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Executive Board

A Single Moment Can Change Lives

I will never forget him. His face is forever burned into my memory. People tell me that it is normal, but it doesn't feel that way. I remember the first time I saw him, he was back-boarded with superficial lacerations that covered his body. Though unable to express it, the fear and pain were written all over his face. His voice was weak and shaky as he stated his name … that was all I heard him say.

I thought I was ready for compressions, but I wasn't. There was no safe place to fix my gaze. Downward, I saw my hands, but just beneath them I could see his ribs that somewhere along the line were fractured. Looking straight ahead, I saw his mother pleading with her son to somehow hang in there, because she simply could not live without him. Looking right, I saw the monitor, with vitals that refused to improve. To the left, I saw his feet, dead feet. They were almost as white as the sheet, and just looking at them one could tell they were cold. His skin was lukewarm, not cold enough to know that he was lost, yet not warm enough to know he was alive. The feel of his cracked ribs under my hands is so foreign and wrong that I almost want to stop compressing for fear of puncturing lungs. The sweat running down the side of my face was a reflection of the heat in the typically frigid room, and the almost frantic pace with which everything was being done. The sounds were deafening, yet silent. I knew there was noise, there simply had to be – ventilator providing breaths, monitors beeping, doctors calling verbal orders. But no matter how hard I try, the only thing I remember hearing were tears hitting the floor. A sound that I can never recall hearing before, yet like a leaky faucet, now has the power to haunt me in my sleep. The smell was the worst. It was close to sweet, yet sickening, enough to make my stomach churn. Though I have never experienced it before, it is a scent I know I will forever be able to identify.

The clarity with which I remember his final moments is astounding. The doctor used ultrasound to show his mother that his heart was no longer beating; there was nothing that could be done to revive her sixteen year old son. That's when her knees gave out, and she collapsed to the floor in tears. I'm not one to be at a loss for words, but there is simply nothing you can say to a mother who ate dinner with her healthy, stubborn son three hours ago, and now will never see him again. Some say that losing an infant is the worst, because you never know what promise he or she held, you never know how they could have changed the world. I disagree. I think it's hardest to lose a teenager. They are old enough that you can dream for them, you know what their dreams are, and they are just old enough to begin pursuing them. Yet at the same time, they have yet to experience the best parts of life. Senior prom, graduation, 21st birthdays some of the most iconic parts of growing up they will never experience.

Numb. I knew that I should have been an emotional train wreck, but somehow I wasn't. That numbness needed to get me through my shift, so I kept busy. Stocked shelves, cleaned patient rooms, replaced clean laundry, literally anything I could do I did. The place was never cleaner or more organized. I was really proud of myself, I had managed to watch my first patient die, and six hours later, I had not shed a tear. In fact it wasn't until I was driving home that it hit me, "Oh my God, that kid died. I FAILED to save him." Somehow I managed to get home, and my roommate took one look at me and knew it had been a bad night. I cried for about 2 hours, and was so exhausted that I fell asleep on the couch. I rarely remember my dreams, but I remember my dreams that night centered around the life that boy would never finish. When I woke up, I decided to get some help. I went to MDH, and walked the third floor in search of any professor to talk to. I found many doors open, and knew that I could have gone to anyone for help, but I found myself in the comfort of Diane Rudolphi's office. I cried my eyes out as I told her my experience, and you know what? She remembered the first patient she lost. As we commiserated, it dawned on me…

In the end, we all will lose patients, and regardless of their age, it is never easy. No one wants to talk about how to deal with the emotional, mental and sometimes physical pain that comes with this loss, but it's something we all experience. I can't tell you how to deal, because everyone has their own way. Some will run 3 miles the next morning, leaving all the pain on the road behind them. Others will call family and friends and cry for days. Still others will go to faculty and try to talk it out. Whatever your strategy, the important thing is to do something about it. Don't ignore the pain, don't pretend it will go away, it won't. It is 3 months after I lost this patient, and I am still in many ways dealing with the pain. Every day it gets a little better, but I have to work at it. There is no way to prepare for that moment, it will take you by surprise. You are not alone, there are many resources at your fingertips, use them and find your way to deal with the pain.

