

While doing my preceptorship on E6, my preceptor and I were on our way back from taking our intubated patient from getting a CT scan of the patient's brain to see if there was any damage. A couple hours later, the patient's twin sister came to visit her from Arizona. I tried to fill her in as much as possible about her sister's condition and what we currently know, but the sister still looked like she had no idea what was going on. She looked happy to see her sister, but sad to see her in the condition that she was in. My guess was that the visiting sister had no idea what to expect when walking into the patient's room, and eventually saw that her sister could not talk or give any indication that she was able to recognize who her sister was because the patient was sedated.

After watching the visiting sister seemingly confused, I began to worry about her because she began to cry. I know my job as a student nurse/nurse is to care for people in a lot of ways. So, I began to talk to the visiting sister more, telling her about all of the things we do during the day to care for the patient and how much improvement we have seen from her after caring for her for 2 days. She began to confide in me by telling us that they are best friends (as well as sisters), and that she is the best person in the world and loves and cares for her so much. I felt sad to hear this because the patient meant so much to her, and for her to have to see her in this condition is just heart breaking.

In the moment, it is hard for anyone to match the level of feelings someone is going through when they have a loved in the hospital and as sick as this patient was. But I felt so grateful after spending time with the patient's sister because she was so appreciative of my preceptor and I with the way we had taken care of this patient so far. She was in the room for most of the time we cared for this patient and saw the genuine care that two male nurses had for her sister. I began to tell the visiting sister that I want to help people in many ways besides just giving medications, and that I always keep in mind that how I would want my family to be treated in the hospital.

I knew that my preceptor and I would have the same patient the next day and found out from the sister that she will be in Lubbock for a while – so I knew I would see this sister again. To be sure I was doing the best I could do to accommodate the visiting sister, I read through the communication and grieving PowerPoint from our previous modules, just in case something was to happen to the patient. I wanted to be ready, although I was confident that this patient was improving and would eventually wean off the ventilator.

By the next week when my preceptor and I were scheduled to work again, the patient was off the ventilator and on nasal cannula. We saw the sister and she was so happy to see us and also happy to see her sister improving. She kept telling all the nurses around that she loved the two of us so much and that she is so grateful that we took great care of her sister.

In conclusion, I will continue to provide the best care possible for the patient and family. In the ICU setting, the nurse-to-patient ratio is what it is to be able to provide your best care. The time that we have in the ICU (that med-surg nurses don't have) needs to be used wisely, and not just sitting at the desk waiting for the next med to give. It is not guaranteed that the patient's body will cooperate with all of the treatments, and sometimes the sickness may be too severe to overcome. But the family will always know the difference between a nurse who cares about the patient VS a nurse who is caring for a patient.