The eccentricity of nurses

My daughter recently sent me the link to a blog which listed the ten signs that you are being raised by a nurse and I have to say I could identify with some of the bloggers observations. The first sign in particular struck a chord with my daughter and my long suffering partner:

1. You have to be bleeding to death or unconscious to go to the emergency room.

“When my dad started complaining of chest pain in the middle of the night and said he wanted to go to the ER, my mom warned him that it better not be his gallbladder. Halfway to the ER, she made him go back home so she could get her scrubs...you know, ‘cause she worked the next day. Needless to say, it was not his gallbladder. You guessed it; he was having a heart attack. I’m so glad it was not his gallbladder. You guessed it; he was having a heart attack. I’m so glad he’s still around to not let her live that one down...Oh, and she didn’t notify any of her kids until the next morning, because “he didn’t die”, so she didn’t want to wake us up. I found out from a co-worker who called me and said she was praying for our family.” ( http://adventuresofalabornurse.com/2015/03/13/10-signs-youre-being-raised-by-a-nurse)

I couldn’t remember ever being as bad as that, until Emily quickly reminded me of the time when she had fallen during a Duke of Edinburgh hike and I had to come and pick her up. She vividly recalls the pain assessment undertaken in the back of the car, “on a scale of 1-10 how would you describe your pain”? (Something she now uses when friends tell her they are in pain.) She also remembered the lecture given on the way to the hospital about how busy A/E departments are and how long we were going to have to wait to be seen and how it was probably just a sprain, no tears allowed. It turned out she had a significant ligament injury which required strapping, pain relief and rest and yes you guessed it I sent her to school on the Monday morning.

Other things listed that seemed to ring true to me about being a nurse included: having a cupboard with every possible medication/wound dressing requirement (including a full course of antibiotics); the constant requests for all sorts of medical advice from friends, family and neighbours. Does this ring a bell with any of you?

The article by Colette Malcolm in this month’s journal discusses acute pain assessment in the older person and includes the famous quote by McCaffrey ‘pain is what the patient says it is’. This article reminds us about the uniqueness of the patient’s pain experience and the importance of individualised assessment and effective medical intervention. As a peripherical practitioner the successful management of acute pain is recognised as a key responsibility, although it sounds like it might be something that I now need to review as a mother and partner?

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