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A Voice From The Past: A Colleague's Chance Encounter Provided A Valuable Lesson

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No Abstract

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A voice from the past: A colleague's chance encounter provided a valuable lesson.

Like me, most of my colleagues in the intensive care unit (ICU) liked the complex cases—lots of lines, drips, monitors, and procedures. Proud of our skills, we were somewhat elitist. The one exception was Robin.

Although new to our unit, Robin was as adept at critical care as the rest of us. But unlike us, she was just as happy giving a bath as managing multiple I.V. lines. We figured her dedication to "low-tech" nursing care would probably wear off after a while. After all, a nursing assistant can give a bath, but not everyone can set up an arterial line or calculate cardiac output.

A daunting task…at first

One afternoon, a woman in her early 30s was admitted to our unit. She'd had a massive stroke and was comatose and mechanically ventilated. We admitted her to bed 10, and the ICU team kicked into action, assembling equipment and carrying out orders. We barely noticed the wisp of a patient connected to all the lines and tubes. We were focused on the task of saving her.

Her care was aggressive for days, then slightly less intense for the next couple of weeks. As time went on, she stabilized, but we could see that her neurologic status wasn't improving. Infusions and monitoring lines were discontinued, and we prepared to transfer her to a long-term care facility that could accommodate ventilators. While arrangements were being made, she remained in our unit.

Needing little special care, she wasn't our usual ICU patient. We kept her clean, turned, and suctioned, of course. But none of this represented much of a challenge for us. Eventually, we began to gripe about being assigned to her. She didn't belong in the ICU anymore, and what was the holdup on her transf er? We wanted to move her out to make room for patients we could help.

Robin was the only nurse who didn't resent caring for this patient. In fact, she enjoyed caring for her. She sang to her, talked to her, and even polished her nails. Robin cared for her every day, even if she had one or two other patients. This arrangement was fine by us. We took our turns on Robin's day off, but when the patient was finally transferred to long-term care, only Robin was sad. The rest of us quickly forgot her.

A surprising encounter

About a year later, Robin burst into the report room exclaiming, "You'll never guess who I saw! Anita Berry!" Seeing our blank looks, she reminded us that Ms. Berry was the young stroke victim.

Robin said she'd been talking to the person next to her on the bus when the woman in front of her turned around and asked if she was an ICU nurse at our hospital. When Robin said yes, the woman replied, "I had a stroke and I was a patient in your unit last year. I remember you from your voice."

Robin was completely astonished, as we all were upon hearing the story. Belatedly, I remembered my nursing school instructor telling us to talk to comatose patients as though they were alert; even if they couldn't respond, they might be able to hear.

Now that I'm a nursing instructor, I share Robin's story with my students when we study neurologic nursing. Sometimes it's too easy to treat patients as bed numbers with a disease, especially when they're unresponsive. If even one student learns from Robin's story, perhaps I'll have made amends to Ms. Berry.