

Nursing *Voice*

LEHIGH VALLEY
HOSPITAL



This issue of Nursing Voice is dedicated to our staff as they share with us an experience which has impacted on their nursing care. In 1992, I wrote an article for Nursing Voice on "Caring". My research on the topic at the time can be summarized by the following statement, "Caring is a philosophy that results in

the preservation and enhancement of human dignity through the sharing of self. It is most noted when absent". (Gaut, Dolores and Lerninger, Madeline)

As you read these articles the sharing of self will be very clear. Day in and day out, staff at Lehigh Valley Hospital and Health Network share of themselves. This

Words from *Mary* sharing is not only with each other, peer to peer, friend to friend, but especially with, to and for our patients and their families.

With change constant and surrounding us everywhere, we have never stopped caring or sharing of ourselves.

You can see the results in the eyes of a child as their nurse comforts them; in the eyes of our families, as we hold their hands as they see their child for the first time after an accident; through the tears and in the smiles of those new parents experiencing the cry of their first born; and in the thank yous of the senior citizens as we deliver their Christmas baskets. The list is endless, the giving of self, the meeting of someone's needs and the provision of comfort. Our commitment is to caring.

As I read these essays, I tried to reflect on some of my past experiences. Some would say I am so old, I could never remember back that far in my career. Actually I do,

but instead of remembering an experience that I felt very good about, I actually remember one I wish I would have done differently. I was an assistant head nurse at the time on a medical/surgical unit. A recurrent patient dying of lung cancer was in again, but this was to be his last stay with us. It was Saturday morning, I was in charge, I had an LPN on the unit who was caring for the patient. As charge, you backed up the LPN; gave her meds, did her assessment and notes, etc. She called me and said, Mr. J. was in a great deal of pain and was requesting pain medication. I drew up the Dilaudid and went to give it to him. He looked into my eyes. I knew his breathing was more labored. I turned him on his side, administered the medication and rubbed his back for a minute. I told him I would be back to sit with him. I knew he needed me but I got pulled away to the many other struggles that morning on the busy unit. I never got back in the room. He died and I wasn't there to hold his hand. Oh how I regretted that morning. What could have been more important?

I did learn from that experience.

Although it happened over 20 years ago, I remember the importance of touch, the need to make eye contact and the need to be both a competent clinician and a caring individual. My last moment with Mr. J. was short, but I hope he remembered my caring touch before I left him and he left us.

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
Vice-President, Patient Care Services



Fear. Anger. Despair. Courage. Joy. Love. These intense emotions and the impact they have on us are among the most significant human experiences. "A matter of life and death" almost sounds trite in these times of cultural and media hyperbole; but the absolute truth is that nurses are involved more closely with these profound issues than most other people.

Many of our friends and neighbors have never needed to think about relieving fears, defusing anger, comforting the despairing. They haven't cheered on the courageous, laughed with the joyous, or shed a tear with the loving. As caregivers and as caring individuals, nurses cannot avoid such experiences and are richer for them.

Certainly, no nurse contemplates philosophy while pouring medications, redressing wounds, or educating patients each and every day. But one does observe the emotional and spiritual as well as the physical in patients and families. These observations and the responses to them will change his or her own

life. At best, a nurse will develop heightened awareness, increased sensitivity, deepened compassion, and more effective empathy and intervention.

The essays submitted for the Annual Nursing Voice Essay Contest document the moving relationship nurses have with

From the Editor...

our patients and the impact on both. Although choosing the "winners" is very difficult, the Editorial Board is privileged to read all the entered essays and is in awe of the remarkable talent and caring evidenced in the submissions. We hope that these essays will renew your pride in the profession and that you will be inspired by these "reflections on nursing ..."

Darla Stephens, R.N., Home Infusion Coordinator
Editor, Nursing Voice

1st Place "My Miracle"

Michelle Bernier, R.N.
Shock Trauma Unit

2nd Place "The Hug"

Cynthia Moser, R.R.T.
Respiratory Therapy

3rd Place "Lessons"

Margaret Carl, R.N.
7C

Honorable Mention

Eileen Borbacs, R.N., Central Nervous System
Laurie Cartwright, R.N., Shock Trauma Unit
Jane Dilliard, R.N., Neurosciences
Helen Koshensky, R.N., Hospice
Karen Landis, R.N., Nurse Practitioner
Debra Stroh, R.N., 6C/7B
Anonymous
A Nurse In The 90s

1997
Nursing Voice

Essay Contest

Winners

My Miracle

First Place



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.

Michelle Bernier, R.N. Shock Trauma 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."

Second Place

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 opera-

tion 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



Cynthia J. Moser, R.R.T. Respiratory Therapy

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.



Third Place

Lessons



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

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.
7C

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

Honorable Mentions

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.
6C/7B

Memorial

Anonymous

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 in to 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.

Honorable Mention

Mom



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

Laurie Cartwright, R.N. *Shock Trauma Unit*

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 extreme-

ly 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.

Honorable Mention

My Brother & 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



Eileen Borbacs, R.N.
Central Nervous System Unit

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!"

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 com-

ing 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 coworkers 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. *Neurosciences*

pleted 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 follow-

Honorable Mention

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!!



Helen Koshensky, R.N. Hospice

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.

Cruising with COPD

Honorable Mention

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



Karen Landis, R.N.
Nurse Practitioner

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.

Honorable Mention

...And the Beat Goes On

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.



A Nurse In The 90's

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."