

Letter to the Editor

Nursing in a Pandemic-Caring Moments

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Without a doubt, it is a trying time to be a nurse in the middle of a pandemic.

COVID19 has changed the face of nursing as we know it, for the time being.

Sitting face to face with a patient, being that authentic presence, has been replaced with the 6-foot distance rule.

I work as a nurse at Brigham and women’s Hospital, a large academic hospital in Boston. Typically, we are at over 100% occupancy. As this epidemic has rolled out, we have seen a decline in the number of patients coming to the hospital; all elective surgeries have been cancelled, as have all but the most essential procedures. All this is being done in an effort to “flatten the curve” and decrease potential exposure to the deadly virus. This has had the effect of leaving only the sickest of the sick patients remaining in the hospital

At the Brigham, visitors have been completely restricted due to the pandemic. This has left our most vulnerable patients alone and without loved ones at their side during the the most critical time in their life.

Patients lie in bed passing time with often only a television for company. Television stations are full of COVID 19 news – none of it good. Our patients with much time on their hands are left with only worry for themselves and their families.

It was in these conditions that I met my patient Debbie. Debbie is a 51-year-old woman with carcinoid cancer. She came in to the hospital with

increased abdominal pain, nausea and vomiting. Debbie was started on a PCA for pain control and she had complete relief of her pain. Antiemetics were initiated and her nausea and vomiting resolved.

When I arrived to work on the first day, I cared for Debbie, I heard in report that she had a great deal of difficulty breathing during the night. This was a new problem for her. Her oxygen saturation had been decreasing and she had a new oxygen requirement. We did not know why she had this problem – she had no respiratory issues prior to arriving at the hospital.

Because she was so ill and required so much nursing care, I got the chance to spend a great deal of time with Debbie that first day – in fact, most of my 12-hour shift. During that time, I learned all about Debbie. I learned that she grew up in Lexington Massachusetts and that she was an only child. She met her husband when they were both students at Boston University and he was the love of her life. I learned that she had a 19-year-old daughter Molly who was a sophomore in college and she came home from school when the college closed due to the COVID 19 virus. Debbie said Molly was her life’s joy. She told me that as long as she had breath in her body, she was going to fight the cancer in order to live for her daughter. Debbie expressed deep sadness about the visitor restriction and the fact that she would not be able to see her beloved husband and daughter. I encouraged Debbie to facetime with her family. I even got the chance to meet both her husband and

daughter over facetime. It was great to put an image to the people Debbie loved so much.

Later in the shift Debbie asked me: “are you going to be my nurse tomorrow because I really like you! You get cancer and you get me.” This made me happy, because it meant that as worried as I was about Debbie and her worsening physical condition, she was not picking up my nervous energy. I promised her I would see her in the morning as I left after my shift.

When I returned the next day, I was told by the night nurse that Debbie’s condition had worsened overnight. From the moment I arrived that day, I did not leave Debbie’s side. When I took her morning vital signs that morning it was clear that she was in trouble. Her respiratory rate was in the high 30’s and her oxygen saturation was dangerously low despite my attempts to increase the oxygen flow rate.

I needed more help and called a rapid response. Debbie cried out “Margaret Please don’t leave me” when she saw all the people arrive to help. I assured Debbie I was not going anywhere. The team came and we stabilized Debbie on 100% high flow oxygen. She reached out for me to hold her hand during painful procedures, such as having a urinary catheter placed and getting arterial blood gases drawn. The fear in her eyes was overwhelming. I assured her with “I’m not leaving you Debbie”. “I am going to be right here”

I drew her blood cultures and lactate levels from her port to check for sepsis and began administering multiple intravenous antibiotics. The stat portable chest x-ray revealed multiple pulmonary infiltrates.

Debbie nervously called her husband and daughter to facetime. They wanted to talk to me. Both were crying. Molly beseeched me to “please don’t let my mother die”

Debbie was saying bravely, “I’m not leaving you Molly”.

It became clear that Debbie was quickly decompensating- we were not sure why. She came

in to the hospital with abdominal pain and she quickly decompensated to respiratory failure. We had to face that Debbie could have COVID 19 infection.

Since Debbie was on 100% aerosolized oxygen to maintain her saturation it became clear that if COVID 19 infection was being considered she would need to transfer to the COVID 19 Intensive care unit for intubation. Since we had limited personal protective equipment, other providers could not readily come in and out of Debbie’s room, so much of the information provided to Debbie came through me as I never left her side that second day.

When I told her that she would be transferred to ICU, she responded with “Will you still be my nurse?” I explained to her that I wouldn’t be her nurse in the ICU but that I would see her when she came out.

When Debbie had stabilized enough to be transported to the ICU, two nurses in protective gear, together with two security guards to maintain a safe pathway to the COVID ICU, accompanied Debbie as her bed was wheeled down the hall. Debbie called out as she was being wheeled away. “I want to come back to this floor so you can be my nurse!”

Pause

My nursing idol, Jean Watson, talks about the Caring Moment: those Heart-Centered Encounters with another person. These connections we form with patients are at the heart of what it means to be a nurse. It is in those caring moments where we experience heart to heart connections that give me true joy in my nursing practice.

I am sad to say that a week later, Debbie remains intubated in the ICU. Yet I remain comforted knowing that I made a difference in her life when she was at her most vulnerable without loved ones at her side... and most of all, I take comfort knowing that her story is not over yet.