



Little Kojak

A YEAR IN THE PICU AND OUR YOUNG PATIENT KEPT FIGHTING

BY GENEVIÈVE M. CLAVREUL, RN, PHD

DURING HIS OR HER CAREER, A NURSE will touch a countless number of lives. Nurses can be the bearer of good news, or the breaker of bad news. They can be support through a lengthy recovery, a guide in unfamiliar settings, even advocates for a change in treatment. And

oftentimes those lives we nurses spend hours, weeks and sometimes months touching can leave their own indelible mark on our hearts, souls and psyches. Such is the case with a two-year-old boy I was privileged to get to know and help treat over 30 years ago.

Our request for a psychiatric consult for a two-year-old was met with raised eyebrows, especially when taken in the context of the 1970s.

The case of this young patient shows how the medical profession has grown in its care for the lives that are entrusted to them. Most notably, I have seen improvement in how we meet and treat the psychological needs of our patients, especially those who have been subjected to long, invasive and arduous treatment. If our nursing team hadn't been willing to fight for our little guy's psychological care, and if the physicians hadn't embraced what was a rather radical idea back then, I'm not sure he would have continued his own fight.

Lye-ing in Wait

The day he found himself in our care had begun innocently enough: His family was busy moving into their new home, and while they milled about, he decided to explore the kitchen. No one noticed when he opened a cabinet under the sink and pulled out a Coca-Cola bottle, a seemingly innocuous item. It didn't take long for the boy to begin to show signs of distress, and it was then the parents realized that their son drank something other than the advertised soda.

They rushed him to our medical center and the nearly toxic dose of lye that he ingested brought him to a bed in our PICU. This little boy spent over a year there, first in a medically induced coma and later in recuperation from multiple surgeries to correct ulcers that kept sprouting in an almost uncontrollable manner.

Risky Business

The South in the '70s might have been a little behind the curve on some things, but medically our doctors and nurses worked diligently to keep up with the latest in both diagnostics and treatment. I think it was one of our pediatric doctors that came up with the idea of contacting the pharmaceutical company of a then little-known drug called Tagamet, which is used to promote the healing of active stomach and duodenal ulcers, and in reducing ulcer pain.

At this time the drug had just been developed and was not yet in clinical trials — there were especially no guidelines for pediatric use. The doctors had recently read some information about this new drug, so they put in a request for some to use on our critically ill two-year-old. The pharmaceutical company was hesitant to acquiesce, especially for a child as young as our patient. But after much cajoling and promise of judicious caution the company gave permission and made arrangements to send us what we'd need for treatment.

"Who Loves Ya, Baby?"



Meanwhile the fight went on to save the boy. Once we released him from his medically induced coma, our work began. We had him so full of intravenous lines, electrodes and other medical necessities that he appeared more like something a mad scientist would create instead of the scared, sick little boy that was our patient. Any ICU nurse knows the toll multiple IVs take on a person's body, and it wasn't long before we began to run out of good veins to use and there were no more available cut-down sites. Soon all that was left was to "tap" his head.

None of the nurses could even contemplate trying to use his head as an IV site; they balked at the notion of having to shave the head of this little boy, who had already gone through so much, not to mention having to stick an IV needle into a person's head.

Maybe it was due to my upbringing in France, having seen the hardships brought upon so many of our Holocaust survivors and the waiting in the long food lines of reconstruction France; or maybe it was one of my mother's favorite sayings: "Better to suffer this than to be dead." Whatever the influence, I agreed to be the one who would undertake shaving his head and then placing the IVs.

Explaining to a two-year-old that you were going to have to shave his head is somewhat of a daunting task, but I took a lesson from a popular TV personality of the day — Kojak. Our littlest patient was quite enamored with Telly Savalas and his signature bald head, often saying that when he grew up he wanted to be the TV detective. So I explained to him that we were going to play "Kojak" for awhile and asked if he wanted to be Kojak, and that he could even have one of the detective's signature lollipops. With a quick clap of his little hands and a smile he gleefully let me shave off his beautiful black locks, leaving him completely bald.

As I handed him the much-anticipated lollipop, finishing his transformation into Kojak, two young residents walked in, and as they scanned the unit their eyes locked on our miniature detective. They failed to engage their brain before they engaged their mouth and asked, nearly in tandem, whose bright idea it was to shave this poor boy's head, turning him into such a "monstrosity." My heart sank as I watched the little boy's smile of glee begin to turn into a frown of despair, and as I tried to salvage the moment, my other teammates

Maybe it was my mother saying, "Better to suffer this than to be dead," that gave me the courage to shave his head and place the IVs.



quickly convinced the spoilsports to leave the unit. As they left I made sure our patient was watching, and I stated with great conviction that they must not appreciate great detectives like Kojak, then quickly turned to our little patient and added, "Who loves ya, baby?" Thus the moment of glee was recaptured.

Advocating for Our Patient

He loved being our little Kojak, and he particularly loved asking the new residents — many of whom were simply on rotation, so they weren't very familiar with our ongoing experience — if they were there to fix him his milkshake. He, and I must admit most of us, enjoyed watching their bewildered looks as they tried to figure out how they were going to fix this wide-eyed little boy, who was NPO in the middle of PICU, his milkshake.

He would make them struggle for a moment before he'd repeat his request, and then point to his IV where the milk-white intralipid fluid was being administered. I don't think any of us ever grew tired of his little game, and truth be told I think more

than one of the residents was a repeat victim of his joke, just because of how happy it made him.

Unfortunately even the happiest, most optimistic spirit can begin to fail after nearly a year in the hospital, multiple surgeries, and averaging on most days less than one hour of sleep. It wasn't long before our nursing team began to suspect that he was beginning to suffer signs of ICU psychosis, as well as other behavioral problems, and we asked that he receive a psychiatric consult.

This request was met with many raised eyebrows, especially when taken in context of the 1970s. Even though our medical center's physicians had had the temerity to call and basically badger the pharmaceutical company to allow them to use Tagamet on a two-year-old, they shied away from the suggestion that this same little boy old might be in need of psychiatric help.

Eventually our nursing team was able to provide sufficient data, information and reasons, and the doctors agreed to the consult. After that, it wasn't long before our little Kojak was back in fighting form.

When I think about the nearly six-month period when we had him in surgery closing one ulcer after another, and nearly as many days in recovery, the fact that he could still find the energy to pull both the doctors' and nurses' legs with his request for milkshakes and lollipops was awe-inspiring.

I am happy to say that after many, many, many months (more than I can count on my fingers and toes) he was released and returned home, perhaps a little haggard and weary of both the hospital bed and food, but healthy and whole. I often wonder what became of our little Kojak, but I feel heartened knowing how strongly our nursing team advocated for him — mind, body and spirit. **WN**



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