

While You Were Sleeping

It was a Friday afternoon in a busy operating room. Our cardio-thoracic surgeon had just informed us that we had an add-on case. Everyone groaned, wishing we were going home instead of doing one more case. I asked Dr. M what procedure he was booking. He explained that it was an unusual case of a sheared diaphragm as a result of a motor vehicle accident. The nineteen-year-old female patient was being transferred from the trauma unit to the pre-op holding area. While driving to work, she had been hit head-on by another driver, who had crossed over into her lane. Dr. M said that the EMTs initially thought she was dead at the scene, however, they found a pulse and she was air-lifted to the trauma unit. It was a miracle that she was alive. At the time she was unconscious and had suffered massive internal injuries and multiple fractures. Her chest cavity and abdominal cavity were no longer separated. The upper abdominal organs were being pushed into her chest cavity and were compromising her heart and lungs. Now it was ten days after the accident and she was stable enough to have the large tear in her diaphragm repaired. Dr. M and I discussed the special needs he had for this procedure and the approach that he would take. Our team that day consisted of the surgeon, Dr. M, our anesthesiologist, Dr. G, two RNs, one OR Tech, and two peri-op assistants. My role that day was first circulator. That meant my responsibility was to be the patient's advocate. I would be doing the pre-op interview and assessment. I was also responsible for patient safety and comfort while under our care. After preparing the operating room, I went to the pre-op area to meet our patient, ES. She was young, thin, very pale and obviously in a lot of pain. Her eyes were very bright and alert. I introduced myself and the first thing she said was, "Don't get too close to me, I smell bad." Surprised, I said "Why do you say that?" She replied, "I've been in this bed for days, and they haven't been able to give me a real bath, because of all my broken bones. I hurt everywhere, but I'm alive!" Her arms were in slings, both legs in splints. She had multiple incision sites, and various cuts, scrapes, and bruises. Her long brown hair was dirty and matted. She was about to have another major operation and all she wanted

was a good bath. My heart went out to her. She looked like a broken doll but had courage and strength of spirit that just grabbed me. I continued my interview while working on an idea. I told her I'd be back in a few minutes and left her in the hands of the pre-op staff, who prepared her for the OR. I found Dr. M and told him about the interview with E. I asked him if we could keep her asleep at the end of the case and give her a bath and shampoo in the OR. I reasoned that she would be pain-free while we bathed her, be more comfortable post-op, and probably recover better. He considered this and agreed, as long as Dr. G agreed also.

I then went to the OR and told my team about our patient. When they heard my idea we brainstormed about how we would do this in an OR. She was "our" patient now, part of our family. Dr. G came into the OR and I explained what we were planning. He agreed, as long as the surgery went well, we did it quickly, and kept her warm. I returned to the pre-op area and ES. Her mother, B, was at her bedside. I introduced myself and told them about my plan to bathe her while she was asleep. They were so happy B started to cry. It had been a long week for her after the dreaded call from the ER with the news, "Your daughter has been in an accident." I asked her if she had any of E's own bath things that we could use. We decided that I would get E's things from B when I came to the surgery waiting room to give her an update on our progress in the OR. I promised B I would take care of E as though she were my own daughter. Now it was time to go into the OR. B gave her a kiss and we rolled the bed to OR 2. We planned not to move her until she was asleep and I held her hand as the CRNA administered her anesthetic. We smoothly positioned, prepped, and draped for the procedure while Dr. M scrubbed for the case.

The case was underway and I asked the peri-op aides to come to OR 2. I explained our plan for her bath and they went to gather the extra supplies we needed. About halfway through the case, Dr. M had me go to give her mom an update. B was pacing anxiously when I arrived in the waiting area. She had a bag with E's supplies. I assured her that all was going well and it would be another hour or so until we finished. I reassured her that I

would call or come out every half hour to give her updates. Upon my return to the OR, the second circulator said things were moving along rather quickly now. The peri-op aides returned with supplies and the news that some of the other staff would be available to help at the end of the case. Dr. M finished his repair, the closing counts were done, and the incision was closed. We turned up the room temp to 90 degrees and let the others know we were ready for some extra hands. The aides brought warm towels, blankets, and buckets of water. Two RNs rigged up a plastic sheet under her head with buckets below to catch the water as they washed the dried blood and glass bits still in her hair. Others each took a limb, carefully removed splints and slings, then washed, dried, and reapplied new ones. It was teamwork in action. Every inch of her was washed, and all of her incisions cleaned and dressed. The room was hot, but this group was focused. I was amazed and proud to be part of a team that cared enough to give our patient some extra comfort and care. It was probably the only time any of us had given a patient a bed bath in the OR. We finished and carefully moved her back into her clean bed, wrapped in warm blankets, to wake up. We took her to the recovery room and turned her care over to another group of nurses. I went to find her mom. She had spoken to Dr. M and was so happy to hear all went very well and E was awake in the recovery area. She hugged me and thanked me for caring so much. I told her I knew E would get well and go home soon. I went home feeling good about what we had done that day.

Dr. M kept us updated on her progress and we knew when she was discharged to rehab. About three months later my charge nurse came to OR 2 while I was circulating another case. She said, "I'm here to relieve you so you can go to the waiting room. There is someone there to see you. She wouldn't tell me anything else.

Mystified, I went out the door to the waiting area. As I entered, I was surprised to see E walking towards me on crutches with a big smile on her face, and her mom at her side. She had returned to show me she was on the path to a full recovery. She thanked me for what we had done for her that day and said it gave her the strength to get well and go home. I hugged her and cried with joy.