

The Value of Nursing

By: Yen-Fan Lee, Deputy Head Nurse of Hualien Tzu Chi Hospital



When I was a nurse at Ward 26 East, a patient suffering from pulmonary hypertension was admitted. A rare disease with rare experimental drugs forced the nurses of the entire ward to study a new special equipment and related procedure just to inject her, such as injection under the skin, change once a week, and drug administration cannot stop once it begins, and even read many related literature to familiarize the disease. I, however, never had the chance to take care of her. The first time we crossed path was on the verge of medical dispute...

Around 10pm one night, I, the leader of evening shift, heard angry disturbances at the far end of the ward. "Probably some family members are having an outburst," I thought. I had to put down my work and check it out. The experimental drug, I came to understand, had caused severe pain and bruises at the injection site (it was not because of loose injection, but the side effect of the drug), and the patient could not bear the pain and demand to change the injection site. The young nurse did not know how, so the patient's boyfriend enraged. I did not know how at the time, so I had to pull some strings, ask for the attending physician's private number from his assistant, call him over to solve the situation. The attending physician later decided to teach the boyfriend on how to operate and instructed the nurse simply to observe for any side effects. After the lesson, though, he angrily lectured the head nurse and his assistant.

Based on curiosity and concern, I began to pay special attention to this patient, since she was labeled a murmur case (a nagging patient). Her basic oral medication consisted quite a few pills, and some heavy dose painkillers, yet she still begged for morphine. The physician on duty was afraid respiratory failure from morphine overdose and was only willing to prescribe a limited dose. However, the patient would still beg for morphine every two to three hours, and the young nurse could only encourage her to endure the pain. I then used my off-hours, read some papers and had a discussion with the physician on duty. I said that patient like that suffers from a degree of pain equal to terminal cancer patient, and she should be eligible for the three stages terminal cancer

pain relief therapy: increased morphine dosage, administered at shorter interval, and add fentanyl for pain relief.

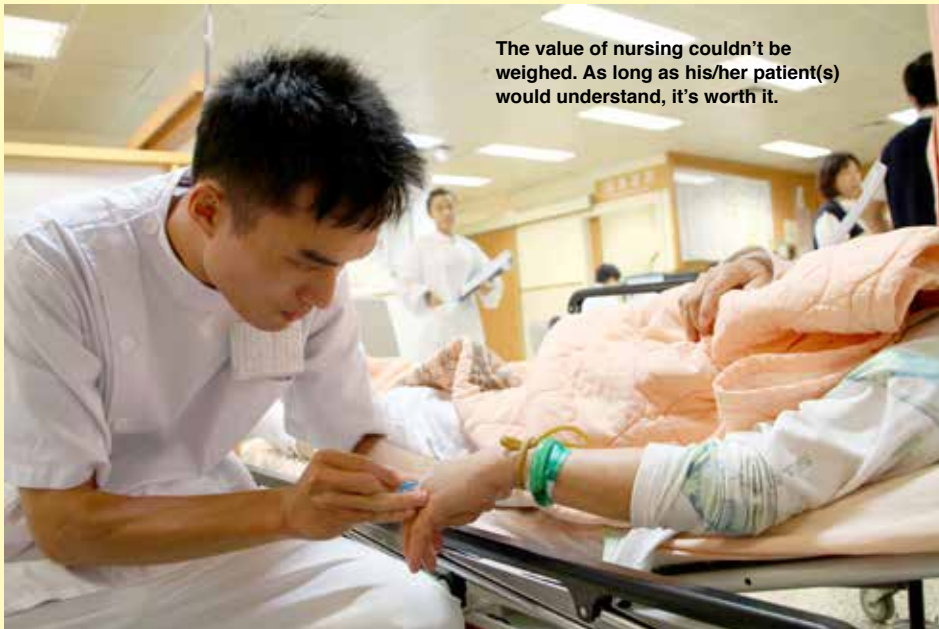
“Aren’t you afraid of respiratory failure or addiction?” The physician on duty asked. “The side effect of respiratory failure is only 1% chance. If it does happen, worst comes to worst we put her on ETT. She is already suffering from pulmonary hypertension, so what if she becomes addicted to morphine? Aren’t you afraid that the pain overexcite the parasympathetic nerve and induce shock?” I replied. Furthermore, I took the opportunity to educate the young nurse not to ask the patient to endure the pain, but to discuss the prescription with a physician and maintain the patient’s pain index under three points.

The physician on duty, after our conversation, accepted my advice and applied fentanyl patch and reduced morphine intervals. The patch only sustained for three days, though, before we discovered its ineffectiveness. The attending physician and a nurse practitioner slowly adjusted her analgesia and finally reduced her pain level. Because of that, the patient and her boyfriend began to notice how I cared and endeavored on reducing her pain and changed their attitudes accordingly. They started to buy snacks and desserts for staff on duty and encourage us when we are occupied.

I was transferred from Ward 26 East subsequently to become an attending head nurse, yet I continued to witness her in and out of the hospital frequently, spending more time in the hospital than out of. The pulmonary hypertension apparently never shown her any mercy, as I saw her in ER, ICU and many other wards. She had suffered for three years and sometimes she was so depressed that she became suicidal.

(We can ask ourselves, to live everyday on respirator, gasping for breath from a simply shower and scoring an seven or eight on pain index on the injection site every few hours, can anyone be happy?)

Her boyfriend never abandoned her, strived to care for her and her child, traveling to and from the hospital several times a day. The happiest time for her is when her boyfriend pushed her on a wheelchair to the convenient store on the third floor for some ice cream. All I could do is to encourage her during those brief minutes, not knowing how



The value of nursing couldn't be weighed. As long as his/her patient(s) would understand, it's worth it.

much pain I managed to relief.

I was later transferred back to ER. After some time, I saw her came to the ER, waiting in the observation room for hospitalization. I was on evening shift, so both of them saw me running around hectically. "This drink is for you, and you cannot refuse it," she said. I reflected her before when she insisted on treating me to an ice cream, but this time, I said, "Thank you" and received it gladly. It was not just a juice with 100% concentration, but a juice with 100% concentration of love and empathy.

How excruciating and painful the torment of disease must have been. We the medical staff seemed so meager in the face of pulmonary hypertension, so helpless. Thank you, for placing me inside your heart, to let me know that I have participated in your life's journey, and assisted you to face the disease and the weakness of the body.

A bottle of juice cost no more than 50TWD, but you have shown me with clarity the value of my nursing. A small gesture of empathy and encourage can suffice in rekindling my passion for nursing and allows me to continue traversing down this very path.