

A Night In The Life of an OR Nurse

UNE NUIT DANS LA VIE D'UNE INFIRMIÈRE DE SALLE D'OPÉRATION

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RÉSUMÉ

L'auteure partage une expérience vécue d'une nuit en salle d'opération qui l'a changée à jamais.

En un moment ce traumatisme m'a définie en tant qu'infirmière. Pendant 9 ans j'étais spécialiste en traumatismes dans un grand hôpital aux États-Unis. Chaque soir il y avait des blessures par balle et des patients poignardés. Après avoir fait face à trop de fusillades dans les écoles, je suis revenue au Canada. J'étais fatiguée.

Après ce soir-là, la mort n'était plus jamais une idée, une notion poétique de l'esprit quittant le corps. Elle était froide, elle était sans pouls, elle était sanglante et elle avait une odeur tout à elle. Dès ce jour-là, je sais si un patient va expirer sur la table; l'odeur me le dit. J'avais fait face à la peur et à la mort et j'avais survécu. Je n'étais certes plus « nouvelle »... ni naïve.

A NIGHT IN THE LIFE OF AN OR NURSE

Author: Cindy Laukkanen, is Manager, Surgical Services, Alberta Children's Hospital, Calgary, AB, and has been an OR nurse since 1990. She is originally from Vancouver, BC, and has worked in both the US and Canada.

ABSTRACT

The author shares a personal experience, during a night shift in the OR, that changed her forever. I was defined as a nurse by that moment of trauma. I spent 9 years as a trauma specialist in a large US hospital. We did gun shots and stabbings every single night. After facing the results of too many school shootings, I came back to Canada. I was tired.

After that night, death was never again an idea, a poetic notion of the spirit leaving the body. It was cold, it was pulseless, it was bloody, and it has a smell all its own. To this day I can tell if a patient is going to die on the table, I can smell it. I had faced fear and death, and survived. I was certainly not “new” anymore... nor was I naïve.

I had been a nurse for just one year, and had always been in the operating room. I had first walked into the OR during my third year of nursing school. Until that day I had planned on being a midwife somewhere on the Hopi Reservation trying to balance life and poetry. But I walked into the OR one day during nursing school, in to the sterile, formal, hierarchical, environment and was so purely fascinated that I never walked out.

This fall night, one year in to my career, I was the in charge, night shift, OR nurse. The 3-11 shift cases were done, instruments were cleaned and put away, cases picked for the next day. I looked out the third floor windows to the creek below and lush overgrowth of the Oregon bushes, and in the reflection of the window stared down the night shift. Night shift was hard to predict. I hoped for a quiet one. I didn't have a lot of confidence yet, the unpredictability of nights made me anxious.

I was walking the north hall, securing the hallway doors, when the trauma pager went off. I phoned down to the emergency room (ER), told them I was en route and would be there in two minutes. They asked who the trauma surgeon was, where he was, was my crew in. I asked the patient status. There were two simultaneous traumas, a two car motor vehicle accident (MVA) and a stabbing/ gun shot wound (GSW) to two patients – thoracic, possible heart, possible abdomen.

I arrived in the ER and found the trauma surgeon looking for me. Together we had to triage and decide on the magnitude and case order to the OR. Four trauma rooms were being opened in the ER. Orders were being shouted by the ER charge nurse, the expected times of arrival of the ambulances were being announced

on the intercom, x-ray was setting up, the lab technicians were getting ready, everybody was gowning, gloving and talking.

The two MVA patients arrived first. The initial assessment a nurse makes is level of consciousness; yes, they were both breathing unassisted and able to speak. Good.

One patient had a large facial degloving and a good portion of her face and scalp were torn forward and hanging over her eye. She was covered in blood, it was flowing from her open scalp wound, but she had two good IV's going. She had abdominal distention, but was still breathing on her own. We could see facial fractures on exposed bone. I stopped to call the OR, ordered them to prepare for facial degloving, fractures and possible belly trauma. Plastics were called by the trauma surgeon.

The second MVA patient had open, compound femoral fractures of both legs, and the left leg was dislocated at the fractured pelvis, and the ankle shattered. The leg looked twisted as though it had been put on backwards and I quickly grabbed bone fragments from the stretcher. Again, the patient was awake and screaming in spite of massive doses of morphine. He was alternately vomiting in his hair and throwing it at the nurses and trying to strangle the paramedics. He had chest trauma of some sort, shallow, irregular breathing, and a terrible electrocardiogram (EKG).