Jaci Crowley graduated May 2011 currently works in Neurosurgery at VCU Health Systems in Richmond, VA.

Christiana Care's Critical Care Nurse Internship

Christiana Care's Critical Care Nurse Internship program is a six month internship comprised of preceptor-led clinical rotations, classroom lecture and online learning modules. The program is designed to help ease new nurses into the challenging field of intensive care nursing. Much like UD's senior preceptorship, rotations consist of one-on-one instruction in a six-week stepdown rotation and two eight-week ICU rotations. The ICUs involved include: Surgical Critical Care Complex (Neuro/Ortho/Trauma), Medical ICU, Cardiovascular/Coronary ICU, and Wilmington ICU. Rotations in the PACU or ED can be completed by special request.

The program is directed by Sandy Wakai, who also runs the UD/ Christiana Care Student Nurse Externship. Over a six month time period, we met periodically with Sandy for classroom lectures and to discuss our experiences on the units. Lectures were presented on various critical care topics by the healthcare professionals who specialize in them: physicians, physician assistants, nurse practitioners, pharmacists, and RNs. We were also enrolled in an online critical care education course through the American Association of Critical Care Nurses. Our meetings gave us the opportunity to take a better look at our complex patients; by talking through our assignments, we were able to better understand our patients and improve our critical thinking skills.

When I started the internship in June, I was nervous and intimidated by critical care nursing. In the beginning, I doubted whether I could handle the challenging patient conditions and stressful situations seen in ICUs. However, this internship was the best opportunity I could have asked for as a new graduate. Having a six month orientation gave me the time I needed to learn more about how to care for unstable patients, improve my critical thinking skills, and become comfortable in my nursing practice.

I was able to relate to my preceptors and they assured me that all new nurses are uneasy in the beginning! They were very supportive and I felt comfortable asking questions and voicing my concerns. Gradually, my preceptors gave me the freedom to do more on my own and make decisions regarding patient care. My confidence has greatly increased since starting the internship, and I am ready to provide excellent care to my patients.

Danielle Zambardino, BSN, RN graduated from UD in May 2010. She completed the Critical Care Nurse Internship and is now a nurse in the Surgical Critical Care Complex at Christiana Hospital.

How to Find Your First Job

No one prepares you for how challenging your first job search can be and what factors you need to consider when applying. Beginning in the spring of my senior year, I started my job search. I am from New York, and I assumed that is where I would end up working once I graduated. So, I applied to all of the top teaching hospitals in New York City and Long Island, New York. As time passed, I did not receive any phone calls, so I decided to venture out and apply to jobs in the state of California. I had traveled there in the spring of my senior year and could imagine myself actually living and working there.

Weeks later I got a call back from Cedars Sinai Medical Center in Los Angeles. I was so ecstatic and confused at the same time because Cedars is considered one of the top hospitals in southern California, yet I was not getting any call backs from the top hospitals I had previously applied to in New York. After my call back, I had a phone interview with the floor's manager and received an offer!

Before accepting the position, I flew out and took a tour of the hospital and unit in which I would be working. I also met with some of the RNs. This experience crystallized for me that I wanted to work there, and thus I accepted the offer. I moved out to California the summer following my senior year, and the rest is history.

Reflecting on my experience on finding a job, these are the factors to consider and keep in mind:

- Send applications EVERYWHERE and take a chance because you never know where you may end up.
- Answer every call back. The more interview experiences the better- even if you do not think it is the hospital you want to work for. These experiences provide valuable practice for when you do get that call back from the hospital of your choice.
- Graduating with good grades from a good school is definitely an advantage, but it does not always guarantee that you will get calls and offers from your top hospitals. Try to become more involved in other extra curricular activities that UD offers and build up that resume!
- Be mentally prepared and ready to pick up and leave if you take the chance to apply in another state. It can happen in an instant and may be your best or only choice.
- You may have to settle on another unit. I wanted to start in the CICU but there were not any positions available at the time, so I started on a cardiac stepdown unit.
- Be patient, take the chance and venture out because nursing really can take you anywhere. Just know that it may not be easy in the beginning, but it will happen!

