that I had every Thursday through Sunday off to go to New York. I spent every minute I could at my Mom's bedside. The expected complications, to us anyway, set in: ARDS, pneumonia, then an ileus. She was in a Pentobarb coma for a long time. All in all, my mother spent close to five weeks in the ICU. I saw a lot of nursing care in that time.

Mom was eventually transferred to the floor and was doing quite well. The first night on med/surg was not fun for me. I stayed that night as my mother felt she was physically fine and wanted to leave. Those med/surg nurses had their hands fuller than I ever want mine. That was a long night for me but a real eye opener. My mother progressed to rehab. It was a long road, but looking back quite fun as we were lucky to be at that stage of the game. Rehab nurses are a different breed. They were great!

Mom came home right before Christmas. There are no better presents than that. Me, I went to nursing school. I got my degree in three years and landed a job, the only place I ever want to work Trauma-Intensive Care. I've been on both sides of the bed. The one I like best is easy to see. I found my niche in this crazy, unpredictable world, thanks to the person who brought me into it... my mom.

Laurie Cartwright, R.N.
Spring 1997
My Brother and His Special Nurse

It seems like only yesterday, but it has been several years since my brother, Davey, passed away. It was at Thanksgiving when we were given the devastating news that my brother had cancer. His prognosis was very poor due to the rapid spreading cancer he had. He underwent palliative surgery and radiation in two hospitals in New York, and my mother stayed with him. This was an extreme hardship for the rest of the family, because there were eight other children at home. The youngest one was only eighteen months old. My mother felt torn leaving the rest of us behind, but we assured her that between our father and the older children, the little ones would be taken care of. My brother needed her more than we did. We were together, he would have been alone.

My mother and brother came home from New York at Christmas. We were excited to see both of them, but it was not a good homecoming. My mother had tried to prepare us, but there was no way to prepare us for how sick Davey was. When he had left for New York only a month earlier, he looked healthy and strong. Now, he had lost nearly twenty-five pounds and most of his hair. His clothes hung on his thin frame. After only a few days at home, Davey was in severe pain and respiratory distress. He was taken by ambulance to a local hospital, which was to be his home for the last two months. As the ambulance pulled away, I knew my brother would never be with his family at home again. My parents and I were devastated to learn that my brother would not live to see his next birthday. Davey died in February, three days after my birthday.

During my brother's hospitalization the doctors, nurses and therapists provided excellent care and medical treatment for Davey. There was one nurse who stands out from all the rest. Dolores was an attractive, young nurse, who obtained permission from her supervisor to provide additional care for my brother after her shift was over. When she approached my parents about her plan of care, my parents thanked her, but declined because they could not afford to pay her. Dolores provided private duty care for Davey free of charge. She would stay for an additional two to three hours every day and would spend even more hours with Davey on her days off. She read to him, repositioned him, encouraged him to eat and drink, performed passive range of motion and bathed him. She taught us how to perform range of motion exercises as well. She was with Davey as he was dying. She was with him when he took his final breath. Davey reached out to hold her hand and she held his until he released it in death.

I was not with my brother when he died, but I am grateful that Dolores was. She cried at his funeral and told my mother and me how brave Davey was throughout his illness and especially at his death. She said that he rarely complained and was always appreciative for every act of kindness. Davey was alert to the moment of his death. Dolores had been like an angel. We were all touched by her. She helped my brother, and she helped us simply by being there for us when we needed her the most.

Ever since I was young I had always wanted to be a nurse. My brother's illness and death and Dolores' gentle, respectful, compassionate care for him and my family has made a great impact on the nursing care I try to provide for my patients and families. My philosophy is that my patient is a person with physical, emotional and spiritual needs. Every patient deserves dignity, respect, empathy and the best possible nursing care. Patients should be as pain-free as medically feasible. No patient should ever have to die alone, and their family should have the chance to say good-bye.

