

By Amanda Anderson, MPA, MSN, RN, CCRN

# Bedpans and Learning: Nursing Basics Still Matter

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There I was, orienting to a busy medical ICU, perplexed over a bedpan. You'd think, since I was just graduating from nursing school, that bedpans would be my area of expertise. Somehow, though, every unit I'd experienced had patient care assistants, or patients who didn't need this age-old tool. I'd certainly helped patients to the bathroom and cleaned incontinent ones. Despite the barrage of clinical learning, the basics of offering the pink plastic tool hadn't sunk in.

Paralyzed, I stood with it in my hand, looking at my intubated, awake patient. I'd had the wherewithal to ask the family to step out, but couldn't figure out which end went first. The horror of my preceptor finding it backwards would end me. Did the pointed end go toward the patient's back? The larger end toward the feet for better coverage? Why couldn't I remember?

Somehow, I managed to decide, and with heart racing, I urged the patient: "Turn to the side!" We both grimaced. I grasped the bedpan with one hand and his right hip with the other, while he reached toward the opposite side rail. His body, heavy with fluid, resisted my timid and inexperienced grasp, and he rolled back onto his back, without bedpan.

**My preceptor, just passing by**, arrived as I was about to start my second try. From the opposite side of the bed, she pulled his body toward her and I placed the bedpan where I thought it should go, praying to the ghost of Florence Nightingale that I'd positioned it right.

If it hadn't already been clear to my preceptor, this experience confirmed that, while I was confident in my nursing knowledge, my skills weren't up to snuff. Instead of choosing a final clinical placement on a med-surg unit or intensive care, I had opted to spend my senior year working in public health. When I decided I wanted bedside experience before specializing, I figured I'd just pick up what I missed on orientation.

For some reason, understanding when to intubate a patient came easily, but giving a bed bath? Terrifying. On our unit, we had no patient care assistants, and my preceptor's goal was to teach me how to perform all patient care without any help. "I don't want you to do everything by yourself all the time; I just want you to know *how to do* everything by yourself."

**So, we started slow:** I'd begin the bath, washing the front, and then I'd call for help as soon as trouble hit or I needed to turn my patient over. But before long, I would be finished before she even came to check on me—bath, turn, primp, and all. Soon, bedpans stopped scaring me, and neither did feeding patients, readjusting BiPAP masks, emptying Foley bags, or primping pillows.

A lot of basic nursing tasks are pretty logical. A bedpan is shaped like a toilet seat; it would be ridiculous to position the narrow end toward the back. Bed baths are actually chances to slow down and fully assess your patient's every mole, wound, and toenail. They're also a great chance to chat and make people feel human in a sterile, cold environment. Even intimidating skills like IV insertion can be practiced and learned until they are anxiety free for both patient and nurse.

But the hardest thing to learn when we're first starting out is that these tasks of care are not lists to be followed or steps to be taken. Nursing at its finest is the stuff of bedpans and bed baths. These are the moments when our patients feel our intentional touch, rest under the gaze of our watchful eye, and know the quality of our care. Years later, I realized that the lesson my preceptor taught me—to be fully self-sufficient—was simply a cover for her belief that the littlest tasks are often the most important. ▼

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