



# The Other Side of the IV Pole

Alison Drew is an experienced pediatric nurse. For more than 30 years, she has seen parents stream into the acute care pediatric unit, disheveled and crying, fearful for the health and well-being of their children. She thought she could handle anything – until she found herself on the other side of the IV pole, clinging to the hope that her son Jake would recover from a traumatic brain injury.

Alison's nightmare began in February 2007, with a frantic call from her youngest son, Max: "Mom, you've got to come quick, Jake's hurt bad – he's really, really hurt." Jake was with a group of boys who were pulling each other on a toboggan behind a pick-up truck around an elementary school parking lot. The truck pulling Jake turned a corner too fast, swinging the toboggan out of control and propelling him into a handicap ramp. His head and back hit the hard concrete. His back was swollen and he had suffered a spinal deformity. He was unconscious for ten minutes.

In these moments, Alison's nursing training was virtually useless. She depended on the multiprofessional team to keep her informed, to ensure she understood the situation and to offer comfort and emotional support. She credits the team at Scripps Mercy Hospital in San Diego, California, with fulfilling all of these needs throughout Jake's recovery, while also ensuring that he received quality critical care throughout his weeks-long stay in the intensive care unit (ICU). Her insight as both a nurse and the mother of a critically injured patient provides a unique insight into the importance of family-centered care.

"The staff not only took care of Jake, but us as well," Alison recalled. "They made sure we felt like part of the team."

## A Multiprofessional Approach to Family Care

From the moment care began, Alison and her family were exposed to multiple outlets for care and comfort. Some of the gestures were simple, such as the nurse who offered Alison a glass of water as she waited to hear word about her son. Other gestures emerged even if Alison thought she didn't want them. After Jake returned from his first surgery and showed discouraging signs – his intracranial pressure was rising and he wasn't responding to medication – a nurse offered to call a chaplain. At first, Alison was horrified and denied the offer, thinking that summoning the chaplain meant her son was going to die. The chaplain arrived anyway, knowing the seriousness of the patient's situation. "The chaplain was wonderful, and she came back many times afterwards to check on Jake's progress," Alison said. "I had a fear of what calling the chaplain meant, but I'm glad she instinctively knew to reach out to us."

Alison praised every member of the critical care team for providing exceptional family-centered care. "The multiprofessional medical staff included not only the chaplain, but also the respiratory therapists, the unit clerk who buzzed us through the door, the nursing staff, the doctors, and even the housekeeper," she explained, recalling how the housekeeper went far beyond her duties. "She would smile at Jake and give him a thumbs-up each time she entered the room."

Of course, experiences like this do not happen by accident. Before Jake arrived, the hospital staff had taken a serious look at ways to improve its family-centered care. Society of Critical Care Medicine member Judy Davidson, MS, CCRN, FCCM, director of advanced practice nursing and research at Mercy, had been surveying families whose loved ones were cared for at Mercy. Davidson wanted to learn more about their needs and expectations. Her study got the ICU staff thinking.

"We have an old facility, and its design and age present many challenges," explained Janet Murphy, BSN, RN, critical care educator at Mercy Hospital. Murphy was one of the many nurses to help care for Jake. "We only have a few single-patient rooms, and there are few private areas to discuss patient issues. When nurses change shifts, we have to ask

the family to leave the area to maintain everyone's privacy."

Mercy staff created tailored solutions to these not-uncommon problems. They started doing rounds through the unit while families were present, encouraging them to ask questions and to acquaint themselves with the caregivers. The hospital placed a water machine in the small waiting area and created policies to ensure families had a staff contact person while they waited. The American College of Critical Care Medicine's patient and family guidelines were distributed throughout the ICU.

"The guidelines help widen people's perspectives. People tend to think the way they are doing things is fine or the absolute end-all," Murphy said. "The guidelines can open minds to other options and different ideas."

Care even extended outside the ICU as members of the team reached out during community events to support Jake. Three nurses were able to attend a pep rally organized by Jake's high school classmates. Doctors also allowed some friends to see him, knowing both parties would benefit from these encouraging visits.

These extended visiting rights were another sign of Mercy's continuing effort to improve family care. "We don't have a rigid family visiting policy," Murphy explained. "We have guidelines that we hope staff will look at case by case. Each nurse takes each family into consideration and makes it work for that family. Jake was a popular high school student with a lot of friends. Generally, our visiting policy allows immediate family only. But we were trying to stimulate him and get him to an optimal level. Making an exception for Jake benefited the patient and the family. We made it work for them."

## Why It Makes a Difference

The quality care extended to Jake's family gave them great comfort during a very stressful time, but it also allowed them to safely navigate their own healing process. They too experienced varying levels of shock, anger, depression and disbelief.

Alison recalled the importance of feeling involved in her son's care – even in simple tasks such as emptying his Foley catheter. "One time, a nurse came in to restart an IV on Jake, and I tried to support his arm because I thought he would try to pull away. Rather tersely, she told me she didn't need any help. I remember just sinking inside and thinking that I needed to help." Alison went right back to doing little things to care for her son, and she was grateful that staff allowed her to be part of the team. "He was my son, not just their patient, and they let me feel like I was contributing."

"You just can't sit there and watch the patient lie in bed and not want to help – even if it's just touching them," she said. "It makes a difference if someone acknowledges that you have a concern for their patient. It makes a difference when someone asks what they can do to make you feel comfortable as well."

She decorated Jake's room with family photos and school pictures to personalize the patient in the bed, who lay almost unrecognizable with his head stitched together like a two-seamed ball. Soon, his baseball uniform, a Superman balloon and giant get well cards adorned his hospital room, giving the entire hospital staff an opportunity to ask questions and get to know the patient. The staff took great care to learn about Jake's interests and life before the ICU.

Jake was released from Mercy Scripps Hospital in June 2007 and has since worked toward making a complete recovery. Shortly after his release, Jake and his family returned to thank the critical care team that had been so thoughtful and thorough in treating not only the patient's medical needs, but also the family's emotional needs.

"Every person you come in contact with truly leaves an indelible mark on your memory," Alison said. It is a statement of how important patient- and family-centered care is, regardless of one's role within the multiprofessional team of critical care professionals. ▲

## NCCARM Celebration Tip

Mercy Hospital celebrated National Critical Care Awareness and Recognition Month with a dinner event for the intensive care unit staff. Organizers invited the entire Drew family to the event to share their story. Alison Drew was able to express her thanks and gratitude to her son's doctors, nurses and others who helped them through the ordeal. At the end of her presentation, she brought Jake on stage. He looked happy and healthy; he was no longer the unrecognizable ventilated patient with a swollen head like a watermelon. He looked like an average teenager – but he was alive because of them. The event was inspirational for staff who helped Jake reach this new point, and it was therapeutic for Jake, who didn't have much recollection of the experience or those who played part in it. Jake was able to thank the nurses who attended the vigil, the doctors who guided his care, and the housekeeper who gave him a thumbs-up each time she entered his room. The event also included awards for staff members' personal, academic, professional achievements.

"Especially in critical care, even when patients leave our department they are pretty far from where they should be function-wise," said Janet Murphy, a critical care educator at Mercy Hospital. "It's a long road, especially for someone who has had a significant injury or sickness. So, when Jake came back, and we could see his progress, it made everyone feel so good. It validates what you do, and it makes the staff feel as though they are making a difference. It's nice to see the end result."

Celebrate National Critical Care Awareness and Recognition Month this May by bringing a special speaker to your intensive care unit.



Find more celebration tips at [www.sccm.org/criticalconnections](http://www.sccm.org/criticalconnections).