



## **2018 Hope Babette Tang Humanism in Healthcare Essay Contest**

### **2nd place | Nursing Students**

#### **Rachel Sterling**

3rd Year, University of Texas Health Science Center San Antonio

### **Kenny**

I watched his heart rate drop from his normal rate of 120 to 100, then 80, then 70 and realized this was it. I called for his family, who was planning his service in the corner of the room. As they gathered around the bed, holding his hands and watching his breathing slow, I found myself glued to his footboard. I held his ankles and cried, willing him to let go and find the peace he deserved. Within a minute he was gone. I hugged his ex-wife and closest friend, tightly. We cried together for a minute, then I wiped my tears, printed the EKG strip showing asystole, and notified the physicians of the time of death.

Kenny was a patient on my Cardiac ICU unit for eight months. After his heart transplant, he faced every complication possible – bleeding, infection, respiratory failure, renal failure – he had it all. The first time I saw him, I remember thinking, “What a shame,” and dreaded the day I would have this emaciated man with the flattest affect I had ever seen as a patient. He didn’t seem afraid, or angry, or sad – he was just indifferent. It was clear I would have no connection with him.

On my first day with Kenny, I attempted to give him Tylenol through his PEG and instead shot the hot pink liquid all over the ceiling. He glanced at me with a look so void of confidence, I immediately felt the need to assure him I was a competent nurse. I spent several weekends caring for Kenny and little by little, I was able to crack his shell. On a particularly rough day, his anxious and difficult sister came to visit. I wasn’t his nurse that day, but I saw her run out of the room panicked, not knowing what Kenny was trying to say. I went to his bedside and he mouthed, “Tell her to leave.” Concerned she would see it as my own suggestion that she leave, I told her I didn’t know either. She walked away completely distressed. Meanwhile, Kenny was glaring at me. I shook my head to say, “There’s no way I’m telling her that!” He rolled his eyes and pretended to fall asleep. When she came back, he was “fast asleep” and I told her he was tired from dialysis and needed rest. Once she left, he opened his eyes, winked, and went back to sleep.

He wasn’t able to speak or write, and his mental status frequently changed, but we encouraged as much “normal” life as we could in the eight months he was with us. One day when he was too weak to walk, physical therapy pushed him in his recliner around the unit. His flat affect never changed, but he rode around, waving his best pageant wave as we all yelled, “Show us your shoes!” (A San Antonio

Fiesta tradition). He picked up his hospital gown to flash his bright red, no skid, hospital socks as we all cheered. We celebrated his birthday with hats and streamers and decorated his room with pictures of antique cars, his hobby before he got sick. And on the day he died, we had his brother bring his favorite beer so he could taste it one more time.

That morning before work, I woke up to a text from one of the night shift nurses that Kenny wasn't doing well. He had a new infection, wasn't tolerating dialysis, and needed multiple medications to maintain his blood pressure. His ex-wife and sister were in agreement for the first time that this might be it, time to let him go. I walked onto the unit already in tears. I had been dreading this day for months, and I couldn't imagine our unit without him. Despite the tiny smile he gave when I walked into his room, I had never seen him in so much agony. This was it. He needed us. The rest of the family arrived, the DNR was signed, and I started the morphine. News traveled fast and within an hour, physical, occupational, and respiratory therapists, social workers, chaplains, and nurses came to say goodbye to their friend. Elizabeth, a nurse practitioner, held Kenny's face, looked him in the eyes, and said, "I promise you, I will not let you die in pain. We will all miss you terribly, but it's okay to go now." He nodded slightly and shut his eyes.

People quickly lose their identity when they're admitted into an ICU – same socks, same gown, same rules. Patients become unrecognizable beneath the tangles of plastic tubing and electrical wires, but Kenny's identity flourished during his stay. We learned to see past his tired looks, but he also learned to see past ours. He saw our tears of joy after he walked 100 feet for the first time, our serious demeanor after the code alarm sounded, and our faces of despair when we couldn't read his lips and he was too tired to write. He watched me transition from a flustered new nurse who shot Tylenol on the ceiling to the one he knew he could count on to be his advocate until his last breath.

I had 15 minutes before change of shift. The last of his family had left so I stood in his room, with his cooling body a few feet away from me, and gathered my thoughts by the window. It had stopped raining for the first time all day and breaking between the clouds was a rainbow. I ran out of the room to tell the other nurses and when we all ran back in the room, there were two. A double rainbow. We stood at the window, crying and hugging, thanking him for what we all took as a sign that he was okay. He may have looked like an indifferent, unmotivated patient to those on the outside but to us, he was our Kenny.

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