

Hermes Monato, Jr. Memorial Essay
Pam Myhre RN BSN
University of Wisconsin - Graduate Nursing
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Thank you, nurse

“What would be the one piece of advice you’d give to a newly graduated nurse?”

It’s a question I’ve been asked so many times over the past 27 years. Students in their last semester in the nursing programs are required to interview a practicing nurse. They’re asked to formulate the questions that will help guide their career paths. And inevitably this question comes up.

And for many years my answer is the same. “Start your career in a small, rural hospital.” Of course, each time the student is surprised. So often they think that they will learn the most – have the best support – get the most experience – in a large hospital. So, I go on to explain. In the small hospital, you quickly begin to know a little about everything. Instead of learning a lot about one unit, one specialty, the rural hospital nurse becomes a generalist and develops a broad spectrum of knowledge and experience. Then, the students inevitably ask me to explain a little more. And it’s easiest for me to share with them a story or two to demonstrate the importance of the rural hospital nurse.

One year after graduation, I find myself working nights at a small rural hospital. After a year on the telemetry floor at St. Francis Hospital in La Crosse, I consider myself a seasoned cardiac nurse. I can read rhythm strips, identify chest pain and heart attack signs, and treat the patient with congestive heart failure. But when I married and moved to southwestern Wisconsin, I ended up at a local rural hospital. I was comfortable with the cardiac patients, but beyond cardiac, well, I was in trouble. So, I’m on the night shift and the phone rings. The woman calling says that her husband is having pain on the right side of his chest, just under his ribs. What should they do? Of course, I’m thinking cardiac, and she should bring him in. (This was at a time when telephone advice was common and appreciated.) One of the more seasoned nurses signals to let her take the call. I listen and learn. She asks the questions to better elicit where the pain is. And what precipitated the pain and what made it worse. He’d had French fries and a big greasy cheeseburger right before bedtime. And she identifies that his gall bladder is probably the culprit. She goes on to offer advice about what they can do till the morning. Now, I truly understand how little I know after a year on a specialty unit – and how much this rural hospital nurse knows.

I've been at Lancaster Memorial Hospital for two years, now. I know the nurses and doctors. They're my friends, my colleagues, and my mentors. I'm learning, growing. In fact, I'm growing to the tune of 39 weeks of pregnancy. The contractions come every five minutes and Arlys, my OB nurse and LaMaze instructor grips my right hand, my husband holds my left. When it's time to push, she is my guide and my help. She's there to welcome my first-born son, Nathan. She assists my husband and my doctor, and I feel so blessed to know that she will continue to take care of me and my son for the rest of this shift. She'll be with me tomorrow as I do Nathan's bath for the first time, and the day after when I need help breast feeding. And she'll be there in the weeks and months to come, when I need advice about the thrush in Nathan's mouth and his diaper rash and my postpartum fever. Only in this small rural hospital could I have a LaMaze instructor, OB coach and ongoing resource all bundled into one fellow nurse. A nurse that I can call at a moment's notice.

He enters the ER hunched over, sweaty and moaning. Color is pasty white. I know him, of course. He's Jackie's husband. I work with Jackie. I've never seen him not in control, though and now, he's consumed with the pain. It's scary for him. It's scary for me. I know I'm a good ER nurse, but can I take care of a friend? It's a chore to get him onto the ER cart. Is he having a heart attack? A gall bladder attack? Appendicitis? The pain is waist high – mostly in the back. And I know from my years now at Lancaster that it's probably a kidney stone. Can I get the IV started on this man? Of course I can. In less than 10 minutes, I have the IV in and the Morphine given, all in the time it would have taken him to get through the registration process in the larger hospitals. Later, Jackie takes me aside. "I'm so glad it was you here. He didn't want to come in. But even he said that he felt so much better to see someone he knew. Thank you so much."

That's the thing about the small rural hospital. You'll take care of people you know. Some people will say that's bad. That's hard. They could never do it. But, of course you can do it. And sometimes it's better when you do.

