By Katy Meinbresse, MSN, RN, FNP-BC

The Tables Turned

A critical care nurse learns firsthand how helpless a nurse can make a patient's family feel.

During handoff report at the end of my night shift in the medical ICU, I realized that my phone had been vibrating in my pocket for a while. When I looked, I found a string of text messages and voice mails from my mom. My sister Molly had been hit by a car while riding her bicycle home from a friend's house early that morning. She'd flown 50 feet, landing near the edge of the bridge she had been crossing. Despite her helmet, she'd suffered multiple injuries, including facial fractures, a traumatic brain injury, and pelvis, hand, and leg fractures.

My sister would remain in the hospital for over a month, but the first week was especially trying for my family. Molly endured an emergency craniotomy and multiple surgeries. The trauma ICU strictly regulated visitors—even family couldn't stay for long, so we camped outside the unit with the other waiting families.

I spent as much time with Molly as I was allowed. Every time I stood to leave, she pleaded, "Don't go. Can't you stay?" Her eyes were swollen shut, and this loss of sight only intensified our awareness of her vulnerability and our own helplessness. She didn't seem to completely understand the extent of her injuries and repeatedly asked about going back to work and expressed surprise that I'd traveled in from out of town to see her.

On her first full night in the trauma ICU, Molly had a lot of pain and the nurses were having trouble managing it without bottoming out her blood pressure. As I arrived at her bedside at 2 AM, I found Molly moaning, saying, "I hurt all over." In my mind, I scrolled through a list of pain medications, desperate to think of something that wouldn't alter her mental status or affect her blood pressure, and eventually asked her nurse about the possibility of trying IV Tylenol or a lidocaine patch.

The nurse, perhaps caught off guard by my question, answered abruptly: "I don't think so. We don't do that here."

There was a pause.

"Don't do what?" I asked.

"We don't do IV Tylenol," she repeated. She did not offer an explanation, an alternative, or say she'd ask another provider. I was surprised that my ideas had been so quickly dismissed, and angry that she didn't seem to share my concern about my sister's pain.

I felt helpless, both as a critical care nurse and as a sister.

Trying to navigate the role from ICU nurse to family member without seeming pushy, I started to explain my reasoning for suggesting those medications—but getting little response from my sister's nurse, I quickly dropped the subject. She went out, and after a few minutes the charge nurse came by and suggested I step out to get some rest.

That night was scary for a lot of reasons, but the most disturbing part of it to me was that Molly's nurse didn't seem to care about her as a person surviving the worst day of her life. The nurse's unwillingness to hear my suggestions and acknowledge the concern behind them left me with the impression that protecting her professional authority had been prioritized over seeing to my sister's safety and comfort.

I didn't doubt the nurse's intellectual understanding of the situation or competency as an ICU nurse, but I didn't trust her to truly *care* for my sister. In that moment, I'd needed reassurance that she was aware Molly was in a lot of pain and would advocate for and comfort my sister even when no one was watching. Sitting in the waiting room unable to sleep, I worried that Molly was alone and without anyone to comfort her.

This night was the exception to the overall superb nursing care she received, but it stuck with me as I returned to work a month later. Life-threatening events were a regular part of my workday as a critical care nurse, and interacting with patients and families as they coped with loss was something I thought I understood. But my recent experience with the ICU had challenged this idea—and motivated me to change my practice.

No matter how much I think I know what's best for patients, my actions are not therapeutic if my patients and their family members aren't confident that I care about them as people and will advocate for them when they cannot speak for themselves. Reflecting on my experience with my sister and on the power bedside nurses have to alleviate fear and anxiety, I'm driven to move more slowly, be a better listener, and always make clear to my patients and their families that I care about their experience. ▼

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