

The "Reflections" column features human interest stories about life-changing experiences with patients or other nursing school experiences. Send your query letter to nsna@nsna.org att: Managing editor.

A Swab of Coffee

By Janette Richardson

I sat in my seat filled with excitement about the day ahead of me. I came to clinical prepared to care for a patient that was going to require multiple "procedural" tasks that I, as the excited nursing student, was going to have the opportunity to do. I made sure that I had completed a thorough pathophysiology report, refreshed my reading on tracheostomy and wound care, and looked up all the meds that my patient would be receiving. I had even prepared myself for the challenges that lay ahead - at least the ones I assumed were challenges.

Pre-conference lasted a little longer than usual, and as it ended I jumped from my chair and made my way toward the nursing module to get a report from my mentor. From a slight distance I could see the chaos of the morning just getting started: the end of shift report was still going on, call lights were ringing in the background from early-rising patients, and the phones were ringing. Once I received an updated report from my mentor, I was informed that my patient "[seemed] to be depressed, hadn't been out of bed and if she did, it took two people to get her up because she was so weak." With a big deep breath, I consciously placed that information at the forefront of my mind and walked towards my patient's room.

As I opened the door with a gentle knock, I peeked around the door to find my patient lying quietly in bed. She was an elderly woman who had recently been diagnosed with throat cancer and had suffered through several

rounds of unsuccessful radiation therapy. As a result, my patient underwent a total tracheostomy, laryngectomy, and myotomy with a skin graft of the throat. If that wasn't enough, during the radiation treatments she had developed a fistula from the esophagus to the trachea. This prevented her from eating or drinking due to the risk of aspiration resulting in continual dependence on nutritional support through a G-tube. As I approached the bed I already knew two things that I was going to have to overcome: my patient could not use her voice and she was hard of hearing. I was ready to introduce myself to my patient when I noticed that she just wasn't lying quietly in bed, she was quietly crying. For a brief moment, I felt lost: what should I do? Do I stand there quietly? Do I leave and come back? Or, do I do what I need to do quickly and then leave her be? At that moment I realized that I had not yet experienced this part of nursing.

I gently placed my hand on her shoulder, so I wouldn't startle her, I explained who I was and asked her if everything was okay. At first she did not hear me - how could I forget so quickly that she was hard of hearing? So I leaned in a little more, feeling as if I was invading her personal space, and repeated my question. The patient immediately gave me a look that said very clearly, "Do I look okay?"

She immediately grabbed her pad of paper and pen

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and frantically wrote about how she was tired of being in the hospital, that she just wanted to be home taking care of her significant other, and that she was frustrated because she felt nobody was doing anything to make those things happen for her. Her “voice” was very loud and clear when she wrote, “NO ONE IS LISTENING TO ME!” Just then my mentor came into the room and my patient politely shoved the pad in her direction. As I watched, I quickly noticed that I hadn’t taken my hand off my patient’s shoulder and found that somehow, in an awkward manner, I had begun to develop some type of rapport with her – she reached for my hand and gave it a gentle squeeze. My mentor immediately assured my patient that she would call the social worker in hopes of arranging a family meeting and

contact the physician to address her concerns. The patient just gave a quiet gentle nod in response.

I went about my routine of gathering information for my assessment, providing medications, and doing a dressing change while finding myself spending more time listening to my patient “talk.” I also started to take note that what I had planned for the day was no longer a priority for me. As the morning progressed, I followed up with my mentor regarding the contact with the social worker and made sure that any new information I had, my patient would have. At times this seemed to help my patient feel like she was starting to gain control of her situation and brighten up, but then at, other times, it seemed as if I wasn’t doing enough.

As the day went on, I was excited about learning to flush my patient’s

G-tube. With my instructor at the bedside making small talk with my patient who was lying quietly in bed, I performed a task that I had looked forward to learning. As I was finishing up, I asked my patient if there was anything else that I could do for her. My patient turned her head and mouthed with a smile, “All I want is a fresh cup of hot black coffee,” even though she knew that this was not possible given her condition. I looked to my instructor as I didn’t know how to respond and found myself speechless. I offered to swab her mouth with water knowing that after all that she was going through today this was not what she wanted, and I was not surprised that she declined.

My instructor and I left the room and looked to each other wondering what if we could swab her mouth with coffee? We evaluated the possible

problems that this could cause, including how much saliva would be produced – would it cause her to aspirate due to the fistula in her throat? Did a potential outcome outweigh my patient’s request?

I returned to my patient’s room with a small cup of freshly brewed black coffee, just the way my patient described. As I approached the bed, I immediately noticed that her eyes brightened, her posture became taller as she sat herself up in bed and a smile emerged. I took a swab and dipped it into the fresh hot coffee and gently swabbed the inside of her cheeks, gums, lips and tongue. I could see the pure enjoyment that my patient was experiencing from the taste of the coffee in her mouth as if she had just taken the first sip, swallowed, and felt the warmth of the coffee line her insides. It was as if that one swab had washed away her problems. As I removed the swab from her mouth, she gently grabbed my wrist and hand, and held it as she repeatedly mouthed, “Thank you, thank you, thank you.”

It wasn’t until that moment in time that I realized that all of the little things that I had done for my patient today had a greater impact on her well-being rather than any of the other nursing care I was so excited about providing. For the first time, I realized that nursing is much more than what we are taught in school, it is more than the excitement of doing multiple “procedural” tasks that some of us look forward to doing. I finally gained a deep insight that nursing is a powerful understanding of the overall well-being of each of our patients, not just the tasks that we must complete to help them heal. ☺