

Our code of ethics requires that we respond



Saving the Day

When off-duty nurses get called to help with a medical emergency

by Geneviève M. Clavreul, RN, Ph.D.

Summer is here and many of us look forward to having time off to relax, recharge our batteries, spend time with family and friends or just plain escape from the daily grind of our nursing responsibilities.

Nursing is one of those careers that doesn't stop when the workday ends. If a nurse hears that ominous request over the airplane's intercom — "is there a doctor or nurse onboard?" — a shiver of excitement or dread runs down the spine. A nurse is accustomed to answer a plea for help.

I still remember that sun-drenched beach in Martinique, where a colleague and I had decided to attend an international conference on women and HIV. I love Martinique, a little taste of home as French is spoken and many touches of France greet you at every turn; needless to say I was happy to attend a conference held in such a tropical locale.

Thursday rolled around and my colleague and I took a day off from the rigors of the conference, along with a multitude of conference delegates. As the day leisurely progressed, our revels were interrupted by screams for help from near the water's edge.

One would think that with a beach full of nurses and doctors, the woman in need of help would have been inundated. On the contrary, few responded. Everyone assumed someone else would answer the pleas for help. That afternoon's emergency was quite the subject of discussion at that evening's meet-and-greet. Many wondered how so many could stand idly by and ignore the screams. Others questioned the ethics of answering or ignoring the call, while others took a more jaundiced approach with the rationale that they were "on holiday and not on call." Some of the delegates rationalized they

"didn't speak French."

This adventure in Martinique taught me that even while on vacation, one might be called upon to render aid — and not to assume that someone else will help.

Two more times in my lifetime I've been called to render aid to a person in need while off-duty. The first was early in my career as an LPN when my kids and I were on a picnic in Topeka, Kansas, where my husband was stationed during the Vietnam War.

Dusk was falling. We were piled in the car driving home from the park when a frantic woman threw herself in front of our station wagon, forcing me to come to an abrupt stop. As I would learn, this woman had been trying for quite some time to get people to stop and help her mother, who was having a heart attack. Desperate, she threw herself on the hood of a passing car, which as luck would have it, was mine.

I helped resuscitate her mother and waited with her for the ambulance to arrive. That evening as I drove home my children buzzed with excitement at having our day take such an unexpected turn.

Who could forget that call that wafted through the cabin of our cross-country flight asking if there were any medical personnel onboard?

We see the "is there a doctor or nurse in the house?" scene played out on television or in the movies, often with dramatic flair and occasionally for laughs, but it takes on a whole new meaning when that call goes out in real life.

We were over North Carolina when the flight crew asked that a doctor or



nurse to report to the forward cabin. I was sound asleep, but my daughter, who was awake and observing the scene unfold, nudged me awake when she heard an older woman identify herself as a retired school nurse to a flight attendant.

Though she's appreciative of the skills of an RN who chooses to practice as a school nurse, she was concerned that this retired nurse might make the wrong diagnosis. A simple medical issue might be turned into a more complex matter that would

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cause our flight to be grounded in Raleigh, North Carolina, nearly 300 miles from our destination. I offered to help and as fate would have it, the emergency was minor. The passenger's vitals were monitored and she stayed hydrated until we landed at Dulles Airport where paramedics were waiting.

I recalled noticing this passenger earlier while we waited in the terminal to board. At the time I told my daughter that this lady appeared to have had one too many. Later she confirmed this to me adding that she'd also taken Valium to help "take the edge off."

Vacation is best defined as "leisure time away from work devoted to rest or pleasure." Just how we chose to use those days off can differ widely from person to person. Some take a trip to the Grand Canyon while others take a "stay-cation," the term coined to describe individuals relaxing at home and possibly taking day trips. Some nurses choose to use that time to continue their practice by helping others in need, such as volunteering with Doctors without Borders, Operation Smile or at a local clinic.

Whatever vacation is right for you, keep in mind that nurses are among that select group of individuals that fate sometime calls upon to handle an emergency situation. If this should happen to you during your vacation, remember that this experience too becomes woven into your vacation experience and can make for some great storytelling later. **WN**



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Healthcare Reform Updates

What nurses need to know

by Geneviève M. Clavreul, RN, Ph.D.

HEALTHCARE.GOV

This month the Dept. of Health and Human Services launched www.healthcare.gov. This website was one of the requirements of the healthcare law that passed in March. The site allows visitors to find public and private health insurance based on a brief survey, state of residence, and health and financial circumstances.

In October, the website will launch an additional tool that will enable people to compare the pricing of various insurance policies for which they qualify.

HIGH-RISK POOL ESTABLISHED IN CALIFORNIA

On June 29th Governor Schwarzenegger signed SB 227 (Healthcare coverage: temporary high-risk pool) and AB 1887 (Temporary high-risk pool) into law.

These two bills will enable California to obtain \$761 million in federal subsidies to help thousands of uninsured Californians obtain health insurance. These two companion bills enact federal healthcare reform changes and create a temporary high-risk pool for people who have been denied health insurance due to pre-existing medical conditions.

The funding will expire in three years, after which states are expected to have their insurance exchange plans in place.

NO DEDUCTIBLE OR CO-PAY FOR PREVENTIVE CARE

On July 14th the Obama Administration clarified a significant provision in the recently passed healthcare reform bill relating to some preventive care services. New insurance plans must cover immunizations recommended by the Center for Disease Control and Prevention for children and adults.

New plans will be prohibited from charging a co-pay or deductible for services recommended by the U.S. Preventive Services Task Force. Some of these covered services include:

- Colorectal cancer screening for adults over 50;
- Hepatitis B screening and tobacco counseling for pregnant women;
- Depression screening for adults and adolescents;
- HIV screening for adults at high risk;
- Obesity screening and counseling for adults and children; to name a few.

Meanwhile, mammogram screening (which the U.S. Preventive Services Task Force concluded that women between 40 and 50 didn't need on a regular basis) will continue to be made available to women in this age group every year or two at no cost thanks to a provision lawmakers inserted in the new law.

NOTE: Check this spot each issue for updates as the healthcare reform law is enacted.