

The Chicago Nurses' Parade; Now and Then (continued)

As with this year's parade, the purpose was to draw attention to the needs of nurses and to honor their service to humanity. Smeltzer said when she researched the former parade, she was struck by the nursing shortage at the time and "the invisible work of nurses."

"Now we're hearing stories of people who were in the parade, stories of how elegant they felt, how proud they were to be nurses, how important the ceremony after the parade was.... The book is creating the same sentiments as the parade did," said Smeltzer.

"We learn from history," said Vlases. "The issues we have today in nursing are not so different from what they were then, and this was a creative solution."



Both Smeltzer and Vlases said they thought National Nurses Week was an important time to recognize nurses for their contributions. Smeltzer said the public doesn't always recognize the intelligence and compassion that nurses bring to their profession, nor the depth of their work.

"Nurses really are the first surveillance for a patient. They are the ones that are with the patient on a continual basis throughout the illness.... The first ones to notice and prevent change in the patient's condition, or any untoward effects from their medical treatments. They are the patient's advocate and many times they're able to connect with the families and friends of the patients because they're always there," said Smeltzer. ♦



Pictured above, students from Oakton Community College participated in this year's event, as did members of Chicago's chapter of Chi Eta Phi, the professional nurses's sorority. At right is another photo from the original parade.



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Excellence In Action

By Sabrina Wu



There is no greater feeling of helplessness than watching someone that you love suffer, and not being able to do anything to make it better. That is exactly what Katherine, a Glenview mom, was going through one March afternoon when her 2-year old son began vomiting repeatedly.

"Jack was ashen gray," Katherine says, remembering her frantic drive to Chicago's Children's Memorial Hospital. "There was nothing left in his system. He was just vomiting up bile."

Katherine still gets tears in her eyes as she remembers that day. Her sadness turns to comfort, however, as she remembers the compassion that emergency room nurse, **Claudia Kirschner**, brought her during the crisis.

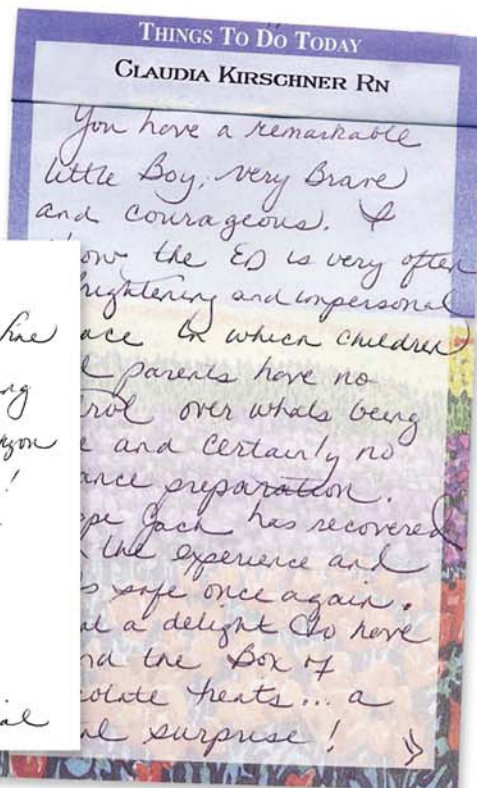
"Claudia just came right in and said 'I'm your nurse,'" Katherine remembers. "She was so sweet, so soft-spoken and always there for me."

Katherine says that she was especially worried because her son is very active, and she feared he might not stay still during the tests that needed to be conducted on him.

"I said my son is really strong and does not like doctors," Katherine recalls telling Claudia.

As Kirschner, inserted an IV into Jack's arm and prepped him for a barium enema and a lower and upper GI, she made sure that she explained exactly what needed to be done at each step during the entire process. "I felt such empathy for Katherine," Claudia says. "I knew this was going to be a very traumatic experience for her, especially not knowing what the diagnosis was going to be."

It was necessary to put Jack into an x-ray chamber for the barium enema. "This can be rather frightening for a small child," Claudia says. "The room is dark, and the child must remain in a tube with a camera that comes very close to the abdomen."



To keep Jack from becoming afraid, Katherine began to talk about trains, one of Jack's favorite things. She was grateful that Claudia picked up on what she was doing right away, and she compared the semi-enclosed chamber to a train tunnel to help Jack get through the experience.

