

# Finest Hour

## (Reflections of an OR Nurse)

By Dr. Joan Donald

While spending a number of hours in an airport as I awaited my flight, I walked by an advertisement which read "When Will Your FINEST HOUR Be?" Each time I passed the ad I became increasingly fascinated by it and I started wondering - at the end of the day, what would I say was my FINEST HOUR? I thought of so many events that have been significant and that brought joy into my life. I remember graduating from high school, from nursing school, and university. I thought about the day I was married and the delight of having two wonderful children. How rewarding it was when I was recognized by my peers and received an award or when I did a presentation that was well received by my audience. I mulled all these events over in my mind and wondered how could I ever pick one and say it was tops?

Then I started to think about this in regards to my nursing career. Which event would I choose to reflect my FINEST HOUR? So many experiences came to mind - how could I possibly choose one? In the realm of Operating Room (OR) or perioperative nursing, little compares to one's first solo scrub for a major surgical procedure. As a student nurse I remember how nervous I was when my turn came, especially given the fiery temper of the surgeon. As the case sped along, I tried valiantly to keep up the pace. Suddenly I realized that I had passed him a hemostat instead of the Kelly that he asked for. The instrument went flying across the room striking the circulating nurse in the leg. Still, nothing could compare with the exhilaration that I felt once the case was over and I had actually survived, despite his wrath. As I wheeled the instrument table past the OR desk, the supervisor was chewing out the surgeon for his foul behavior. I felt an instant sense of pride in her courageous stand on behalf of her nurses and she became one of my many

role models and mentors.

Despite a somewhat shaky beginning, I instantly loved the OR and I vowed that one nerve-wracking experience would not be the most memorable highlight of my training. Rather, I would remember events that were extra special to me - such as the time I cared for a lady in the Labor & Delivery Unit who had a full placenta previa and was bleeding to death before our eyes. I would remember how the obstetrician and I frantically wheeled her in her bed to the OR. How we insisted that the anesthetist come from the theatre out into the hall and provide some form of anesthesia while the surgeon opened the belly and we (me with my limited, but adequate for the moment, OR experience) delivered a live baby and saved a mother's life.

### "One special OR nurse encouraged me, taught me, and became my mentor".

My Operating Room experience ended up being the most significant part of my nursing education program. I credit much of this to one special OR nurse who encouraged me, taught me, and who became my mentor. As I later nursed her dying father, I learned the value of her encouragement and the lessons learned from her which allowed me to provide the

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best possible care to someone who meant so much to her. This was a fine hour in my nursing career.

As I later went on to specialize in perioperative nursing, I recall many special and exciting experiences. While taking my post graduate course in Operating Room Technique and Management, I remember the feelings of awe and amazement as I was part of the team setting up for an open heart procedure. During the procedure I watched as the pump took over for the patient's circulation while I handed up sutures used on the heart - WOW, I was part of it!

One night I was covering both OR and Recovery Room (RR) in a large urban hospital and they brought in a young man who had tried to commit suicide. He had held the gun to his mouth and shot the front of his face off, but lived to tell the tale. We worked diligently throughout the night, and as I wheeled him into the Recovery Room in the latter hours of my shift, I felt exhausted but proud of what we had accomplished. Now, if only that RR staff would come on early so I could clean up the mess awaiting me in the OR. Since I was covering the RR, I had to stay there and care for him. As I held his hand and tried to comfort his troubled spirit I realized that it was far more important for me to be here with him than back cleaning up the aftermath of the case. He knew he had failed in his attempt at ending his life and somehow I had to restore some measure of dignity to this man. On a number of his return visits to the OR for the much needed reconstructive surgery, he talked with me and remembered that night when we had formed some kind of a bond. This was indeed a fine moment in my nursing career.

### Agonizing over that dreaded vonPetz clamp

In my first job as a Registered Nurse (RN) in the OR, one of our duties was to put together the instrument sets and wrap them for sterilization. I remember agonizing over that dreaded vonPetz clamp that was used in gastrectomies. (Today's generation will not know this instrument.) With all its various intricacies, we all worried about having to load it and put it together. As I signed the sterilization tag, I prayed "Dear Lord, please let this thing fire properly!" How wonderful it felt to come back on duty after it had been used and know that I still had a job. Although there have always been complex pieces of equipment in an OR, I think none are more complex or demand more patience, skill, and plain common sense than the

myriad of pieces, cords, and fittings that abound today. OR nurses of today receive little credit for their manual dexterity, patience, and engineering skills but deserve plenty. Often, just being able to solve a problem with an uncooperative video system can be one's FINEST HOUR during a hectic day.

### Staff provided me special moments of pride and gratitude

As I reflected on other aspects of this topic, I think of the many times that my staff provided me with very special moments of pride and gratitude. When I saw a nurse greeting a patient with a smile, reassuring the family members, and holding a patient's hand as he or she drifted off to sleep, these were fine moments. When a Service Assistant (SA) provided each patient with a warm blanket when brought to the holding area, when the Team Leader of the Aides gave each of the Aides a hug and words of encouragement, these were fine moments. When nurses asked each other if they could help out or complimented each other, when nurses supported each other through troublesome times, and when nurses comforted each other in times of tragedy, these were moments to remember.