Stephanie S. Abad, RN, BSN, CCRN- Graduated from UD in 2008. Stephanie now works at Cedars-Sinai Medical Center in LA on a Medical Telemetry/ Cardiac Observation Unit specializing in Heart Failure & Heart Transplant.

It Could Happen to You: How to Prevent Medication Errors in Clinical

My patient seemed like an easy assignment: she could walk to the bathroom on her own and could verbalize her needs and pain. She was in the hospital for a suspected blood clot, and as a result, she was on an anticoagulant (heparin) to prevent extension of this clot as well as to prevent a life threatening pulmonary embolus. The important thing to remember about an anticoagulant such as heparin is that, while it can be a lifesaving medication, it can also be very dangerous. It is important to monitor the patient's partial thromboplastin time (PTT) to be sure the patient is within the recommended parameters. If a patient receives too much medication, the blood will clot slowly and be at risk for bleeding; on the other hand, if the medication dosage is too low, clots may form or extend.

When my instructor came to observe me administering the morning medications, we noticed that her bag of saline, which was running with the intravenous heparin, seemed to have more in the bag than we expected. In addition, the patient's clotting times (PTT) had been outside the parameters recommended. Upon further investigation, we discovered that the IV tubing lines had been accidentally switched when hooked up to the IV pump. So, the patient was receiving too high a dose of heparin and too low a dose of saline.

Upon finding the error, the medication was immediately placed on hold and the physician, pharmacist, and nurse manager were informed. The nurse manager on the unit intervened and spoke directly to the patient. Meanwhile, the nurse caring for the patient filed an incident report. An incident report is a written account of the event that protects those involved in the incident. In addition, they also give the hospital and those involved in the event the opportunity to formally review and analyze all factors that contributed to the event. This is a critical step because it ensures that potentially new initiatives or changes can be instituted if needed to prevent future errors.

As a student, this was a very difficult situation. The patient was aware that something was wrong because so many people were coming in and out of her room, and initially, no one was giving her information. It was particularly trying since ultimately the primary nurse is responsible for the patient, and in that situation, I was unsure as to how to respond to the questions she was asking. I watched and learned as the nurse manager and my instructor addressed all the patient's questions and concerns. They were open and honest in their explanation, which was greatly appreciated by the patient. Most importantly, because the error was caught in time, no harm came to the patient.

This situation also made me realize how easily mistakes can happen. Some ways to prevent these mistakes include:

- Check Patient ID bracelet and ask/verify two identifiers (example name and D.O.B.)
- Calculate the dosage on a piece of paper and make sure the computer dosage matches your calculation
- Check the expiration dates of medications as well as IV tubing. If more than one IV is running, check to make sure all the lines are in correct pump and running at the correct rate.
- Don't think that errors cannot happen to you.

Although rules and regulations do help, it is up to all of us to ensure that errors are prevented.

The Robert Wood Johnson Foundation (RWJF) has funded the Quality and Safety Education for Nurses (QSEN). The specific areas of focus include six competencies… which include; patient centered care, teamwork and collaboration, evidence-based practice, quality improvement, informatics as well as safety. Go to http://www.qsen.org/video/ for more information or to view some patient/family stories.

Ashley Homan, Graduated May 2011

Interview with Julia

What is a "typical day" like during your season?

The marching band practices three days a week from 4-6 pm. This fall, during my first clinical rotation, I will miss some practices, but the rest of the season, I will be going right from clinical to band practice. This makes for a pretty long day and a lot of stuff to carry. Also, on game days, the band spends most of the day at the game so I have very long weeks.

What have been your biggest challenges?

The biggest challenge is time management and finding time to have fun outside of these activities. Oh, and finding time to sleep!

Has it been worth it?

Absolutely! I knew that I couldn't have my senior year without band. The marching band program at UD is one of the best organizations I've ever been a part of, we are a family. Band has been a part of my life for about eight years now and I couldn't give it up. The people I've met through band have been and still are some of the most important people in my life!

What advice would you give to the freshmen marching band members currently in our nursing program?

Stick with it! It's hard. No one will ever tell you differently, but it is definitely worth it!

Are you involved in any other programs at UD?

