

Nursing: A Human Connection

BY CHARLOTTE FELDMAN, RNC

It was 1 AM. Blood was everywhere in this area of the intensive care unit. I hesitated and then stepped over the red-soaked towels. I glanced at the two steel-gray basins filled with foamy, regurgitated blood but found myself drawn to his face. Red ooze was on the pillowcase and around his mouth. God, I prayed, help me help him.

I had gone to bed around 11:30 PM and sank into a sound sleep. When the phone rang, the clock by my bed glared at me—12:15 AM. The night supervisor sounded anxious and asked if I could come to the hospital and help. Could I come right away?

Nursing is not on call for gastrointestinal procedures, but what can you say when you are told a man is bleeding? What do nurses say when they know they are needed? I said I would be right there.

Hospitals are so still after midnight. My footsteps seemed to vibrate off the walls as I hurried without running.

When I entered the intensive care unit, I immediately knew where I was needed. There were lights, bright lights, glaring. And people, too many people, standing and talking as if the bleeding man couldn't hear. I felt uneasy because initially I had to ignore the man while I busied myself with equipment and cords.

Finally, I looked into his face and saw his eyes—our first connection. We looked at each other, our fears apparent (although, of course, for different reasons), and the connection we had

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forged went on.

As I looked around the bed, I saw lines snaking their way under the blankets. Bags of blood were dripping into his life, but it seemed futile. The blood was exiting as fast as it was entering.

As the procedure began, I talked to him. I called him by his name and explained to him what was about to happen. I told him I would be there for the entire procedure. Such information can be a comfort to patients, allaying their fears of the unknown.

I also tried to tell him with my eyes that I would be there for him. My eyes said, "I'm on your side."

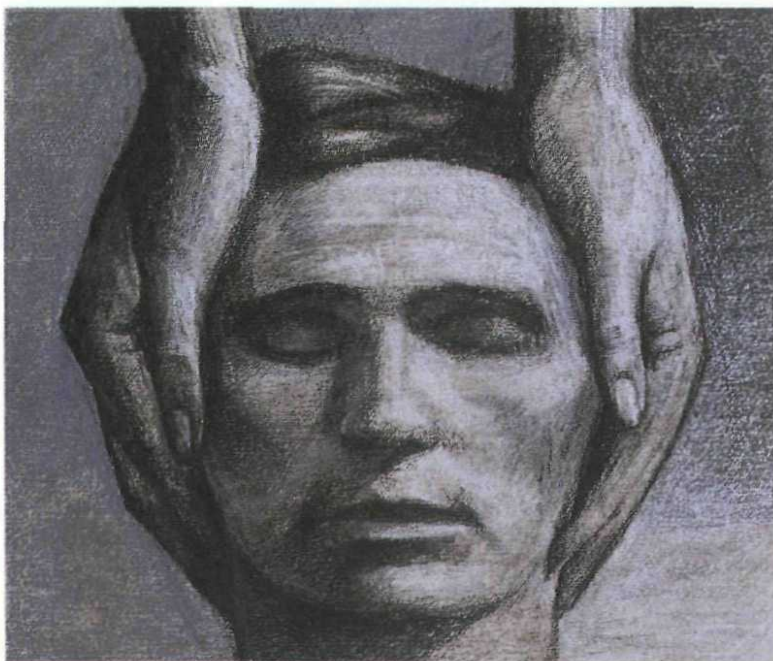
As I held the mouthpiece, I continued talking to him. I was the only one talking to him.

Even though he had been bleeding for several hours, he was alert. He fought against my grasp, not in anger but in reflex. I knew it could not be easy for him to lie quietly while a long black hose traveled into his body. Others in the room kept

telling him to relax. What are they talking about, I wondered? Don't they know? Can't they see him, really see him?

"Lie still," they said. "We're trying to help you. It's almost over." Comments such as these do nothing to quell a patient's fears. These comments alerted me that the other healthcare professionals in the room were forgetting something that I did not: He was human. Humans don't lie still while they are bleeding to death. Humans don't lie still

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