I especially remember an afternoon when an aortic aneurysm went bad. It was after 3 p.m. and suddenly everything in the OR centered around this one case. The word went out - they were in trouble. The patient's tissues proved more friable than had been anticipated. Every attempt to sew the offending vessels and tissues proved fruitless and each attempt to stem the flow of blood was met with failure. It was then that each and every member of the staff available rose to the occasion. The Attendant was running to the lab for blood, SAs were rushing supplies to the room, Aides were processing everything in sight, the Respiratory Therapist (RT) was responding to the Anesthetist's commands, and every nurse available was helping out in whatever way possible. This team functioned as a well oiled machine. Unfortunately, the patient did not survive. As the defeated surgeon called the coroner and started to make his way to the awaiting family, it struck me that this is what nursing is all about. This is how we work as a team, support each other, and comfort each other in times of crisis. This surgeon, as well as all other members of the team, needed comfort and support - this was everyone's role and as the exhausted nurses looked around the blood spattered room, their immediate thought was "how can we

best prepare this patient to be seen by his family?" I cannot help but think that this had to be one of my FINEST HOURS. I was so proud of the entire team - one of many such times, and as I reflected on this thought I wondered if this might be an example of what can be labeled as one of the greatest moments of a perioperative nurse's career. Knowing that the next generation will go the extra mile, will work to the point of exhaustion, that they will try everything possible to save a patient's life - this is more than any nurse can possibly wish for. I knew that I had that in my nursing staff.

### Think about what you say, what you do, and how you behave. It all makes a difference

If "an understanding of the present relies on the knowledge of the past" (Haag-Heitman, 1999, p.7), then knowing how OR nurses of the past struggled with similar concerns, problems, and patient care issues must surely shed some measure of light on our understanding of perioperative nursing of today. Perioperative nurses in today's environment have a multitude of issues to deal with. They do it with professionalism and patience, never once scorning the gods who brought them to this place. After all, they chose to be where they are.

Each time an OR nurse comforts a patient, meticulously prepares for a procedure, helps a colleague, or assists at the bedside, they are making a difference. Each of these moments are to be savored and treasured. Any one of these acts of kindness and caring could translate to their FINEST HOUR.

Haag-Heitman (1999) states that one of the central characteristics of a profession is "the degree of personal involvement with clients". For many perioperative nurses, their degree of personal involvement with patients goes far above and beyond the call of duty. I remember how one nurse spent many off duty hours with an out-of-town family whose only child had just had a hind quarter amputation. I recall another nurse who volunteered to stay late for an emergency case involving a young man with cancer who had been to our OR many times. She had formed a special relationship with this patient and, when he was in trouble and eventually died, she wanted to be there for him. From my perspective, this was one of her FINEST HOURS, albeit a very sad one, nonetheless a very special one.

As you go about your daily routine - setting up

cases, admitting patients, trouble-shooting for equipment failures, helping others, working long hours, and going that extra mile - remember that each and every moment that you are at work can mean so much to others. Think about what you say, what you do, and how you behave. It all makes a difference. While you routinely perform many tasks without consciously being aware of your attitude and approach, others are watching and learning. I don't believe that there is a more committed, organized, or autonomous group of nurses than perioperative nurses. The fact that we have each contributed to this process may well be our legacy to healthcare - our FINEST HOUR as a specialty group. Remember your unique contribution to healthcare. As individual perioperative nurses caring daily for surgical patients you alone can make the difference.

As the Marconi advertisement, says "This could be your Finest Hour"!

### Reference

Haag-Heitman, B. (1999). *Clinical Practice Development - Using Novice to Expert Theory*. (p 323). Aspen Publishers, Maryland, USA.



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# The RNFA - Anesthetic Team Collaborative Connection

Cheryl L. Spiece, RN, CPN(C), RNFA.

The RNFA functions as the patient's advocate in the nursing role. Understanding of the perioperative care the patient is receiving, to meet their physical and psycho-social needs, enables the RNFA to provide the patient with emotional support when they are most vulnerable - when under anaesthesia.

Pre-operatively the RNFA, functioning in an expanded role, is responsible for information obtained by reviewing the patient's chart. This review includes the surgeon's history and physical, anesthesia consult, specialist consult, nursing history, fluid balance sheet, medication record and diagnostic test results.

A patient interview introduces the RNFA to the patient while assessing for risk factors and patient needs for an individualized perioperative plan of care. The RNFA provides emotional support and perioperative patient education to help allay fear and anxiety experienced by the patient and their family members. The RNFA also acts as a liaison between the health care team members.

During my clinical internship, familiarity with individual anesthesiologist's pre-operative routines, preference of IV solution and preferred time of administration provided me with information for insertion of the IV pre-operatively in a more relaxed atmosphere, while concurrently exploring the patient's feelings and anxiety level. Reviewing the patient medication status allowed me to accurately report the medications

/ treatments administered, as ordered, and obtain any medication that may be required in the operating suite. ( eg. Asthma Inhalers )

The patients were asked if they use any holistic therapy that may not have been previously reported. Some health food preparations may have an effect on bleeding/clotting times. My pre-operative assessment also included enquiry regarding any changes in health status since their visit to the surgeon's office, pre-operative clinic, or consultation with the anesthesiologist.

The center of activity in the operating room is the patient undergoing surgical intervention. The immediate concern up to the time of anesthetic induction is the patient's reaction to the events that are occurring.

Patient education regarding pre-operative procedures and monitors does much to allay fear, while decreasing the sympathetic response that affects anaesthesia. In the operating suite, the RNFA Intern continues to provide comfort and reassurance while placing the monitoring equipment on the patient, administering oxygen, as directed, and being close and available for the patient, as the anesthesiologist prepares for induction. One of the major fears encountered by the surgical patient is the fear of pain. As an RNFA Intern I was able to reinforce the patient's pre-operative education on pain management options. Support and explanation of events during regional anaesthesia provides comfort to the patient.

My assessment of the patient's general neuromuscular status, history of sleep apnea, snoring, rheumatoid arthritis, obesity and neck/ cervical spine injury/ trauma/ masses provided data for planning operative

### Abstract

A requirement of the Registered Nurse First Assistant (RNFA) Clinical Internship is to explore the RNFA collaborative role with the anaesthetic team in facilitating positive patient surgical outcomes.

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