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Put on Your Nurse Face

Ruth Ann Marr* RN-BC, MSN/Ed

Anesthesia Pre-Op Assessment Clinic (APAC), Galveston, TX 77555

Editorial

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*For Correspondence

Ruth Ann Marr, Anesthesia Pre-Op Assessment Clinic (APAC), 301 University Blvd, Galveston, TX 77555.

E-mail: ramarr@utmb.edu

November of 2012: While auditing the lecture of a colleague, she spoke about different situations that our students may encounter during the course of their career or even in their personal lives. She spoke openly to the students and told them that there would be times in their career when things may happen and because of their profession, nursing, they would be required to stay calm and take control of the situation. During those times, each student would be required to “put on your nurse face” and handle the situation. (Special thanks to Ellen Boyd, RN, MSN for giving my story its name.)

Describing the transformation from normal human being to Super Nurse could be described as challenging at best. The transition from normal to Super Nurse allows a person to gather the intestinal fortitude to ‘put on a nurse face’ and handle difficult situations. This article will illustrate my journey and some of the experiences which have helped me to find the inner strength to develop my “nurse face.”

It all started in 1989. My first husband and I were headed home from a party at a friend’s home on the fourth of July. Several of his soldiers were following us back to our apartment in Fayetteville, North Carolina when we found ourselves as first responders to a hit and run automobile accident. My husband, the Army’s equivalent of a vocational nurse, immediately assessed the situation and told me to “act like a nurse” and take care of the young lady on the passenger side of the car. He stabilized the driver’s C-spine; she was pinned in the car. I helped the passenger out of the open window and safely away from the vehicle. When the other soldiers arrived, my husband sent one to call EMS and had the other pull his aid bag and a blanket from the trunk of our car. I took my “patient” further away from the vehicle and positioned her with her feet up the hillside and her head resting on my chest as I held pressure to her forehead laceration. The soldier with the aid bag and the blanket from the car handed me some gauze sponges and the blanket before going back to check the vehicle for leaking fuel or other potential fire risks. The police, ambulances, and fire department arrived quickly and started stabilizing the driver while the car was cut from around her. My ‘patient’ was assessed by the paramedics and moved to a stretcher and into the first ambulance that had arrived. As we loaded her into the vehicle, one of my husband’s soldiers asked me how long I had been a nurse. I replied, “I’m not a nurse, but I guess I’ll be starting my courses next month.” He told me that he had thought I was already a nurse because of how well I handled the situation and did not show my “fear” during the situation. In August of 1989, I started my nursing education, but now I know that I became a nurse and learned to put on my nurse face on that night!

Since then, I have had quite a journey. I completed a practical nursing program, an LPN to RN program, an RN to BSN program, and finished my Masters degree in Nursing and Clinical Education to reach my ultimate goal of becoming a nurse educator. Through my 20 plus year journey, I learned about “putting on my nurse face” in many different situations.

1990 – While in my Practical Nursing program, both of my parents died. My father’s death was expected; he died at home on hospice care. My mother died a few weeks later. She had come to stay with me for a week or so before a planned move to my brother’s home in Florida. She had only been with me for three days, when she woke us on a Sunday morning with complaints of chest pain. She said that she had taken SEVEN nitroglycerin tablets and that the pain just wouldn’t stop. Her lips and nail beds were blue, and her carotid pulse was over 160. I asked my husband to double check her heart rate for me, while I called for an ambulance. I stayed calm, got dressed, and rode in the ambulance to the Emergency room of the hospital where my class

was scheduled to have clinical rotations that would be starting in just a few days. For the next three weeks, my mother stayed in the hospital, coded three times, and finally had a stroke in the respiratory center of her brain. To continue to live, she would have needed to be intubated and on a ventilator for the remainder of her life. She had specifically told me that she did not want to be placed on a ventilator under any circumstances, so I put on my 'nurse face' and told the doctor to do what my mother had directed - keep her comfortable, but let her die naturally. He told me that my mother's wishes no longer mattered and that the intubation decision fell to me. I repeated my instructions according to my mother's wishes, staying calm and professional. In 1990, legislation regarding advanced directives had not been passed, so my decision to abide by my mother's wishes was not received well by the physician. My mother died about 45 minutes later as she had requested. Since this incident, I have used my experience to help family members understand and respect their family member's advanced directive choices. However, whenever I have to re-tell the experience, I have to "put on my nurse face," so I can help others without showing my residual hurt.

There have been many incidences since then, but I believe the one that truly made me understand the resiliency of being a nurse happened in December of 2012:

I received a call from one of my dearest friends, Patty. Patty went to the doctor with complaints of a recurrent stomach ache. Patty's doctor sent her straight to the hospital for testing. One week later, Patty was diagnosed with liver cancer that had metastasized to her stomach and lymph nodes. She was told that she had only a few days to get her affairs in order. The next day, my friend asked me to contact her attorney and bring her updated will and advanced directives to the hospital for signature.

