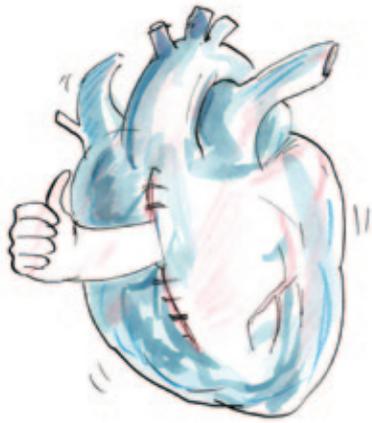


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Each summer, RNJ features your stories. This year, we asked you to lighten the mood with a bit of humour. We wanted to hear about your funniest nursing moments in hopes that your tales would add levity to the important and often stressful work you do every day. Nurses like to laugh, and that shows in the submissions that comprise this year's collection. Thank you to all members who took the time to share their comical and lighthearted memories. We invite you to read more at www.nursingweek.RNAO.ca, and we welcome additional submissions at letters@RNAO.ca

of nursing

ILLUSTRATIONS BY GRAHAM ROUMIEU

EDITED BY KIMBERLEY KEARSEY

Human reproduction and 10-year-olds

The year was 1991. I had returned to university to get my BScN. I was interested in public health, and jumped into my practicum with the enthusiasm of a 20-year-old. I was actually almost twice that age, but let's not get too caught up in minor details. I had been a mental health nurse for more than a decade, so I was pretty sure I could handle just about anything. My challenge was to teach sex education to Grade 5 students. My preceptor assured me that 10 was an exciting age, and I would have a great time. I questioned her wisdom when I walked into the classroom for the first time and the teacher promptly left the room after introducing me.

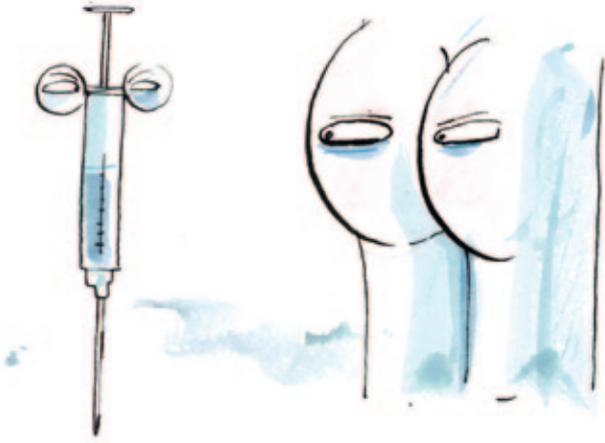
I was face-to-face with a group of young people who looked at me silently for 30 seconds, then engaged in rowdy conversations with their friends while I tried to get my overheads out of my bag (it was before PowerPoint and smart boards). I managed to get their attention with bad diagrams of the naked body. Much to my surprise, they did pay attention.

After a detailed, age appropriate description of human reproduction, I noticed a group of boys in the back corner of the room completely ignoring my brilliant presentation, and clearly involved in something else. When I wandered over, there was a sudden flurry of activity. But before they could cover it up, I managed to get my hands on the magazine they were engrossed in: the recently released swimsuit edition of *Sports Illustrated*. Their reactions ranged from beet-red faces of embarrassment to challenging glares.

I decided to use this as a teaching moment, even though it was a bit of a salvage operation from my perspective. I asked what they were looking at. "Women in bikinis," they said. "What's that like?" I asked, with as much casual indifference as I could muster. For the first time in the 30 minutes I had been there, it was dead silent. Finally, one brave soul piped up: "I get an ejection." I suppressed my smile and casually suggested that "an erection is a normal reaction, and happens as a result of what hormone?" Again, the terminal silence of 10-year-olds. Finally, a second brave soul offered reluctantly: "Testarossa?" He was corrected by one of his peers. "She's talking about hormones, not cars...it's testosterone!" I was so thrilled that a prepubescent boy had heard and retained something I had shared during my presentation, despite the distraction of bikini-clad women. His response left the children – and me – grinning from ear-to-ear.



