

## The “Pull” to Go to the ICU

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When the news hit in February about the anticipated issues and needs related to the COVID-19 pandemic, several of us at Faulkner Hospital in Boston volunteered to go back to the ICU. It was clear that we would not have the amount of staff needed, not to mention qualified staff, if the news was to be believed. I had left the ICU in the late 80's to pursue a career in PACU. I, in my practice, certainly had my share of critical care patients, and still considered myself to be generally current in the manner of the intensive care unit. I was aware that not practicing in the Intensive Care environment directly on a daily basis, that I possessed the knowledge for the most part, but did not have a system or daily routine upon which to base my day.

I was confident I could help. I had studied the recent posts and information produced by both ASPAN and AACN. I was given a review by the critical care educator on the needed skills and information to set us up for success, and to the ICU I went. The initial weeks were overwhelming and tried my skills to every level imaginable. We had two patients each, on triple pressers and dual sedation, as well as insulin drips with complicated decision-making pathways. The documentation requirement in the first weeks was daunting until the hospital eased the required elements. The true ICU nurses were encouraging and helpful, and certainly welcoming. They did not make me feel

stupid or unskilled. We were on a journey none of us had planned on, nor were probably able to anticipate.

We lost many patients in those first weeks to the disease, we gained insight into what the patient would want, we used iPhones and FaceTime to allow family to participate if they couldn't be at the bedside. We fell back to what would we want. Nor, could we or should we, but rather taking a page from the ICU director, we are in this together and not alone. Fitting in a call to a patient's family when you are titrating pressers to balance the tightrope of instability was hard, but what would we want if we were the patient.

I have learned a lot in these past three months. I am sadder than when I started. But, to see the patient needing care and not able to always have the equipment, resource or skills put a new light on what it means to care. We can talk about donning and doffing with confidence, we can use our nursing skills to problem-solve when needing alternate methods or supplies. We can navigate the complex arena of the critical care units. As I write this, we now have travel ICU RNs with skills they share, stories we won't talk about, deaths where we were the ones holding a hand or patting an arm. I am proud to be a PACU nurse who can help in the ICU. Caring for those whom need our care. 🌱

## Can Ambulatory Surgery Nurses Help in this Pandemic?

Whitney Hamrick, BSN, MSN, RN, *Charleston, South Carolina*

My name is Whitney Hamrick. I am the patient care coordinator, at the Roper Ambulatory Surgery and Pain Management Center on James island, Charleston, South Carolina.

When all the COVID stuff started, we closed down, and March 20 was our last day for surgeries. We do elective outpatient surgeries, so for about a week we went without work, and of course wondered what we would do as this continued. One of our staff happened to be around some people at the Transition Clinic on Rivers Avenue doing some PPE education. They saw the clinic was going to open for testing and they needed RNs to do the testing. There are no RNs who work at the clinic normally, and they had no one to run the testing. My nurse mentioned to them that we are closed down and we are all RNs. We got set up with the Transition Clinic and were able to staff two RNs at the clinic every day since, including weekends, which we are still doing.

Not only was this necessary and helpful for patients to have somewhere to go, but we needed to work! We are completely grateful to the clinic and Amanda Farish Biondi, the transition manager for giving us the opportunity to not only serve our community during this difficult time, but allow us to continue working.

As nurses we have a role, and we have that need to help. For something like this to be going on in the world, and to see all the nurses and healthcare providers in other states working non-stop in such scary and hectic situations, we felt the need to be a part of that. Thankfully, here in South Carolina, it was never as bad as other states, but we still wanted to do our part. By being able to staff the clinic and test patients, we were able to fill that need. Again, we were so thankful for that opportunity.

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