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The UH Nurse: University Hospital

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# The UH Nurse

University Hospital in Boston, a member of Boston University Medical Center

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**FEATURE ARTICLE: RECOVERY ROOM:** The Recovery Room, located within the Operating Room on C-7, is a specialty unit designed to provide a safe and uneventful course of recovery from anesthetic agents as well as to initially stabilize the patients after surgical procedures. The unit has a seven-bed capacity and as many as 15 to 25 patients pass through the unit throughout the course of a day. All patients go to the Recovery Room with few exceptions -- open-heart patients, a select few of the ICU patients (primarily infected ones), and those who have received only local anesthesia.

While in the unit, the patients are placed on oxygen and a cardiac monitor. Some also may be mechanically ventilated, may have a swan and arterial lines in place, and may be receiving continuous intravenous medication to maintain adequate blood pressure or cardiac function.

The unit is an open room, so subsequently patients are continuously observed. Vital signs are recorded every 15 minutes throughout the stay and patients are monitored closely for cardiopulmonary complications or significant changes in their hemodynamic status.

The Anesthesia Department is the medical service that is responsible for the patients while they are in the unit. It is their responsibility to give a report to a Recovery Room nurse upon admission, order pain or other appropriate medications, intervene in a crisis situation and evaluate patients for discharge from the unit. Surgical orders are initiated, such as hanging IVs and giving antibiotics, and in time of crisis, the attending service is alerted to the problem.

Certain procedures and protocols have been established for the various clients that come through the Recovery Room to provide a standard of care. Standing orders, under the policy of the unit, also exist (as with the ICUs) to allow the nurses to quickly intervene in time of crisis when a physician is not present.

Nurses working in this area are required to have experience in ICU nursing or a strong surgical nursing background. Knowledge of pulmonary physiology, hemodynamic monitoring and cardiac arrhythmias is imperative. Because an inhalation therapist is not assigned to the area, the nurses are required to understand mechanical ventilation well in order to maintain the patient on the respirator and to troubleshoot.

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The staff also needs to be cognizant of acid-base and blood gas interpretation. In addition, the nurses have to understand surgical procedures and expected care relative to those procedures. Lastly, a sound knowledge of pharmacology, especially in relation to anesthetic agents and effects when using combinations of drugs, is essential. Through all this, the nurses in recovery are able to send patients on their way to their pre-operative levels of health (if possible) and safely return them to their rooms or to an intensive care unit. --- by Carolyn Malin, R.N. (RR)

PROFESSIONAL ISSUE: "Do Not Resuscitate?": More patients are being kept alive today as a result of advanced medical technology. In some cases it is for the better, but what about the patient who is being kept alive beyond natural limits, or one who is irreversibly ill? This is when documented DNR becomes vital.

The purpose of this article is to inform nurses of some of the current information regarding Do Not Resuscitate (DNR) status.

The Dinnerstein and Sailkewicz cases have set precedent on the documentation of DNR orders. DNR orders may be written in the case of irreversibly terminally ill patients. The key words here being irreversibly and terminally ill.

University Hospital has a policy for Do Not Resuscitate Orders stated in Directive #5, Jan. 12, 1979. It reads:

1. In the case of a competent, irreversibly, terminally ill patient, a DNR order may be written upon the patient's informed consent to issue an order not to resuscitate. If the physician has any doubts whether a patient is competent or not, a consultation must be obtained with a psychiatrist and the Hospital Counsel.
2. If the patient is incompetent, and irreversibly, terminally ill, a DNR order may be written if the attending physician determines in light of the patient's history and condition and the wishes of the patient's immediate family that it would be medically inappropriate to institute efforts at resuscitation. Immediate family should be limited to spouse, children and parents. Spousal consent alone should be sufficient, but if the spouse is deceased, the consent should be given by all children who have reached majority or, if there are no children, by both parents. If the physician wishes to issue a DNR order and faces opposition or objection from the patient's family or there is dissention among the patient's family, no DNR order should be written. The matter should then be discussed with the Hospital Counsel. If there is no immediate family, a court appointed guardian must be obtained. If a competent patient had requested resuscitation and then becomes incompetent, a DNR order may not be issued without a court order.
3. In the case where the patient is a minor, the matter should be discussed with the Hospital Counsel before issuing DNR orders.
4. In the case where a DNR order is decided upon, the order must be

ordered by the physician clearly and promptly in the patient's chart. The responsible physician should make an attempt to write the DNR order on the patient's order sheet. The following must be included in the progress notes:

