



When the Going Gets Tough

How an understaffed nursing team pulled through during a diphtheria outbreak during the holidays.

BY GENEVIÈVE M. CLAVREUL, RN, PHD

BE A NURSE LONG ENOUGH AND YOU'LL develop many fond (and not so fond) memories. Although I can recall numerous great moments from virtually every hospital where I have ever worked, Bexar County Hospital still holds a special place in my heart. For it there that I learned invaluable intensive care skills and cemented my passion for pediatrics... seemingly all in one night that I'll never forget!

When I first arrived at Bexar County, it had the distinction of being one of the newest hospitals in San Antonio, Texas. There was a sense of hope and optimism in the air, and I couldn't wait to come to work. But working at Bexar County was no cakewalk. Back then, there was no such thing as an NICU. The cases we saw were extremely challenging since many of the patients came to us when they were at death's door. As with so many county or state hospitals, we were chronically overworked, understaffed and under-equipped. Yet what we lacked in these areas, we made up with an incredible *esprit de corps*—the kind that often springs forth from adversity.

Such adversity reared its ugly head one memorable December evening. We had just gotten control of a diphtheria outbreak that had ravished our community for nearly nine months when a second round broke out. Although Public Health had deemed the epidemic under control, waves of children had to be re-admitted because their parents had failed to get them the required booster shot.

Naturally, the holidays often found our staff stretched thin. So when I received the call pleading me to come into work on the cusp of Christmas, I had to take a rain check on celebrating my mother's birthday and return to duty. My friend Kathy (the head nurse of our unit) and I kissed our respective children good-bye and reported to Bexar County on a night that turned out to be anything but normal.

ARRIVING AT THE HOSPITAL, we discovered that we were short several RNs. Kathy was the only RN to supervise a team comprised of LVNs, and there was not an empty bed in sight. Never one to let a little thing such as short staffing faze her, Kathy quickly took stock of the situation and formulated a plan. We split into two teams, one of which had me overseeing some of my fellow LVNs. In exchange, Kathy offered me the first pick of which unit to monitor. Without hesitation, I chose the PICU, leaving Kathy and two other LVNs with what we called the "diarrhea ward."

It would take even greater measures to save this handful of children the second time around since they were already in a weakened state of health. But our team of RNs, LVNs and physicians had come to consider these children a part of our extended family. After helping them survive their first bout of

diphtheria (during which we had lost so many young lives), we were not about to let them lose their lives to a relapse.

I was one of the more experienced LVNs. I had already started my bridge to RN, so many of the less experienced LVNs looked to me for advice. After a quick review of the patient charts, we developed the following strategy: if the patient "forgot" to breathe (as so often happens with premature infants), we'll give them a quick reminder shake; don't worry about the vitals unless they took a serious turn south, respond to any of the monitors when they alarmed, and keep all lines clear. Everything else would have to wait till morning. Our sole objective: **KEEP EVERYONE BREATHING!**

IT WAS A HARROWING NIGHT, a night that I would never wish on *any* nurse. But these are the type of events that build camaraderie. We all know that there are moments when we, as nurses, are called upon to stretch the limits of our skills, our patience, and our emotions. These are the events that provide a unique opportunity that let us grow stronger in our profession and make us proud to be an RN.

Hour after hour, we tirelessly barreled through our mission. A dozen hours later, after a long and grueling night, we finally wrapped up our shift and gave our report to the incoming staff. The morning shift head nurse made a quick visual pass of the patients. "You forgot to restock the nurse's lounge!" she told us. Kathy and I exchanged grins. After what we had gone through together that evening, we were not about to let her flippant, critical remark get the best of us. We just had to laugh it off.

To this day, I still remember that one December eve in all its glorious details. In what surely could be described as a "night from Hell," our team rose to the occasion and took control, using every reserve strength we had to pull together. Our team of LVNs and one RN had managed to work an entire 12-hour shift with a unit filled to the brim with some of the sickest children we had ever seen. We met every challenge thrown our way with skill, with aplomb, without ever missing a beat. Above all, not a single child's condition worsened.

In a perfect world, a short-staffed hospital would never exist. However, in this imperfect world, short staffing is often a reality. That's why it is so important to remember this trite-but-true adage: "When the going gets tough, the tough get going!" **WN**



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