



# *Nursing - You Can't Live Without It!*

CACCN Nursing Week Contest Winner

**Liz Hamblin and her colleagues, ICU # 24**

**Grey Nun's Hospital, Edmonton, AB**

## **Kit's Story**

I am a Registered Nurse, working on an 18 bed combined Intensive Care and Coronary Care unit at the Grey Nun's hospital in Edmonton, Alberta. The CACCN invitation to share an experience that would promote the understanding of the vital role of Registered Nurses in the critical care setting inspired me. I wish to share a story from our unit, on behalf of the entire team of dedicated health professionals I work with, that I think not only demonstrates the importance and impact of expert caring by RN's but that reminded each and every one of us of the privileged contribution we make every day to the lives of those individuals and families in our care.

**Kit** is a 34 year old husband, father and pharmacist who on April 1, 2009, after multiple visits to various emergency rooms for progressive muscle weakness and shortness of breath, was admitted to our intensive care unit diagnosed with Guillain-Barré syndrome. I was just one of the many team members admitting Kit that evening. An otherwise healthy young man with no significant prior medical history, his paralysis had progressed rapidly requiring rapid intubation and controlled ventilation within hours of his arrival at our hospital. Kit appeared to me anxious and fearful – severe neuropathic pain had started its insult on his body – he was unable to communicate his needs verbally or non-verbally yet perfectly able to feel and hear everything happening to and around him. Tanya, Kit's wife, was understandably in shock over the events of the last few days. Still without answers about her husband's condition and prognosis, she was now torn between staying and supporting her husband and returning home to care for their two children for the night. And so our journey with Kit and Tanya began.

GBS proved a challenging condition for both our patient and the care team. The extent of progression of Kit's course of illness was yet to be determined. The severity of his symptoms was ever changing. The length and the degree of his recovery anywhere from months to years. There was no magic medical cure and no time line. Expert care by a team of critical care RN's was instrumental in meeting the physiological challenges of Kit's disease course including symptom, immune, hemodynamic, and respiratory management and the result was that this patient required critical care for a far longer period than most patients.

## Kit's Story (con't)

He required the careful and diligent work of expert nursing care to manage severe neuropathic pain and prevent life threatening complications of paralysis. Yet, what made Kit's story one that illustrates the best of our intensive care unit and I think of critical care nursing, is the outstanding level of commitment, cooperation, and creativity demonstrated in caring not just for this patient physically, but for his family, mind and spirit.

**Managing Symptoms and preventing complications:** Expert nursing assessment, advocacy, intervention and care evaluation was required to manage the severity of pain experienced from GBS. Consultation with Kit and the interdisciplinary team was needed to develop both medicinal and non-medicinal pain management strategies. Medications and dosing schedules were constantly reevaluated so that pain management strategies would facilitate rest and healing yet still allow Kit to meet self determined goals for physical therapy. Our team of critical care nurses also worked diligently in preventing complications. Meticulous oral hygiene, a high level of commitment to frequent position changes, excellent skin care, twice to three times daily range of motion exercise sessions and careful management of nutritional status provided excellent results. After 72 days on a ventilator and 14 weeks in hospital, Kit had not a hint of skin breakdown, less than a ten percent weight loss, and only once incident of aspiration. This was the unfortunate result of granting a long awaited wish for a grape popsicle a few days too early during plugging trials.

**How can we make that happen? A true interdisciplinary approach:** An interdisciplinary approach and a commitment to patient-centred care was key factors in Kit's recovery. Daily rounds were attended by the bedside Registered Nurse, a Nurse Practitioner, Intensivist, Respiratory Therapist, Pharmacist and a Registered Dietician. The ocular effects of GBS coupled with complete paralysis rendered Kit was unable to communicate. Physical and Occupational therapy were instrumental in working with nursing to develop creative tools to facilitate communication between patient and care team as well as patient and family. A letter board with an eye patch allowed Kit to work with his care providers and family to spell out requests for pain control, repositioning or fatigue. In consultation with physical therapy, a specialized routine of range of motion exercises was developed.

To all the staff of unit 24  
Thank you for your tireless  
effort and kindness. You have  
all made an impression on our  
family that will last our lifetimes  
for making an unbearable event an  
experience to cherish and ultimately  
cherish, Thankyou.  
Kit, Tanya, Mayson, Eden, and #3

## Kit's Story (con't)

Personal goals were developed in consultation with Kit and his progress against target tracked. During weaning trials, colourful poster boards were developed and displayed so that Kit could see his progress and plugging trial achievements against targets – targets determined by Kit. Frequent collaboration with respiratory was required to coordinate early mobilization as well as “road trips” for much needed outside and off unit time.

When the story of Kit is talked about on our unit, some of the proudest professional moments are of the times we asked “**How can we make this happen?**” There were no egos – only a unified focus on what was best for this patient and family.

**Body, mind and spirit:** I feel blessed to work with a most generous and caring team of critical care nurses. Their creativity and planning created some unforgettable nursing and life moments with this family. There was the birthday party for Kit's daughter, Mayson, hosted on our children's hospital patio. I remember hearing about an in-room movie “date night” planned by a group of nurses for Kit and Tanya. Another especially touching moment was a very special Mother's Day card carefully “written” by Kit and one of our nurses using his letter board so that it could truly be a card from Kit to his wife. These special efforts were on top of the hours of time I saw our team providing help with child minding, a shoulder to lean on during hard times, and ears to listen to an incredible family facing an incredible crisis of health.

Kit and Tanya have been very generous in sharing their thanks for our unit's care. But it is we that feel indebted. Thank-you for reminding us why we are critical care nurses. The sense of accomplishment and joy in seeing Kit recover, the value of knowing what it is to have found truly meaningful work, and the privilege to have been part of this journey together with them is such a blessing. Thank you Kit and Tanya for humbling us with your tenacious spirits and the gratitude you showed for life and love even in crisis. We are looking forward to sharing in your joy as you welcome baby number three this May.

**Liz Hamblin, RN and the exceptional nurses on ICU # 24  
Grey Nun's Hospital, Edmonton, Alberta**