- a. A recording of the consent.
- b. A summary of any staff discussion and decision.
- c. A summary of disclosures made to the patient or family.
- d. The patient's or family's response.
- e. The physician's documentation of the patient's competence or incompetence.
- f. In the case of a court order, a copy of the order should be put in the chart.

In appropriate settings, DNR orders assist in allowing a patient to die with dignity. However, these orders must be properly documented and communicated to all members of the health-care team for this to be achieved.

When the documentation is not done, it leaves the nurse in a very difficult situation because he/she is usually the one who finds a patient unresponsive and must decide whether or not to institute CPR. In order to protect ourselves as nurses, when no DNR orders are written then CPR should be initiated.

This is a very sensitive area, and I'm sure all of you reading this have your own opinions about this matter. It is important, however, to keep in mind what is legally required of you as an accountable professional. --- by Barbara Perron, R.N., and Nannette Cirto, R.N. (E7W)

Pavulon Therapy Discussed in October "Nursing '81": Pavulon, a neuro-muscular blockage agent that paralyzes voluntary skeletal muscles, is used extensively during anesthesia and intubation. Pavulon also is used in intensive care units when a patient's pulmonary status warrants aggressive therapy. As a nurse in either the OR, RR or ICUs, one may find him or herself in a situation in which pavulon may be indicated. Subsequently, it is essential that one be cognizant of this drug and its effects in order to monitor and provide the appropriate standards of care.

"When All Else Failed, Pavulon Therapy Worked" is presented as Nursing Grand Rounds in the October issue of Nursing '81. The case concerns a 21-year-old male involved in a motor vehicle accident, sustaining a C5 fracture with C4 motor and sensory quadriplegia. The patient developed adult respiratory distress syndrome and required pavulon therapy for seven days. The article details the nursing care of a patient who is purposefully paralyzed with pavulon. It stresses the physical care, but more importantly, reminds one of the psychological and emotional support that a patient needs when all means of communication are physically impossible due to the pharmacological induced paralysis.

"When All Else Failed, Pavulon Therapy Worked" is interesting, informative and highly recommended to all who routinely use this drug. --- by Teresa Rye, R.N. (B5-SICU)

Magazine Article Focuses on Role of Agencies: The following factors raised in an article by B. Nielson entitled "Agencies Fill a Need But Are Not the Answer," which appeared in the March 16 issue of Hospital magazine, deserve attentive consideration by nurses and hospital management: First, the rapid growth of outside nursing staff agencies; second, the effect that staffing with auxiliary personnel has on the quality and continuity of the care provided; third, the diminishing staff morale with accompanying growth of resentment which results when the staff realizes that the agency nurse has greater learning power for performance of similar duties; fourth, increasing frustration felt by staff nurses who must deal with a stricter schedule, less pay and the politics of the institution; fifth, the migration from staff to agency nursing to the point where hospitals become quite dependent on temporary staff; and sixth, the lure of flexible scheduling and better pay that an agency offers a staff nurse.

Misuse of personnel by the assignment of non-nursing duties, less pay and less flexibility in the working schedule are factors to be considered by management if it is interested in halting the large ongoing turnover of staff. Finally, Neilson suggests that the hospital be ready to invest as much time and money in staff development as it does in its building and equipment. Nurses are now letting it be realized that when better salaries and working conditions are available, they will return to or remain in a hospital setting. --- by Celine Cloutier, R.N. (OR)

The Impact of Clinical Research on Nursing Practice Examined: "The Impact of Clinical Research on Nursing Practice in Critical Care" by Christine Lyons Mackey, R.N., B.S.N., C.C.R.N., which appeared in Focus on American Association of Critical Care Nurses, is a discussion of the far-reaching possibilities clinical research can have on professional nursing. Ms. Mackey points out that the impact of nursing research can be seen not only by improving knowledge level, improving care given and providing a means of consumer accountability, but also by maintaining the nurse's responsibility to him or herself and to nursing as a profession. She states that nursing research is essential at the staff nurse level. Becoming involved in research stimulates nurses to think in a different manner and analyze old problems with a new method for problem-solving.