Sometime after a particularly difficult assignment, when I have tried to provide the best care for my patient, I can imagine Davey smiling with his thumb up and saying, "Good job!"

Eileen Borbacs, R.N.
Spring 1997
The Final Journey

As one enters the home, one is engulfed in a sense of calm, and can almost hear the quiet that permeates throughout. A somewhat nutty, burning smell saturates the walls. I find out later that it is sage being burned in what looks like a cluster of straw tied in a bunch. It is a scent of purification.

In this quiet only two things are heard: the mellow, soothing Native American tones that reflect and betray a little of what's going on here, and the soft breathing of the "gentle giant" lying in a hospital bed. He is facing his beloved hills and the trees which he loved to gaze on and which brought him joy.

This is the home of my patient, Mr. A., who until today has not been ready to finalize the "journey" and complete the cycle of life and death.

In his left hand, he holds a black feather, beaded at the stem, and raised softly every now and then as if in victory, even as the peaceful giant sleeps. In his other hand, he holds a carved round rattler, which he keeps close to his heart. Around his neck, he wears a leather chain which holds a beautiful circle around the border of the world which signifies the life cycle.

As I ask about funeral plans, the family shares with me that this Cherokee Indian born in Denver, Colorado will be buried near his son who doesn't live far away. The family has already purchased a moccasin shirt, pants and moccasin shoes to return the warrior to Mother Earth, who in turn will produce a new life of vegetation and thus continue the life cycle. (The cyclical concept explains that death is not an end, but a beginning of new life, either on this earth through reincarnation or in a transcendent hereafter.)

On this afternoon, the force in the bed started breathing very loudly and laboriously, despite the O₂ that was humming. Moist respirations could faintly be heard as one stood next to the bed. The wife, looking down upon her beloved husband, turned to me and said, "He has begun his journey." Some hours later, he released his spirit. The death of a Cherokee has deep religious significance; it signals the fulfillment of his life and passage into the next phase of the cycle of life.

When I visited Mrs. A. two weeks after the funeral, she had handwritten some of her reflections on paper and gave them to me. I choose to share them with you.

THE PASSING OF WARRIOR

Many years ago when we were young, enjoying a camping-fishing weekend, my husband became very solemn, turned and said, "If ever I should become like a child and can no longer fish and hunt, let me go."

Being young and full of spirit, I replied, "Don't worry, you're too big to diaper!" and brushed it aside and never thought of it again.

Suddenly without warning, that day was upon me. My husband - a stroke!!

Lying in a hospital bed, his arms were tied down and tubes were all connected to him (warrior locked inside).

"What are his chances, doctor," I asked? The doctor replied, "What you see is the best you are going to get," and in my heart, I knew what I had to do.

Suddenly the memories of a solemn moment were upon me. I turned and said, "No, remove all the tubes." I'll be taking my husband home.

Suddenly from I don't know where, a wonderful lady appeared saying she was a minister and would call Hospice.

"Hospice," I thought, "What can they do?"

Soon I was to find out.

It was a time of waiting and peace.
What was Hospice? What did they do? They gave our family peace and love and allowed a warrior to die with dignity.

Now the days are lonely and sometimes almost unbearable. Time I know will be the healer. When the tears almost drown me, I pick up an apple and take a walk and celebrate life such as it is. What is Hospice? It is love!

I want to thank Mrs. A. and her family for allowing me to share this story and for providing me with background of the Cherokee Indian culture and their principles of life and death.

Helen Koshensky, R.N.
Spring 1997
Cruising with COPD

The weather report was gloomy and the chaperones were nervous, but the vacationers were in high spirits as a group of 50 virtual strangers embarked upon the cruise of a lifetime in September of 1995. The event was the result of countless hours of work by Vicki Lewandowski, R.N., R.R.T., who as a visiting nurse with expertise in the management of respiratory patients, believed that people with breathing problems could have a unique vacation as long as the appropriate health care services were available. With that goal in mind, she pursued funding, corporate support, staffing and interested participants. Thus 23 people with chronic obstructive lung disease, 19 family members or friends and 8 health care providers found themselves boarding the “Song of America” for an eight day cruise to Bermuda. What a wonderful experience it turned out to be; what a “family” everyone became.