"She protected us," says Katherine. "My son, who would freak out with doctors, was just fine with her."

Claudia was with the family for five hours that afternoon. "I cried when we said good-bye, because she just made it so much easier," Katherine remembers.

To thank Kirschner for her help and support with her son, Katherine later dropped off a box of chocolates for Claudia in the ER. The following week, two thank-you notes arrived in Glenview, one for Katherine and one for Jack. Included in Jack's thank you note were some photos of trains.

The note read, "Dear Jack, thank you for being such a good patient. Soon it will be time to visit our outdoor garden trains. Stay happy and healthy! All Aboard!" Claudia Kirschner, your ER nurse, Children's Memorial.

Katherine gets choked up as she reads the letters. "I was so touched by her words. I can't even tell you how much it meant to me that she included the train photos. And Jack was just thrilled. He wouldn't put those pictures down," Katherine recalls.

When Jack's mother heard about *The Nurses' Lounge Excellence in Action* series, she immediately knew that she had to tell us her story. Claudia Kirschner was one nurse whose story Chicago needed to hear. ♦

Dear Jack,
 I'm hoping you're feeling better and back home enjoying the Spring weather outdoors; playing! Thank you for being such a good patient! Soon it will be time to visit the outdoor garden trains! Stay happy and healthy!
 All Aboard,
 Your ER nurse at Children's Memorial
 Claudia Kirschner

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Perioperative Nursing

Four Chicago Nurses Share Their Views By Sabrina Wu

“It’s a mindset,” says **Ella Echavez**, an RN at Northwestern University Memorial Hospital, regarding her role as a perioperative nurse. Echavez works as a clinical coordinator at Northwestern, a level one trauma center. She specializes in vascular and thoracic care.

Echavez says that being an OR nurse means always being ready for anything during surgery. It means being able to think like the person performing the surgery. “You observe

the surgeons. Anticipating a doctor’s needs involves understanding the procedure that you’re doing.”

Echavez remembers a case where she stood on her feet in the OR for 36 hours. “It’s your responsibility to stay to finish the entire case if there are no nurses to relieve you.” Echavez notes that this does not happen very often, but adds that being an OR nurse is definitely not a 9-to-5 job. “You can’t just leave at the end of the day. When you’re in surgery,

everything else in your life takes a backseat.” As an OR nurse, Echavez says one challenge is walking in at the beginning of the day and not knowing if the day will hold five short cases, which can last as little as 15 minutes each, or one case which can last more than 24 hours.

“It’s exhilarating to be able to keep up with the surgeons,” Echavez says with a smile. Echavez, who has been a nurse for 14 years, recalls challenging cases that seemed to start out as orthopedic cases and then turned into vascular cases. She says some cases are a combination of all her specialties, and that keeping up with each individual case still gives her a rush she will never get tired of. “To me, at the





Ella Echavez, an OR nurse at Northwestern University Memorial Hospital

end of the day, I can always say, 'Yeah, I really did good today. I helped a patient.'

"The OR is a unique environment," claims **Julie Lawlis**, an RN at Children's Memorial Hospital. "I am the patient's advocate, because while patients are asleep, they can't speak for themselves. My position is to speak for them. I have to think for them.

"For example," Lawlis explains, "If I was going to be sleeping for four hours, how would I like my arms? Does the patient need a blanket roll? Foam to pad? Bairhugger to keep warm?" These are all issues that OR nurses have to consider as they care for patients before and after surgery.

"You're the surgeon's 'go-to' person," Lawlis says. Among all the other duties, this means positioning the patient, communicating with blood banks, giving and getting medications and managing charts.

Thelma Henderson works in the OR at the University of Chicago Hospital

Another major difference, according to Lawlis is the reliance on teamwork. More so than in any other situation, the operating room is a place that demands a collaborative work environment.

There are two types of OR nurses. One is a circulating nurse, who is not sterile, who gets needed supplies for the scrub nurse. Lawlis says there are times when this can be challenging, such as on the rare occasion when needed supplies are not in the OR. "You're on your feet and you're running," she says. "If you're out of supplies, then you have to run to go and get them."

"In the beginning there's a lot of anxiety," Lawlis admits. "[You ask yourself] will I be able to do these procedures? But after awhile you learn the ropes and you become much more confident."