In the ever expanding profession of nursing, nurses must substantiate their practices. Nurses must now be able to show accountability for their cost since the public, physicians and administrators have become increasingly concerned with the rising costs of hospitalization. Nursing research will provide this accountability and prove in specific ways that nursing does make a difference.

NOTE: Focus on AACN publishes a research question and answer column in each issue. Questions which pertain to critical care nursing will be answered based on current nursing research available to AACN.

Details for "Call for Critical Care Nursing Research Abstracts" by AACN may also be found in the October-November issue. Briefly, anyone interested in a critical care nursing research project may submit their abstract by Jan. 1, 1982. Abstracts by principle investigators who are nurses and whose research has not previously been published and adheres to Human Subjects Review Approval will be eligible for review and perhaps publication. --- by Jan Yarusso, R.N., Nurse Manager

RECRUITMENT: On Nov. 9, 1981, the Nursing Department welcomed the following new employees: Teresa Branca, R.N., E7W; Carmel Foley, R.N., C6; Elaine Glazer, R.N., F5; David Goudreau, R.N., MICU; Susan Grace, R.N., OR; Janet Groth, R.N., E7W; Joanne Panicci, R.N., F2E; Lynn Ronan, R.N., F2E; Judy Tracy, R.N., OR; Jesus Acebvedo, NA III, E8W; and Janice Petruzelli, OR Secretary.

What's Happening in Recruitment?: Career Days planned for December were Wednesday, Dec. 2, at Salve Regina College in Newport, R.I., and Monday, Dec. 7, at the University of Lowell. --- by Jane Keilty, R.N., Nurse Recruiter

CONTINUING EDUCATION -- In Review: With the holiday season here, many of the Continuing Education programs both within the Nursing Department and around the city were presented at the beginning of this month. The Nursing Department programs included: "Cancer Chemotherapy: A Basic Workshop," presented by Irene Bleday, B.S., R.Ph., UH staff pharmacist; Paulette Starck, R.N., M.S.N., Oncology Clinical Specialist. This workshop was intended for nurses with limited background in chemotherapy.

CPR Instructors Course, presented by Carol Hovanesian, R.N., OR Instructor; Chris Lassen, R.N., Continuing Education Instructor; and Gail Long, R.N., M.S.N., MICU/CCU Clinical Specialist. The prerequisite to participating in the Instructors Course is certification in Basic Life Support.

Both the Chemotherapy Workshop and Instructors Course will be repeated in the spring.

The ongoing workshops on Nursing Documentation were held on Nov. 4 and 18. Approximately 50 staff members attended each workshop and the workshop evaluations have been positive.

Upcoming Events in Continuing Education: The Recovery Room staff will present Nursing Grand Rounds on Dec. 16 and 17. On Dec. 16, Grand Rounds will be presented from 8 to 9 a.m. and on Dec. 17, from 2 to 3 p.m. Both presentations will be held in the Medical School, Room L-112.

The D-7 SICU staff are scheduled to present Nursing Grand Rounds in January.

The next scheduled Documentation Workshop will be held on Jan. 6, and the final workshop date is Feb. 3. The workshop will not be held in December.

The Board of Registration in Nursing has revised the rules and regulations for mandatory continuing education credits for relicensure. The revisions will be reported on in the next issue of the newsletter.

Flyers for all Nursing Department workshops are posted in the D2 Nursing Office and included in the pink Continuing Education calendars sent monthly to each nursing unit.

Continuing Education Events Around the City: Continuing Education programs scheduled in the Boston area include: "Intensive Care Intervention of the Acutely Ill Patient," Dec. 15, 8:30 a.m. to 3:00 p.m., Holiday Inn, Randolph, and "Emergency Care of the Critically Ill Patient," Dec. 16, 8:30 a.m. to 3:30 p.m., Holiday Inn, Randolph.