Both patients were clearly operative. I was anxious. I was overwhelmed. I was dodging vomit and trying to prioritize my patients and organize my crew. I called in additional OR help and ordered the facial degloving first, anticipating blood in the ever distending abdomen. The second patient was being restrained by two security officers, two orderlies, and a resident. His strength in spite of his injuries was remarkable. As I tried, with the trauma surgeon, to evaluate a pelvic dislocation, he began spitting at us with deadly accuracy. This was also bloody. It was very hard to focus. I had to concentrate to keep my voice as calm and even as possible, “Number 2 to the OR, call ortho and for God's sake, knock him out.”



Courtesy L. Socha

Ambulance at the ER

Still in trauma 1, Jane Doe 1 (the first patient) had betadine poured over her abdomen. The belly tap kit was quickly opened and the surgeon made a small umbilical cut. I inserted the catheter into the abdomen and drew up fresh, frank blood. OR1. My crew arrived and I gave them a quick report, feeling as though I was somehow talking from outside myself. I was falsely calm. *Jane Doe 1 – OR1 – blood in abdomen, face. John Doe 1 – OR2 – ortho.* Above my own orders were the voices of the ER doctors, residents, charge nurse, lab and x-ray technicians. The second set of ambulances was being announced so the trauma surgeon and I moved to evaluate the next patients.

As I walked to the next bay, I felt like I was trembling. I told myself to breath slower and try to slow my heart. I wanted to cry so I bit the inside of my cheek to stop it.

The second set of ambulances had 3 patients. One was dead... two patients. One appeared to have knife wounds to his arms, legs, and scalp. I didn't see any frank venous or arterial blood. He was sitting up screaming profanities as we unloaded the other patient. The next patient had 5 visible gun shot entry wounds, was unconscious, intubated and the paramedics had lost his blood pressure. We went stat to the OR, shouting at the ER charge nurse, as we rolled by, to let the OR know we were on our way up.

We arrived in the OR, the other nurse began to cut off his clothes and pour betadine over his abdomen and chest. I gowned and gloved without scrubbing and was setting up my instruments for abdominal and thoracic trauma. My heart was

A Night In The Life (cont.)



Jupiter Images

ER Sign

racing, but finally I could turn away from evaluating trauma, from the ER zoo and set up my case. I was flooded with relief at this small familiarity. I had some relief from the fear.

My back was turned when I heard my other nurse yell "Oh My God". I heard a huge bang, and another. It was so loud my ears hurt and my head hurt from it. I heard metal on metal. I turned around. I saw the other ER patient, the stabbing patient. I saw his gun. I saw our patient on the table looking very, very dead. I felt like I froze, and that time was very slow. But I remember getting to the floor and pulling my back table over me. I remember the sound of my 200 instruments crashing to the floor. I remember screaming at a nurse coming in the back door to get out.

I remember in one moment conversing with God, calmly, as though only God and I were in the room. I thought I might die that night. "Please God, keep my nurses out of the room. Please God, my boy is three, please let me see four, I'm all he has. Please God, help us."

It was quiet for a moment. Then I heard screaming and shouts and looked over my back table to see the ER security and city police tackle and take down the armed patient. There was nothing gentle in what they did. The surgeon was counting his crew... we were all okay. I had pulled my table over, he and the anaesthesiologist and circulating nurse had hidden behind the anaesthesia machine. We were okay, but no one could speak for a moment.

The two patients were in rival gangs. One had followed the other to the OR to finish him off,

successfully. We called the morgue to get the patient on the table.

I went home that morning, after having cleared the body to the morgue getting the report on the MVA patients, comforting the other nurses, and telling the police a dozen times what had happened. All the while I felt numb and exhausted. I went home and held my child while he slept.

I was defined as a nurse by that moment of trauma. I spent 9 years as a trauma specialist in a large US hospital. We did gun shots and stabbings every single night. After facing the results of too many school shootings, I came back to Canada. I was tired.

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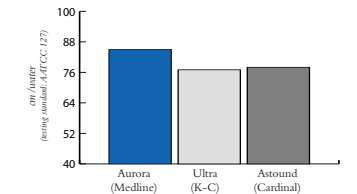
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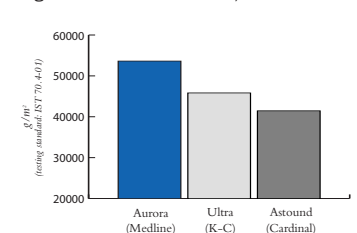
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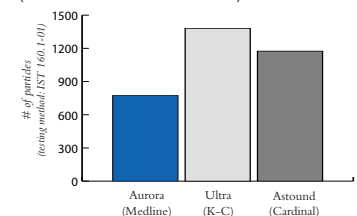
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