It's another night shift, 17 years later. I usually work days now, but picked up this night shift for one of the new nurses. Her fiancée's birthday. It's been quiet all night. And at 3:00 a.m., I'm so sleepy I can barely keep my eyes open. The ER doorbell buzzes and I rush over. Two bloody teens at the entrance. "We rolled the car. Not bad, but he cut his head." By the time I get them in the door, I realize that the blood is just from one head wound. Josh has a gash in the back of his skull that's about 3 inches long. After they're assessed, blood cleaned up, registered by the

admission staff, and seen by the doc, I have to call the sheriff's department. I really don't want to. These two young men are classmates of my son. And there's alcohol involved. I don't want to be the one to make this call – not to mention the one that follows. The call to their parents. I'm not close to Josh's mom, but I worry about being the one to break the news to her. Why did I stay at this small rural hospital? Wouldn't it be better if she could hear this news from a stranger? Wouldn't it? Two hours later, the words spoken were the same as Jackie's. "Pam, I'm so glad it was you. I'm so glad you were here for them, and for us." No embarrassment at their situation. Just relief. And I thank heavens I chose this rural hospital. I'm glad I was here tonight.

Another significant advantage of working in a small rural hospital is the opportunity for the nurse to work so many different departments. As a nurse with 20 years experience, I work ER, Med-Surg, Outpatients and Cardiac Rehab. Playing a role in multiple departments means we can communicate our services more clearly to the patients that need them.

I find myself in cardiac rehab on a Wednesday, scheduled to do the admission assessment for Jim – an MI patient (he'd had a heart attack), who also had bypass surgery in Madison. I smile, remembering...

Jim comes through the ER door with his wife. He's had chest pains for about 30 minutes now and they won't go away. He's nauseated, dizzy, sweating and his left arm aches all the way to his fingertips. I recognize these as classic heart attack symptoms. So did his wife. But he was only 52. Couldn't be a heart attack, could it? In less than an hour, he's had an EKG, IV started, pain medications administered, lab and X-rays done. I've been with them each step of the way, explaining each intervention – why we need it and what it's for. Now we're starting his thrombolytic therapy – tPA. "It's a clotbuster..." I tell him and his wife as the infusion begins. I sit at his bedside charting while we wait for the helicopter – the first quiet moments we've had since they walked in the door. He'll be enjoying a flight to Madison this afternoon, and probably cardiac surgery this week. His wife tells me "this wasn't exactly on his 'honey-do' list this week." And we're all silent for a moment... the unspoken realization that he might not have been there this week – if he hadn't come to the ER. I break the silence. "I'm so glad you came here today. And when you get home from Madison, I wanna see you up and moving. You make sure you do all the follow-up. That will mean cardiac rehab where we'll get you exercising again." In the hour that follows, we package Jim up on the Med Flight cot. His wife kisses him goodbye and we accompany the UW staff to the hospital heliport site. Standing outside the safety boundaries, his wife and I watch as they load Jim in the copter, the blades begin to move, and the helicopter rises

into the sky. Veering off, first to the south, and then to the East – on his way to Madison. My arm is around Jim's wife. Our tears are shared. We've forged a special bond between nurse, patient and family today. One I'll always remember.

So now I'm greeting them again for their cardiac rehab program. It's not a nurse calling Mr. so-and-so to come back. It's a hug and a greeting. Friends. This hardly feels like work – to orient him to the program and teach them what we'll do in cardiac rehab. Only in a small hospital could I have that opportunity to be with them at both ends of the spectrum – the beginning and the end of his cardiac care.

Speaking of endings. Let's talk about death and dying with dignity. It's definitely the most difficult time a nurse shares with her patients. And when we know the family, and the patient, as prominent community members, it's even more challenging. But maybe, even more rewarding. Two cases come to mind.