More information regarding program content, registration and cost is available in the Continuing Education Office, Vose Hall 3, x5376.

Of Special Interest to RN Staff Members Thinking of Obtaining a BSN Degree:  
The Department of Admissions at Northeastern University has sent an informational poster about their BSN program for RNs to the Continuing Education Office. They include tear-off postcards to mail in and obtain more information.

Boston College is now holding monthly Information Sessions concerning their BSN program for RNs. The sessions are held at Boston College in the Cushing Lounge from 3 p.m. to 4:30 p.m. The next session will be held on Feb. 9.

Two articles pertinent to the topic of BSN programs for RN Students were published in the November 1981 issue of The American Journal of Nursing. One article is entitled "BSN Doors are Opening for RN Students" and the second, "Reality Shock In Reverse".

To obtain further information about Northeastern's or Boston College's BSN programs or a copy of The American Journal of Nursing, call or drop by the Continuing Education Office, Vose Hall 3, x5376. --- by Carole MacKenzie, R.N., Cont. Ed. Instructor

INTERVIEW WITH CYNTHIA HASTINGS - RESEARCH NURSE: Did you ever hear a title and not know the name of the person with that title or what that person did? Such was the case when the title "Research Nurse" was presented to me. Who is the Research Nurse? What is her background? What does she do? And most importantly, what impact will she have on nursing at University Hospital?

Cynthia Hastings is the Research Nurse at University Hospital. She is an assistant to the Administrator for the Nursing Service but she is in fact available to all nurses at UH. She received her BS in Nursing at Vanderbilt University in Nashville, Tenn. She went on to obtain a master's degree in fine arts and then a master's degree in nursing. She is presently a doctoral candidate at New York University. She has also been teaching nursing in various programs for 15 years. Cynthia "loves teaching" but it was her strong sense of curiosity that led her to research.

The position of Research Nurse is new here at University Hospital, but there are other hospitals in the area that have similar positions, although in varying stages of development. It was through the efforts of Ms. Sweatt and other nursing administrators that this position was created. Cynthia started in July of this year and is indeed fulfilling an encompassing role. This role involves theory-based problem-solving, evaluation research and formal research. As the Research Nurse, Cynthia assists with problem-solving throughout the Nursing Service to improve standards of care. In effect she brings research and nursing standards together. She helps to ensure that all the efforts within the Nursing Service tie in and attain the same common goal. She accomplished this particular aspect of her job as a member of the Task Force for Quality Assurance. Inherent in her role as Research Nurse and Quality Assurance Committee member is enlisting staff input in quality assurance efforts and collaborating with all levels of nursing service, other medical staff and patients in identifying problem areas for clarification and resolution. As co-chairman of the Subcommittee for Evaluation of Primary Nursing, Cynthia provides direction to the Primary Nursing Committee by

bringing an expertise in research, which involves development of research, implementation and analysis of the effect of primary nursing on the patient and the primary nurse.

Not only is the Research Nurse available for ongoing committees and research but she also can provide direction for the establishment of future research projects. Future projects or decisions within the Nursing Service can be affected by an evaluation study designed by the Research Nurse when systematic data collection and analysis is needed to make a decision or resolve a problem.

The Research Nurse's impact on nurses at University Hospital can be significant. Her contribution will be felt even if we are unaware of exactly who influenced the final outcome. However, any nurse at University Hospital who has identified a problem can contact Cynthia for assistance on research, implementation, analysis and evaluation of the problem and its resolution. She is a new major resource person available in Nursing. She also will be involved in the analysis of factors related to staff retention and in the development of professional competence and decision-making at the staff level. She is willing to attend staff meetings and is open to ideas and suggestions for research programs. She has been approached by the Research Committee of Mass. Memorial Alumnae, which wants to fund a nursing research project at University Hospital. Does anybody have an ideas? If so, please contact Cynthia Hastings, R.N., Research Nurse, Vose Hall 315, x5372. "The door is open," she says.

HAPPY HOLIDAYS FROM THE NURSING DEPARTMENT