I am also a Co-Chair of the planning committee for Relay For Life, the largest non-profit fundraiser in the world. It raises money for the American Cancer Society. The Relay here at UD is one of the best events I've ever been to on campus, and it is for such a good cause. They do such great things for cancer patients and cancer research. Everyone has been touched by cancer in one way or another. To join me in the fight visit www.udrelay.org

Julia Beach, Senior Nursing Major

Making the Transition

When I graduated in May 2010, I was so excited to have a job secured and to finally start my career. In July, I started my new job at NYU Langone Medical Center in New York City in the Surgical ICU. All new graduates at NYU enter a Nurse Residency Program for the first year. There are five seminars to help new graduates transition from novice to expert. For those entering critical care, there are three additional seminars and an evidenced based project at the end of the year. It was very important for me to have this program in place in order to have support throughout my first year of nursing. While in school, I didn't realize how strenuous the first year on my own would be. I knew it would be difficult, but I did not realize that there would be so many new responsibilities or that working as an RN would be much different from my clinical experiences. The autonomy is overwhelming and using your clinical judgment is a challenge with such limited experience. However, I learned quickly that time management and organizational skills are key in making for a successful transition. Additionally, I found that there was always someone ready to help me out, and in twelve short weeks, I gained a whirlwind of experience.

Naturally, when my residency first began, I was extremely nervous about being on my own. Later on, as classroom orientation time decreased and time on the unit increased, so did my anxiety, and by the time I finally started working on the unit full time with one preceptor, I felt completely overwhelmed. The thought crossed my mind, as it does for most new nurses, 'how am I ever going to do this on my own?' I didn't know what to say to the doctors or the charge nurse when they asked for updates. I was getting things confused and my patients' conditions mixed up. So, I decided to become more organized and knowledgeable. I went out and got a critical care textbook and started to study various conditions on my days off. During week nine, I had my first official breakdown, but as soon as I confided in my preceptor, nurse educator, and nurse manager, things quickly turned around. I realized the importance of communication. If things are not going great with your preceptor, it is imperative that you say something because having a good relationship with your preceptor will make a world of difference. Always remember that no question is ever stupid.

I didn't realize that by May I would have so much autonomy and independent decision making to do. I quickly learned when to call the doctor because lab values are off and how to identify a deteriorating patient who may soon need to be intubated. I have assisted with procedures at the bedside like bronchoscopies, chest tube insertions, and insertions of swan-ganz catheters directly into patient's hearts. Maintaining blood pressures by titrating vasopressors is also something that I definitely have more confidence doing. These are all things that I never thought I would be doing as a new graduate, and while it is frightening at times, it is also extremely exhilarating. When looking for a job after school, ask what kind of orientation program the hospital has set up. A nurse residency program is a wonderful experience, and during the first, very stressful year of nursing, a solid support system is essential.

Jennifer Pavone, graduated in May 2010, NYC Surgical ICU

NCLEX Corner

By Dr. Judith W. Herrman, RN, ANEF
Coordinator, Undergraduate Program

Setting priorities among and between clients is an important skill in nursing and on NCLEX-RN. The following questions will test your skills in these areas:

1. You receive report on the following four clients. Based on the information given, which client would you assess first?
   a. A 46 year old, newly diagnosed cancer client; had a central venous catheter placed and is to begin chemotherapy induction this evening.
   b. A 73 year old post-op client following a hysterectomy 6 hours ago, on q4h IV pain meds, received MSO4 2 hours ago.
   c. A 6 month old, hospital day three for dehydration, taking and tolerating po feeds.
   d. A disoriented 50 year old man S/P MVA and rule out brain injury q1hour neuro checks.

2. A client is having surgery in three hours. Which of the following statements indicates immediate action?
   a. "I haven't moved my bowels in three days."
   b. "I don't understand what I am having done today."
   c. "I couldn't sleep last night…I am afraid."
   d. "I vomit a lot from anesthesia…I told the anesthetist last night."

3. You are preparing to administer a blood transfusion. Which of the following is the first nursing action?
   a. Ensuring the patient has an ID band
   b. Assess the patient's vital signs
   c. Secure the blood from the blood bank
   d. Teach the patient about the procedure.

Answers: 1) D 2) B 3) A