

# To Choose Love in the ICU

**T**his month's Nurse Voices — "To Choose Love in the ICU" — was written by Kayla Eddins. She writes: *I am a registered nurse at the University of Kansas Hospital in Kansas City, Kansas, on the Medical/Transplant ICU. I graduated with my BSN in 2015 and have now been a nurse for a little over a year. My favorite thing about being a nurse is the deep, meaningful connections I make with my patients and their family members during some of the darkest, scariest moments of their lives. When I'm not working I'm spending time at my parents' farm, having game nights with friends and watching my two small kittens grow up. You'll find me snowboarding in beautiful Colorado all winter and spending time outdoors all year long.*

I cared for Nick [not his real name] and his family a week into his stay on the transplant ICU. I approached this assignment with a certain amount of dread. The patient was young, his mother was highly involved in his care, and the pair had quickly earned a reputation among the nursing staff for being needy, anxious and exhausting. To deny that certain families earn this type of reputation is to lie about the real experience of the nursing profession.

Learning to interact and care for difficult families is often one of the most challenging and emotionally exhausting aspects of being a nurse. However, I have found in my first year of nursing that meeting patients and families wherever they are emotionally can also be very rewarding. To end a shift with the sense of having made an impact emotionally on my patient or to recognize that a bond developed between my patient's family and me is one of the most powerful experiences I have ever had. It is the one facet of nursing that bolsters me and drives me forward as a new nurse, even on particularly tough days when I feel defeated and exhausted.

And so, armed with a year's worth of experience learning to connect and engage with challenging patients and families, I began my day with Nick and his mother. I used the communication skills I had honed over the past year to connect with challenging patients and families, and — to my gratification — I quickly bonded with both the patient and his mother. I identified the aspects that made them difficult to work with and addressed them for what they were — deep-seated, emotional and intellectual needs that had to be met.

I quickly discovered that my young patient had spent his entire life coping with debilitating chronic illnesses, which left him with both a pervasive sense of anxiety and a strong

need to feel safe and well-cared for in the presence of his caregivers, particularly the ever-rotating nursing staff. It was my job to validate this need and care for him with the genuine concern and attention that he needed in order to trust me.

The other side of this coin was his mother, who had spent the last 21 years of her life caring for a chronically ill son and coping with the very real, raw fear that inevitably accompanies the process of watching your son die. Every day, she had to entrust the care of her son to strangers. To feel secure, she needed to be armed with knowledge about every aspect of her son's evolving condition and the care he was receiving.

I was the stranger of the day, the nurse in charge of caring for her critically ill son, and it was my job to show her that I was capable of caring for him by answering her questions, following up on requests for information and addressing each concern as it arose.

I spent two days caring for Nick and his mother, and by the afternoon of the second day I was spent. I have learned that the process of conscientiously addressing the deeply rooted emotional needs of your patients and their families for 12 hours at a time is exhausting and requires more patience and empathy than I could have comprehended before becoming a nurse.

On the afternoon of that second day, Nick returned from surgery in excruciating pain, despite a hydromorphone PCA with hefty settings and an epidural placed before surgery. Nick couldn't understand why he hurt so much — the last time he had an epidural, his pain had been all but resolved.

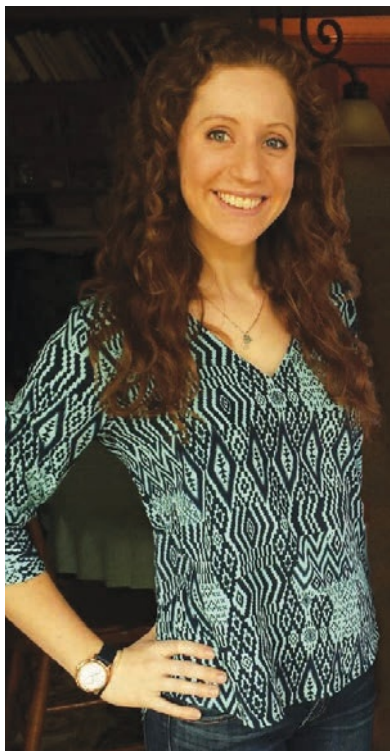
I spent an hour helping him address his pain in every conceivable way, including administering an extra PCA bolus,

speaking with the surgery nurse practitioner and anesthesia pain team about the intractable pain, and helping him reposition many times. The surgeon warned me that the patient would hurt more after this surgery than after previous ones. I explained this to Nick. His abdomen was full of scar tissue after a lifetime of surgeries, and closing the surgical site made his abdomen so tight that the surgical team ordered Nick to remain in a flexed position until further notice.

