

What nurses need to let the public know

1 The primary role of a nurse is to protect patients.

Explain how nurses protect patients from the risks and consequences of illness and the treatments for those illnesses:

“Nurses use their knowledge of the physical and social sciences to monitor, assess, and protect their patients. For example, I’m taking care of a patient who was brought to the intensive care unit straight from coronary artery bypass surgery. Minute by minute, I assess the function of every system in his body. I observe his neurological status to make sure he wakes up fully from the anesthesia and to be certain he hasn’t had a stroke or other complication during surgery. I monitor how stable his heart rhythm is and how well his heart is pumping, and I prepare to intervene with emergency equipment if necessary. I assess how well he’s breathing, and as soon as he’s awake and alert, I will start the protocol to remove the ventilator so he can breathe on his own and start recovery. I constantly monitor the amount of drainage coming out of the chest tubes. If the bleeding is excessive, I’ll let the surgeon know and we’ll discuss the medications and interventions needed.”

2 Nursing requires great skill, knowledge, and experience.

Tell a story that illustrates the range of skills required to provide good care for patients:

“Yesterday, I was responsible for a patient who just had radical surgery to remove his prostate. The first thing I did was evaluate the patient from head to toe—checking for signs of internal bleeding and shock by taking his blood pressure, temperature, and heart rate. Because he had just come out of anesthesia, I evaluated his mental status and made sure he was waking up and breathing well. Pain management is critical and in this case, I had to teach him how to manipulate his patient-controlled analgesic pump. I monitored his dressing and checked the wound for signs of infection.

“In order to prevent post-surgical complications, I taught him to do lung exercises to prevent pneumonia and to use an incentive spirometer—a device that coaches and triggers him to take deep breaths. I talked to him about his prognosis and future chemotherapy. I discussed the side effects of prostate surgery, including incontinence and sexual dysfunction. I taught him and his family about issues that may arise in the future and about his continued care after he left the hospital.”

3 Today's nurses are expected to care for too many patients.

Put a human face on the problem of unsafe staffing ratios:

“One of my patients is a man in his late forties. He is a long-term diabetic, who had a hip replacement in the past because of arthritis. Now he has become acutely ill with a high fever and hip pain, because he has developed an infected hip joint. He needs pain medication and management. He also needs IV antibiotics and fluids. He needs diabetic management—blood sugar testing and the appropriate amount of insulin to keep blood sugar under control. He needs assistance with eating, turning, positioning, and bathing. He must be kept mobile and must turn constantly because, like all patients, he is at risk for developing blood clots and pressure sores. In short, he needs constant care. But he is only one patient. I have seven others in my care who are just as seriously ill. I can't detect subtle changes in a patient's condition and act to prevent catastrophes if I can't see them as they happen.”

4 Short-staffing leads to infections, complications, and relapses.

Educate about the impact of understaffing on patient outcomes:

“Here's what can happen when a nurse has too many patients in her care. Some patients won't be able to do their breathing exercises, which increases their risk of pneumonia, strokes, and other serious problems. Some will not have their catheter removed in a timely fashion, which means they're more likely to experience urinary tract infections. Some will have their IVs run dry, which means they won't be getting all the antibiotics, fluid, or pain medication they need.

“Unmanaged pain can delay healing and even lead to death. In order to be effective, pain medication must be given before pain becomes acute. Otherwise, tissues break down, metabolic rate increases, blood clots, water is retained, and immune function is impaired. Patients in pain breathe more shallowly and suppress coughing, increasing the risk of pneumonia. If it's too painful to move, patients don't—which increases the risk of further complications. **If I have too many patients, I will be unable to manage patient pain effectively.**”

5 Inadequate nurse staffing increases the risk of patient injuries, illness, and deaths.

Draw from facts and statistics to underscore your point:

“When there are too many patients per nurse, patients suffer from more bedsores, more pneumonias, more urinary tract infections, and more falls. When there are too many patients per nurse, patients are more likely to be readmitted due to preventable complications. When there are too many patients per nurse, patients die. In fact, according to a recent study, for each surgical patient over four that a registered nurse is responsible for, patients are 7 percent more likely to die. If a nurse has eight patients in her care, patients are 30 percent more likely to die.”

Quick facts you can integrate into your arguments

Medication Errors:

The role of nurses in educating patients about how to take medications and having time to make sure patients get the right medications is critical, as are the procedures nurses follow to care for patients' wounds. According to the Institute of Medicine's report on errors and injuries in health care:

- Drug complications are the most common type of adverse event, followed by wound infections.
- 58% are preventable.
- Most produce disabilities lasting less than six months, but 13.6% result in death, and 2.6% in permanently disabling injuries.

Nurses also play a critical role in preventing a number of other complications:

- 11 to 13% of hospitalized patients suffer from pressure ulcers. It costs between \$4,000 and \$70,000 to treat a pressure ulcer. The US spends \$1.3 billion on pressure ulcers each year. Adequate nursing care can save money and suffering.
- Urinary tract infections account for 40% of hospital acquired infections.
- Bacteremias (infections that occur when bacteria that gets into the blood stream) account for 10 to 20% of these hospital acquired infections.
- Each episode of a UTI adds \$496 to the hospital bill. Each episode of bacteremia adds \$2836 to a hospital bill.
- Without proper precautions, 16% of patients hospitalized for general medical conditions will suffer from Deep Vein Thrombosis.
- Without proper precautions, 50% of patients undergoing major orthopedic surgery will suffer from Deep Vein Thrombosis and 30% will have a pulmonary embolism – a life threatening complication.
- The average cost of treating a three-month episode of DVT is \$12,000 for the medications alone.
- Nursing care saves money and lives.