

A Student's Reflections: Lessons Learned From Pediatric and Psychiatric Nursing

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During the first few days of my pediatric nursing rotation, I found myself completely shocked at least once every day. Pleasantly shocked, that is. My first shock came when I learned that children are transported around the hospital in classic red wagons. "What a great idea," I thought. "People who make decisions in this hospital are really thinking about the well-being of these kids." New surprises came in quick succession. Children are regularly medicated with topical anesthetics such as EMLA before intravenous lines are started, injections are given, or the lidocaine that precedes a lumbar puncture is administered. At the hospital where I was doing my rotation, children in chronic pain were visited at the bedside by acupuncturists. The growth, development, and creative stimulation of children was persistently attended to with visits to the playroom and bedside visits from recreational therapists offering games and arts and crafts projects. The best part of all had to be the detailed explanations that kids received before any invasive or new procedure. The child life specialist described each step of a surgery, MRI, or x-ray to each child. Miniature models of operating room tables, telemetry monitoring equipment, and intravenous bags and poles were used to demonstrate procedures and help familiarize children, relieve their fears, and give them an opportunity to ask questions.

But the surprises didn't stop there. During my psychiatric nursing rotation, I facilitated community meetings each day for residents of the unit to discuss concerns and share experiences. Again, creative projects occupied some portion of the day, giving residents the chance to express themselves and engage in dialogue with others. The first question asked to patients each day by members of the healthcare team was always, "How's your mood today?" In psychiatry, asking about mood is an essential part of daily assessments. Adapting such a practice in adult care might seem revolutionary.

As healthcare providers, we can be incredible taskmasters, focused on what it takes to get the job done.

On any given day this might mean changing a patient's wound dressing 3 times or ordering a series of diagnostic tests. But, there are so many changes we can make.

We need an adult life specialist who thinks about daily life in the hospital for adult patients. Someone who is listening to both verbal and nonverbal cues as to what could make the quality of life better for our inpatient population.

What about a daily community meeting on our medical-surgical units? A daily meeting would give patients a reason to ambulate and provide a forum for expressing feelings about illness and issues that affect the unit. Perhaps a rotating nurse could run such a meeting, which could last for about 30 minutes. While patients are participating in the meeting, staff nurses would have some time to focus on other patients who need more attention.

Explanations of procedures for adults need not happen with dolls and toys, but what about a book of photographs? Why not provide each adult with an album that explains the equipment, personnel, and environment that she/he will encounter during the procedure? We must remember that being in the hospital is, for some patients, the most stressful time in their lives. They are in the midst of a crisis, though we may be in the midst of a busy day at work. Because patients' ability to retain information may be compromised, clear explanations augmented with visual aids could be helpful.

Pain control is as important for adults as it is for children. Many patients suffer because of multiple sticks and pokes. Anesthetics like EMLA can enhance the quality of life for all patients who are in the hospital.

Pediatrics can teach us about alleviating pain, providing distractions, communicating clearly, and the importance of play and creativity in our patients' lives. Psychiatry can teach us that the hospital unit is a functioning community where patients and staff participate. As a future adult nurse practitioner, I hope to provide the kind of care that acknowledges my patients' needs, wants, hopes, and fears. We have so much to learn about best and humane practices. For my own sake and the sake of my patients, I hope I can integrate what I've learned from both pediatrics and psychiatry into my care of adults even if that means asking only one simple question: "How's your mood today?"

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