Nothing helped; nothing even touched the pain. Nick gave me an anguished look and whispered, "I'm scared. I hurt so badly, and I don't know why. Is it normal to feel so scared?"

Never in my life have I wished so much for a magic wand that could wave away the pain. Then, between moans, he said, "You never sang to me."

I froze, staring at him. Throughout the last two days I had occasionally asked him if he wanted me to turn on the TV



or Pandora. He would inevitably say no, and then I would jokingly offer to sing for him, thrusting my arm into the air and letting out an operatic “la la la!” Without fail, it always made him and his mother giggle appreciatively. But now he was asking me to really sing for him and not just in jest. I had never sung for anyone in my life — other than the children I babysat for. I told him this, and he just smiled weakly through the pain and asked, “Please?”

And so, with a bright red flush creeping up my cheeks, I shut the door and curtain to his room to make sure no one would hear me and returned to his bedside. He looked into my eyes expectantly. I swallowed my pride, took a deep breath and with my cheeks still burning I sang “Edelweiss,” the lullaby from “The Sound of Music.” And in that moment, he was completely focused on my face and my voice. For that moment, the pain was forgotten.

Of course, after the song was over the pain came roaring back. Eventually, a member of the anesthesia pain team arrived and put into place a bupivacaine PCEA with higher settings, and my patient finally experienced significant pain relief.

Nick never mentioned to anyone that I had sung for him, at least not while I was within earshot, and for that I was

**Choosing love in the ICU is often hard, particularly in the context of caring for medically complex patients and a laundry list of tasks that often distract from the emotional component of nursing.**

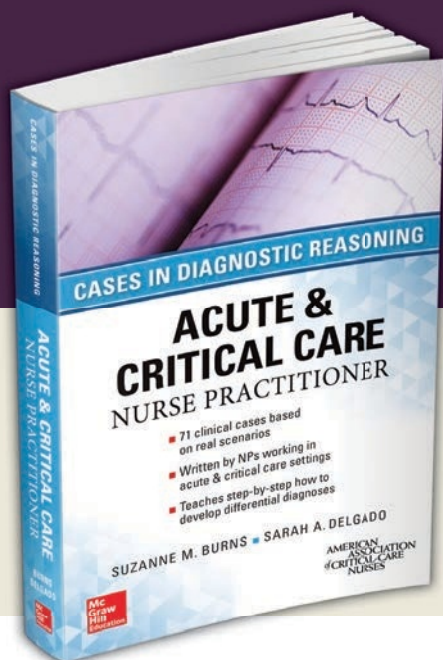
immensely grateful. It was an intimate moment between a nurse and her patient, and it was powerful. It forced me as far out of my comfort zone as I had ever been in my nursing career. It would have been easy to ignore his request, telling him I was too busy or promising to do it later, and both of us would

have known that later would never come. I had to choose to love my patient with all the compassion, empathy and patience I possess, and I had to choose that over pride.

Choosing love in the ICU is often difficult, particularly in the context of caring for medically complex patients and a laundry list of tasks that often distract from the emotional component of nursing. But it is the most worthwhile undertaking I have ever experienced, and it drives me forward in my career.

And so, in the midst of trying not to drown as a new nurse in the critical care setting, I choose compassion ... and patience ... and love. ○

*Do you have a first-person story about your nursing experiences you'd like to share? Send it to [aacnboldvoices@aacn.org](mailto:aacnboldvoices@aacn.org) for consideration in a future issue of AACN Bold Voices.*



## The ultimate, case-based guide for learning and teaching the art of diagnostic reasoning

“Teaching students the process of critical thinking and teasing out differential diagnoses is always a challenge. I believe these case studies will truly help students learn the process of differential diagnosing!”

—Joan E. King, PhD, ACNP-BC, ANP-BC, FAANP / Professor of Nursing  
Vanderbilt University School of Nursing

AMERICAN  
ASSOCIATION  
of CRITICAL-CARE  
NURSES

Save 20% with promo code **ACCNP16** at **MHPProfessional.com**

**Mc  
Graw  
Hill  
Education**