Jan Slywchuk
Ailsa Craig, Ontario (Middlesex County)



Cheeky therapeutic care

Funny things happen in nursing all the time. Those of us “in the loop” can often see the humour in things that family and friends find gross or disgusting. This particular event occurred when, during my first year of nursing school at the local community college, I was on placement on a medical-surgical unit at the hospital. Those days were nerve-wracking at the best of times. I was new, innocent and mostly terrified of making a horrific mistake of some kind. Visions of causing harm or death to my poor patients ran rampant in my mind.

On this particular day, I was assigned a post-operative male patient who was probably in his mid-50s. He was brusque to the point of being rude, and spoke like a drill sergeant. He expected his every request and complaint to be handled immediately. My clinical instructor warned me of this ahead of time, but felt I was up to the task of caring for him in an acceptable manner. He advised me to be myself and just do my best. It was fine advice from someone who had half a career behind them, and had encountered any number of similar cases along the way. Personally, I was terrified. At one point in the day, my patient asked for pain medication to deal with his post-op discomfort. I visited the med room with my instructor to prepare the analgesic, and to arrange the syringe, alcohol swab, and med ticket on the small medication tray that I would take to his room.

When we arrived, he looked me and my syringe over with a disapproving frown and stated very clearly: “You can take that needle and shove it!” Without missing a beat, I replied: “Very well, roll over.” After a moment of stunned silence from all of us, he complied without comment and I proceeded to inject the analgesic into his bottom – my first attempt at such an injection.

As we left the room, and were far enough down the hall to be out of earshot, I turned to my instructor expecting a lecture on therapeutic nurse-client relationships. Instead, he burst out laughing, reassuring me I had done an excellent injection and handled the patient perfectly. That patient and I got along great after that. In fact, I had him for the rest of my med-surg rotation on that unit because he asked for me by name.

Two decades later, I often think of that incident and still chuckle. Sometimes meeting a patient on their level is the best therapeutic tool there is.

Marie Salovaara
Powassan, Ontario

The difficulty with dentures

I work as a charge RN in long-term care. One day, I walked into a medical room and saw a mound of dentures on the counter. One of the unit’s RPNs told me that the new resident with dementia had a habit of wandering into other residents’ rooms and taking their dentures. Staff had searched her room and reclaimed the dentures that did not belong to her, hence the pile now in the med room.

The difficulty with dentures in a long-term care facility is that, once out of the mouth, they are difficult to redistribute to their rightful owner. Often, we find a stray denture lying on or under a table after a meal. Most often, these can be quickly matched to whoever was sitting at that table and is now missing their teeth. Unfortunately, in this case, most of the dentures had not been properly labeled by staff when the residents entered the facility (our policy), so returning them to the rightful owner was almost impossible.

The next day, I returned to the floor and saw a row of residents lined up at the nursing station desk. Atop the desk was a row of blue denture cups. Out of desperation, one of the new grad RPNs had lined up a group of residents at the nursing station and was trying to match the dentures to the resident by having the resident try them on. “Don’t worry, I cleaned them,” she assured me. Each cup held a pair of dentures that ranged from petite to large in size, varied in colour, and appeared to be in various stages of aging, just like the line of residents standing before them.

“Good luck,” I said, and walked away.