Lawlis has been a nurse for 16 years. "[OR nursing] held my interest from the very beginning. You don't get to do things like this every day. Here you get to participate in all sorts of procedures."

Thelma Henderson, an RN at the University of Chicago Hospital

says that during her 23-year career, she has found out how important it is for an OR nurse to have both observational and organizational skills. She says these dual skills are critical to the unspoken connection between a surgeon and a scrub nurse.

(continued)



Perioperative Nursing *(continued)*

“Not everyone can be an OR nurse,” Henderson states. “A lot of the time you are thinking for the doctor. [The surgeons I work with] never have to ask for anything. In open heart surgery you have to have that connection. It’s the difference between life and death.”

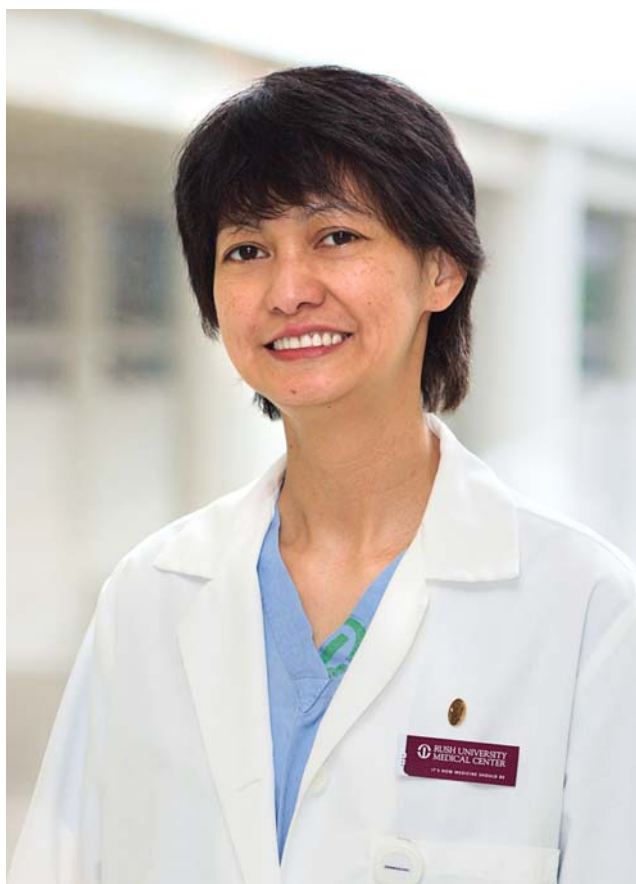
“You have to know which instrument to pass, how to pass it and when to pass it,” Henderson says. “You must organize your instruments so you know what to pass first, second and third. There are different instruments for each part of the body.”

Henderson also tells anyone who is thinking of going into perioperative nursing how important stamina is. “You have to have endurance,” she says. “Some cases last a very long time, so OR nurses must be prepared and be able to stand for the duration of the operation.”

Henderson said that Chicago is a good place to be an OR nurse, because there are several hospitals in the area and plenty of competition among them. She said she prefers working in a hospital. She also loves the city and has lived in Chicago for most of her life. Henderson explained, however, that most OR nurses do not stay in the profession just for the money. She said long-time perioperative nurses thrive on the pace of the OR and love the challenge of an unpredictable environment.

“I love every minute of it,” says **Mely Silva**, who has been an OR nurse for the past 26 years. Silva says she has been fortunate in that she has watched technology evolve during her time as a perioperative nurse. “Before, when we used to do a gastric bypass, we had to make these large incisions. Now, we can perform a laparoscopy and do all the work using a few small incisions.”

Silva, who works as an orientation coordinator at Rush University Medical Center, says, “You have to have a customer service attitude when you work in the OR. You could be working with 100 people in different disciplines in a single day, so there are bound to be personality conflicts.” Even so, Silva says, she loves the challenges of the OR.



Mely Silva, works as an orientation supervisor at Rush University Medical Center

Silva went on to say that she wishes more young nurses could experience the joys that come with OR nursing. Silva is concerned by the fact that nursing schools have currently stopped requiring OR nursing as a mandatory rotation, and have made it an elective.