As I grew up in a town of 200 people, the local bar was also a place to get milkshakes and listen to the jukebox. Joe ran the bar. His wife and my mom were in homemakers together. Everybody knew Joe. And now, 30 some years later, Joe is in our Hospice room, and barely responsive. His wife at his side. And I'm assigned to take care of him this Saturday morning. With trepidation, I review the chart, recognizing that he's been steadily worse through the past several hours. The night nurses report that they've given him pretty significant amounts of morphine and he's starting to have periods of apnea. I knock gently and enter the room. LaVon is sitting there, holding his hands. "They're so dark" she says, pointing to his hands. "And his breathing is really funny. It's like he can't get his breath. He breathes really, really heavy, and then not at all for a little bit." I pull up a chair and sit with her. We talk about his hands, about the decreasing circulation to his extremities called mottling. We talk about his breathing, something called Cheyne-Stokes respirations. I explain that these are part of the dying process. I warn her that he'll have longer periods where he'll stop breathing. But she can call me back in at any time. Once I'm teaching, I forget that it's the people I know. I only know now that it's the people I care about. My patient and family for the day. If he dies today, I will be fortunate to share the process with them. It won't be easy. But I wouldn't trade it for anything.

To this day, when I see LaVon, she greets me with a smile. She's told me so many times how much it meant for her to have me with her that day – the little girl she knew from Bagley – who was their nurse. In our small, rural hospital.

I truly believe this next story could only happen in a small hospital. In a small community. Again in the Hospice room. In the early morning hours, we received a phone call order to admit a gentleman with terminal cancer. His pain wasn't able to be controlled at home any longer. His significant other accompanied him and Kate was their nurse. During the lengthy admission assessment, she elicited the information that this gentleman probably had only a couple days to live. The couple had desperately wanted to be married before he died, but had been unable to get through the paperwork and get him, with his pain, to a minister to accomplish their goal. Kate completed the admission process, started his pain control and left them to some private time. At the nurse's station she pondered their situation, and shared it with the other nurses and social worker. Could they possibly grant this man his dying wish? It almost sounded like Hollywood. But this was Lancaster. And in a small community things can often be accomplished without too many strings attached. Kate's mother, a local lawyer, is also a minister. She placed the call. Could a wedding be done at the hospital? Could we do it today? In short order, the nursing director was contacted, the hospital CEO was informed, and the process was underway. Kate's mom got the paperwork and made plans to take an extended lunch hour in order to preside over at a wedding in the hospital. Flowers were obtained and the "wife to be" slipped home to get a dress. Family members were already there. And, at 12:30 that day, the couple was married. The gentleman in his hospice bed, his wife at his side. Not a dry eye in the room. Only here – in a small rural hospital - Lancaster.

These stories are the foundation of my beliefs about the value of our small, rural hospitals. The value of the knowledge and experience that a new nurse will gain as he or she starts her career of caring for others. Caring for those we know is a special gift. And when we share that gift, it is nursing at its very, very best.

Thank you, Nurse...

-by Pam Myhre, RN BSN CDE

“The pain – so strong – is all I know,
Just give me something to make it go...
It starts right here, it seems to move,
Right through my gut, as if to prove...
I'm not in control...
Thank you, nurse... for precious pain relief.”

“I dread the news, not this disease,
I must object and say “no” – Please!

And then you sit and share with me,
Your knowledge, and it sets me free
To LIVE with it, and live it well...
Thank you, nurse... for words of hope.”

“The call I never wanted to hear,
The message that one I love so dear,
Is critically hurt and I can't see
Why all this has come to our family...
And yet, you comfort
You share my fear
You are right there – always near
Thank you nurse...for seeing me through...
These long minutes and hours”

“I have no life, I'm feeble – old
My friends – all gone – if truth be told.
I want to live, but I'm ready to die,
So pray for me and please don't cry...
I'm on my path, now...
Thank you, nurse... for death with dignity.”

“It's been long months, the time is now,
Can't seem to cope. You show us how...
To grasp a hand, to push, to breathe,
To give each other just what we need...
Welcoming our precious first-born child...
Thank you, nurse...for the gift of new life.”

So... you can see...

It's not the shots, the charts, or skills,
It's not the blood sugars, IVs or pills,
It's the moment-by-moment times that I share,
With patients who know that I really do care.
That makes me forever thrilled to hear...
A “thank you, nurse” whispered in my ear.