To appreciate the importance of this event, it is necessary to understand the passengers. Their ages ranged from 32 to 86; most of them lived alone; few had taken any type of vacation in many years; all of them suffered from frequent episodes of overwhelming dyspnea. They were very concerned about their medications, their oxygen and the risk of becoming ill in an unfamiliar environment; the staff had very similar concerns. Only one or two of the entire group had any previous sailing experience. None, including the cruise line knew what to expect. Luckily, the vacationers immediately forgot their problems and enjoyed themselves. Unfortunately, they had difficulty encouraging the staff to do the same! Consequently, some people had a much more relaxing vacation than others did.

The trip was a kaleidoscope of unique personalities and events. There was an 86 year old recently widowed gentleman, who refused to leave his cabin for the first two days. He came on the cruise because his family was so upset about his overwhelming depression that they forced him to attend. By the final dinner, he appeared first at the table, impeccably attired in a tuxedo and became the local social director throughout the meal. It was not the cruise itself that made such a significant difference in this man, but the sense of self-worth as he participated in the activities throughout the week. Other participants, likewise, demonstrated changes during the week. There was the gentleman awaiting a lung transplant who wanted to provide one last vacation for his wife because she had always been so supportive of him. There was the couple who had never had one vacation together during their 14 years of marriage; she finally had the opportunity to dance with her husband despite his need for high flow oxygen. She later stated that this cruise was the honeymoon they had never been able to take. The youngest vacationer and her husband saw the trip as a second honeymoon as he recuperated from an episode of ventilator dependent respiratory failure due to an inhalation injury. Their comments were related to having a whole week alone together without the children. Needless to say, they had a wonderful time.

Then there were all of those humorous events that tend to happen when a group of people share an exciting adventure. Other passengers assumed that everyone on the ship using oxygen was part of this group. One man was “returned” to the group three times despite repeated declarations that he did not belong there. The people who were assigned to the cabin across from the liquid oxygen refill center asked to be moved because they thought that the cylinders were at risk to explode. The much feared health care catastrophes were limited to one knee abrasion (a vacationer) and one episode of sea sickness (the pulmonologist). It could have been much worse, though, because one of the people with COPD almost floated out of the bay and into the ocean while swimming. He was so relaxed that he simply fell asleep in his life jacket and drifted away. If not for an astute staff
member retrieving him, he could still be missing. Everyone ate, shopped, ate, explored and
ate some more. There was not a single meal, educational session or sight seeing expedition
that was missed. The evening shows were attended in mass until the staff members were
ready to drop from exhaustion. Fortunately, this did not deter any of the COPD participants
or their guests. Who would have thought that 42 of the 50 attendees would turn into
“party animals” within the span of seven short days?

To report that the cruise was a success is an understatement. Each member of the
group felt that it was one of the most important events that he or she had ever experienced.
The friendships, the understanding of disease management, the social activities and the
improved self images have become permanent. As for the participants, they quickly decided
that the “cruise of a lifetime” needed to become the “cruise of the year.” As soon as they
returned home, they started to plan for 1996. Their goals are to return to Bermuda this fall
and possibly visit Alaska in the future. They had to do all of this planning independently,
though, the travel agent was busy having a nervous breakdown and the staff members
were all asleep.

Karen Landis, R.N.
Spring 1997
Reflections

In 1955, a frail child was born in a small coal mining town in Pennsylvania. When she was three years of age, her parents divorced, leaving her to be raised by her mother and grandmother. She saw her father only a handful of times after that.

With dollars few and her mother busy being the bread winner, her asthma went undiagnosed, and as a result she had pneumonia several times as a child. She can recall the shadowy figures of nurses, moving about her hospital bed at night with covers pulled tightly around her.