Kim Epple
St. Catharines, Ontario

Dinner is served

In the late-1960s, I worked at Sensenbrenner Hospital in Kapuskasing. Shifts at the time were eight hours, and night shifts were scheduled seven in a row. While on a night rotation, my colleagues and I decided that rather than just bringing a boring sandwich for lunch at 3 a.m., we would take turns bringing a hot meal to share amongst the three of us. When it was my turn, I brought pasta. Just before 3 a.m., I turned on the hot plate to heat the sauce (this was before microwave ovens). When I turned on the second burner to cook the pasta, the fuse blew with a “poof.” Who could I call in the middle of the night to change a fuse? And how would I cook pasta for my hungry colleagues? Then, it hit me. In a cupboard just outside a utility room, I found a small autoclave. I took my pot of water and pasta, placed it into the sterilizer, and set it for 20 minutes. When the buzzer sounded, I removed the pot, and “Voila!” a pot of perfect al dente pasta.

Evadne Benson
London, Ontario

the
**lighter
side**
of nursing



Oops, there it is

I worked in a small community hospital from 1993-2011. I would always strive to offer the little extras that I hoped would make a difference. Whether giving back rubs or emptying urinals, there was always something to do, especially in the wee hours of the night. Plus, it was a good excuse to check on patients regularly.

During my very last night shift, I entered a dimly lit maternity ward room to refresh water and clear the bedside table for breakfast. I scooped up a few empty glass baby bottles and lids, and tossed them into the garbage cart while a new mom and her partner slept. As I turned to leave, she sprang up from an apparent dead sleep, and bellowed: "Hey, did you just throw out that lid that was on the table?"

"Um, yeah," I said. She then proceeded to tell me her newborn's umbilical cord was in the bottle lid, she was keeping it, and I'd better give it back to her. In Ojibway culture, the placenta goes back to the earth (traditionally, they hang it in a tree), and the umbilical cord is kept in a moss bag or small pouch, representing the beginning of life and the connection to Mother (Earth). I knew how important that tiny, dried up black tissue was. But how would I find it amongst last night's Greek salad remnants, including black olives. Of course, that's all I figured was in the cap: a dried up little olive. It didn't even dawn on me it was anything else.

Panic set in. Instantly, I could feel my heart racing, my lips were dry, I was parched. My throat felt like sandpaper with every

swallow. "I've got to find that bitty cord, NOW," I screamed to myself. Morning was looming, and I had other duties and patients to see. Faye, the dietary aide, would be up any minute to refresh the ward kitchen, restock supplies, collect dirty dishes, and the garbage. "I can't let her take the garbage," I said to myself. I ran to tell my colleagues what I was up against. Though there were differing opinions on the matter, I was not going to give up my search. I donned gloves and started to work quickly and meticulously. Wrappers, tetra packs, toast, gunk, salad, and so many little black olives. Is that the umbilical cord? Nope, olive.

After completely emptying out, and then rinsing the garbage bag in her bathroom sink, there was still no sign of an umbilical cord. "Did you find it yet?" she called out. "You have to find it, I need it," she demanded.

Nerves shattered and feeling the pressure, I headed back to the ward kitchen for another garbage bag, and round two. Repeat, only faster. Again, I get a sinking feeling as I come to the end. I pick up a dried piece of toast with a little black olive stuck to it. On closer inspection though, it doesn't quite feel like all the other limp, little, black olive pieces. It doesn't quite look the same colour either. Oh my God, there it is. Confirmed and returned to its rightful owner after a quick rinse under the tap.