“It’s most disappointing,” Silva says. “When I was a student, it was part of our curriculum, and it helped to spark an interest in the field. It’s not enough of an experience for student nurses just to observe perioperative nursing in the OR. It doesn’t give the true feeling of being involved.” ♦

We heard you shouting, "That would Never Happen!" during the May 22 episode of ABC's Grey's Anatomy.

As Seen on TV

by Audrey Hogan, RN BSN, MHA

The SCENE

An alcoholic sixty something year old man arrives at the ER with respiratory distress, a very distended abdomen and ascites. Logically, liver disease is confirmed and interns *Izzie* and *Cristina* perform paracentesis to reduce the pressure on his diaphragm and decrease his respiratory distress. During the procedure, the patient arrests and despite all attempts to revive him, he dies. The interns, concerned that they might have made a mistake that caused his demise and even more worried that they might acquire the nickname "007," meaning licensed to kill, try to persuade his daughter, angry about her father's chronic alcohol abuse and consequent treatment of her and her mother, and his grieving wife, who is caught in the middle, to consent to an autopsy to identify the actual cause of death. Despite their attempts to persuade the family otherwise, they are unable to obtain the needed consent. So they decide to try to bypass the family and get *Dr. Bailey*, their senior resident, to give them the go ahead. She tells them no, in no uncertain terms, and signs the death certificate. In real life, the story would end here, and our surgical interns would move on to their next H&P.

In *Grey's Anatomy*, the interns decide to perform an unauthorized autopsy themselves. Hours later, when caught in the act of performing the unauthorized autopsy by a furious *Dr. Bailey*, they share their findings with her. As TV luck would have it, their illegal autopsy finds that the man died not of the cirrhosis caused by his long-time drinking, but rather of hematomacrosis, a rare, treatable genetic disease that destroyed his heart and could also be a threat to his surviving daughter. The team then fesses up to the family and requests that they sign the consent after the procedure, which the family does.

MEDICAL TRUTH OR FICTION:

The accuracy pluses are:

The patient's symptoms were consistent with the original diagnosis and the treatment is consistent with the diagnosis. The request for an autopsy was reasonable as the College of American Pathologists recommends that a physician request an autopsy on every death. Listed among the types of death in which an autopsy should be especially encouraged are: unexpected or unexplained deaths occurring during or following any dental, medical or surgical diagnostic procedures and/or therapies.

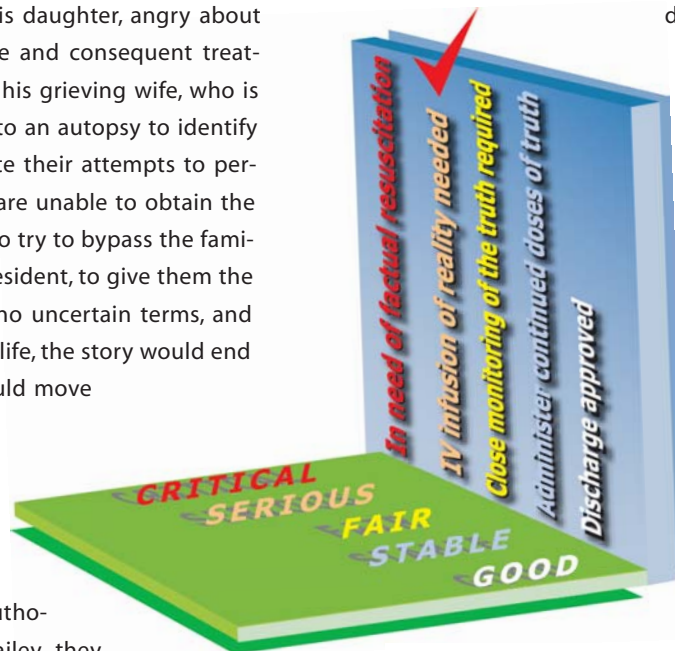
The show loses points for the following reasons:

Interns, one of whom has watched the procedure in the past, are left alone to do the procedure. While we all know the old "watch one, do one, teach one" adage, tell me that they would do it without a more senior resident present, or without a nurse in the room.

The determination of the need to perform an

autopsy is a discretionary responsibility of the coroner or medical examiner depending on the state. The King County Medical Examiner, the local authority for this fictitious hospital, requires people to report unexpected deaths that

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Our accuracy diagnosis is:

Serious – IV infusion of reality needed