At age 12, she volunteered at the community hospital two blocks from her home. Quiet and shy, she completed her tasks while intently watching all that went on around her. She was impressed by the intensive care unit and a nurse she saw discussing cardiac rhythms with a physician.

After high school graduation, she worked part time while attending the practical nursing program at the county vocational technical school. She had chosen the program out of practicality as the real desire to be a nurse. Her self esteem was very poor and when her boyfriend of four years ended their relationship eight months into the program, her despair was devastating. Once again, a man important to her had abandoned her. With the encouragement and support of one of her nursing instructors, she finished the program and passed the Practical Nursing State Board Examination.

She worked in a surgeon's office immediately following graduation, after which she was hired by Lehigh Valley Hospital. What an experience Lehigh Valley Hospital held for her. Just the number of people scurrying to and from left her in awe, let alone the numerous cases of human triumph and tragedy of which she became a part. Still, she would often cry herself to sleep at night. She felt so inadequate and insecure.

When government grants and loans became available for nursing education, an uncle from Indiana encouraged her to apply. She obtained both and while working at Lehigh Valley Hospital, completed her Associates Degree in Nursing at a nearby community college. While attending community college, she proved to herself that she could excel at the college level. She received the Nursing Academic Achievement Award at graduation.

After passing the State Board Examination for Registered Nurses, she worked as a staff nurse on a medical surgical floor at Lehigh Valley Hospital. There she found a good role model in her head nurse, a confident woman who seemed to be able to hold her own in any situation. After a year, she enrolled in the critical care course and eventually took a position as a staff nurse in a critical care unit.

What a great group of co-workers she found in the critical care unit. Through many years of friendship and support, she eventually gained the self esteem she had always lacked.

She completed her Bachelor of Science degree in Nursing, graduating magna cum laude and a few years later, matriculated in a MSN program. She received an award for excellence in a nursing specialty.

Nursing has made her the person she is today: A better person than she was in her youth, confident and productive, outgoing and empathetic to others. She can only now hope that she will be able to give back to others all that has been given to her.

Jane Dilliard, R.N.
Spring 1997
Did you ever stop and think of how much nursing and fashion have in common? I was putting on a new pair of hip-huggers, corduroy bell-bottoms the other day and they felt real comfortable. I really don't think it was the fit but the memories and familiarities that went along with them. It brought back memories from "the old days." Things that are familiar to us have a tendency to make us feel good because we become comfortable with them. We are unchallenged by them.

It reminds me of how I felt with the recent changes that have taken place in nursing. Change can be a very scary, intimidating thing if we let it affect us in that way. On the other hand, we can go with it and try to improve and benefit from it.

I look around me at all of the changes over the years. Remembering head nurses in their freshly polished "clinic" shoes with kardex in hand, going room to room greeting each patient every morning. Presently nurse managers and PCC's, as we are now called, continue to have more added responsibilities.

Remember when smoking at the nursing station during morning report was actually permitted? By now you're probably thinking "Isn't she too young to remember these things?"

The recent changes in nursing first caused me to have many different feelings. I was upset at the thought of having to re-apply for my position. It was scary to think that after all these years that I might not be able to do that any longer. Critical care was my home for the last seventeen years. The thought of hanging my hat somewhere else was a little scary. Well, I made a change in what I do, and it actually was a positive change. I may not have been challenged to do this if it were not for the changes around me. I am learning many new things, but throughout the hospital I see one thing that has not changed. I continue to see nurses sharing in both laughter and tears with their patients. Nurses that are facing many uncertainties continue to uphold the highest amount of professionalism. The bottom line is that the nurses here are all very caring, compassionate, and dedicated individuals.

As we have experienced the many changes over the years we will continue to move forward, sometimes taking ideas from the past. Just like the return of my bell-bottoms and my husband saying "Oh, I married Marsha Brady," I was thinking more along the lines of Cher. Oh, well...."and the beat goes on.”

A Nurse of the 90's
Spring 1997