Maryanne Carroll
Sioux Lookout, Ontario

Some comments simply defy explanation

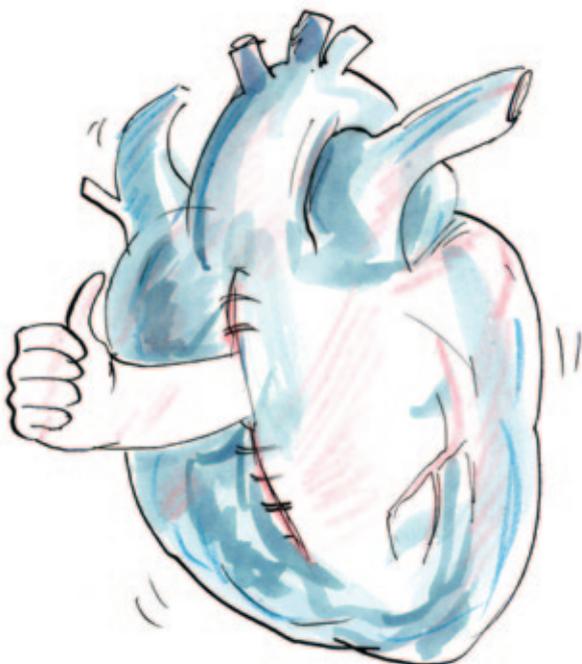
I recently picked up a quick four-hour shift on the medicine floor where I work. I did some assessments, gave out meds, and got people tucked in and ready for bed. While tending to an elderly gentleman with advanced dementia, I crouched down next to his bed and explained that I was tucking him in for a good night's sleep. He looked at me very seriously and declared: "Hail Mary full of grace, 40 chickens in a race." I roared with laughter. The memory of this random moment brings a smile to my face, and helps me to see the positive in an environment that can be exhausting and challenging.

Glennis Newton
Kingston, Ontario

No health concerns...after heart transplant

As a registered nurse on a busy surgical unit in an urban hospital, I know the early morning fast pace of admitting and preparing clients for the operating room is the norm. Once a client is changed into hospital attire, the nurse reviews the completed pre-admission assessment. This is a reasonably quick process during which current health status is assessed, and any areas of concern are quickly identified and dealt with accordingly. On this particular morning, I was caring for a young man scheduled for a routine procedure. In reviewing his pre-admission assessment, I determined he was a healthy young man based on the responses he provided in the assessment. In essence, he indicated he had no current medical issues. In conducting the review, I summarized aloud what he had written in his forms. "I see you have no heart or breathing issues, no trouble with previous anesthetics," and so on. He was proud of the fact that he was a very healthy young man. The assessment completed, I explained the procedure and obtained his consent, then escorted him to the OR waiting room. After I wished him well, I turned around and started to walk down the hall. That's when he turned to me and said reflectively, "No, I have no health concerns at all. I have been absolutely great since I had my heart transplant."

Rebecca Harbridge
Barrie, Ontario



You've got pain in your...what?

At the beginning of each night shift, I touch base with my patients to introduce myself and do a quick visual and subjective assessment. One night, I introduced myself to a patient who had hip surgery that day, and asked him how he was doing. "Not too good," he told me, noting he had lots of pain. "No hip pain, but I don't know what they did to my clitoris today in surgery, it sure hurts." I looked at him and was caught off guard by his comment. I wondered why his clitoris would hurt when he had hip surgery. The report did not tell me anything about this. I wondered if he was delusional. Is this an adverse reaction from anesthetic? Or did some instrument slip during surgery, and even though he visually appears very male, does he have female genitalia? These questions crowded my mind, but I focused my attention to assessing his pain.

I asked him what number out of 10 would he assess his pain at, and asked him to describe it. He said eight and described a constant burning. I asked him if he ever had this pain before or if he knew what might have caused it from surgery. He said, "Well, they put that tube down my throat and maybe they went too far." I was further baffled: a mouth piece certainly can't affect his clitoris, that is if he has one. I pinched myself in hopes this was one of those bizarre dreams. Unfortunately, I felt the pinch.

Suddenly, a light bulb went on in my head. Did he mean to say epiglottitis instead of clitoris? Immediately, I asked him to point to his area of pain. With a fixed stare at me, he pointed to his throat. For a moment, I just stared back in amazement. I barely managed to ask him, without smiling, what he would like for pain before leaving his room. I held back my laughter until I entered the med room and burst into uncontrollable, floor-sitting laughter with my peers.

When I finally controlled myself, I took him his analgesic. "I brought you two Tylenol threes for pain in your epiglottitis," I said. He looked at me, smiled, and said "yes, my epiglottitis." We both smiled and said no more

Susan Hacquoil
Dryden, Ontario