I did as I was asked, and I walked into her room with the papers expecting to see my friend. While the sitter and Patty's nurse were changing her sheets, I put on my nurse face and offered my assistance. Patty was now a very sick patient who needed my help. Changing over to my nursing persona helped me to cope with the situation and to be brave for Patty, the person with whom I had planned to spend my retirement years "just driving around our neighborhood in golf carts." Patty had aged twenty years in as many hours. Her abdomen looked as if she were in her third trimester and carrying triplets; her teeth, tongue, and lips were stained black from throwing up blood and underscored by lack of mouth care; her eyes were sunken and her hands trembled.

Patty asked me to call Anna, her assistant from work, to come to the hospital and bring her notary book. Her sitter's eyes widened as she told me that this was the first time my friend had spoken since she had arrived. I called and asked Anna to come join me at the hospital and bring her notary supplies. I spoke to the Charge nurse about needing to find two witnesses for the will and advanced directives that needed to be signed. The staff worked with me to find witnesses, and when Anna arrived, we took care of the paperwork. My friend struggled to sit upright while Anna and I held the papers for signatures and initials with the witnesses present.

Patty joked about having "a stomach ache that turned into a death sentence." She laughingly told the witnesses that she "didn't care about what she had or who got what, as long as Anna took care of her dog!" We laughed with Patty because it was so wonderful to see her smiling and acting like the woman who had come to the hospital, not the patient that she had become. As soon as the papers were signed and the witnesses left, Patty let us help reposition her back in bed. She looked exhausted, asked for pain medicine, and drifted off to sleep. Anna and I watched her sleep for a few hours and chatted quietly about who we needed to call and what we needed to do to help my friend get ready for the inevitable.

I was still 'her nurse' to keep myself focused on the tasks to be accomplished. I called her sisters, spoke to her brother, and filed the advance directives with the Charge nurse and her physicians. The next morning, I came back to the hospital. Patty was on a special mattress to protect her now fragile skin, was receiving a blood transfusion, and had a pain medication pump at her bedside that had been disconnected to allow for her transfusion. I spoke to the nurse who was assigned to Patty and the sitter at the bedside about the advance directives; neither was aware of the orders which had been written the day before for palliative care only. I called Patty's sister to verify my actions, and I spoke to the physician on the nurse's phone on Patty's behalf. No further transfusions were ordered, antibiotics were discontinued, and the pain medication was reconnected and set to administer a continuous dose to keep Patty comfortable. Once the medication for pain was working and nausea medications were given, I cleaned Patty's mouth. I asked her if she wanted to talk to anyone, and she said, "Not yet, but I'll tell you when. I'm going to die today, so I will need to take care of some stuff." I reassured her that I would be there to help her as long as she needed me to be there. She smiled slightly and drifted off to sleep.

About an hour later, Patty awakened. I was talking to her sister on the phone and asked her if she was ready to talk. She nodded, but before I could get to her with the phone, she said, "I want a Coke, a real Coke, with sugar, in a red can. Can I have one?" I told her that she could and sent the sitter to find a Coke for Patty. I held the phone for her to talk to her sister and her nephew, then dialed and held the phone for her to talk to her other sister, my husband, her friend - Walter, and Clay at the kennel where her dog was staying. After that she told me, "You know, I'm going to die today, but I'm gonna drink a Coke. It's gonna make me throw up, but I don't care. It's what I want before I get ready to die, so I don't care."

A few minutes later, Patty drank two sips of Coke and threw up. I cleaned her face, suctioned her mouth, asked her nurse to give Patty more nausea medicine, and helped position her for comfort. Patty told me that she loved me and that I did not have to stay until the end, and then she drifted off to sleep and did not speak again. I sat for hours watching her breathe slower and slower. I suctioned out her mouth and nose when she would throw up. I washed her face and hands. I said mass with the

priest that gave Patty her last rites. I held my Patty's hand until her friend, Walter, took over. I kept her sisters updated by calling Michigan and Florida every few hours. Finally, just after midnight, I left the room to drive the hour back to my house. Walter stayed and said that he would call me when Patty was gone.

I got the call at 5:30 on Sunday Morning – only a few hours after I had arrived home. It was almost the same time that my mother had called out to me to come help her all those years ago. I was glad that I was at home, because, for once, I did not have to put on my nurse face. I could cry and be held by my husband. I could cry, shake, and grieve – I could be human, I could just be me.

I am sure that I will use my experience with my friend to help teach my students about patient and family communication and about respecting advance directives. I will take a deep breath, put on my nurse face, and tell my story - again.

In loving memory of my friend, Patricia Cooke-Yurinak, who died on December 9, 2012 and my mother, Lenore G. Minnix, who died on March 31, 1990: Thank you for the lessons that you taught me, the laughs that we shared, and for sharing your lives with me.