Clinical Narrative

A Day in the Life of a Pediatric Intensive Care Unit Nurse

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ABSTRACT

A pediatric intensive care (PICU) nurse writes about her experience caring for a critically ill child. She explores the interactions between patient, parent, and colleagues, and balancing her own family life.

It is Friday morning, and I am at home playing with my one-year-old daughter. I am the continuous renal replacement therapy (CRRT) registered nurse (RN) on call for my job in the Pediatric Intensive Care Unit, and I am silently crossing my fingers I will not get called in to work. My husband and I are supposed to be celebrating our anniversary at our favorite restaurant tonight, and if I make it to three o'clock, I will get cancelled from call. At two o'clock my phone begins to ring. The charge nurse apologizes for the late request, but she needs me to come in and put a patient on CRRT for fluid overload and kidney failure. She asks me to hurry, and warns me it is for the patient I took care of the previous day. A three-year-old boy named Johnny with acute myeloid leukemia, admitted for abdominal distention and respiratory distress from typhlitis [an inflammation of the cecum, the beginning of the large intestine]. She says he does not look so good, and I need to get there as soon as possible.

On my previous shift, Johnny's belly seemed to grow bigger and tighter by the hour. His mother paced the room, rubbed his back, made phone calls, and stressed all day about him. She is a single parent with no other children to care for, and Johnny is her entire world. She and I both advocated to the medical team about his concerning abdominal distention and pain, but his lab work, x-ray, and ultrasound showed no perforation or obstruction. Johnny's pain and discomfort could only be soothed by his mother's back rubs, and because he was not able to eat or drink anything, he sufficed by having his "binkies" dipped in ice water to refresh and soothe his dry mouth. That is what his mom did during the entire 12 hours of my shift: massaged his back and feet and replaced a handful of binkies whenever he asked. Like many of my patients admitted to the PICU, Johnny started off that previous shift screaming anytime I got too close to his bedside, probably due to bad memories of nurses in yellow gowns,

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and repeated pokes and prods. However, by the end of that day I seemed to have won him over and he began to tolerate my gentle touch and reluctantly answer my questions. He even waved good-bye to me when I left my shift.

This Friday afternoon, I walk into work, glance into room seven, Johnny's room, and my stomach drops. I see no less than 10 people at his bedside, surrounding his impossibly small body. The code cart is outside the door. I hear order after order from the physician running the code: "push blood, get the rapid infuser, we need an iStat [bedside lab testing device], start CPR [cardiopulmonary resuscitation], give epinephrine." His attending physician says Johnny is not an extracorporeal membrane oxygenation (ECMO) candidate, so we know that his only chance at life is for us to resuscitate him. His mother is sitting outside the room, ghostly white, on a chair next to a chaplain, watching these strangers try to save her baby. I run in and immediately grab a syringe of blood and immerse myself into his resuscitation.

Our team spends the next hour at Johnny's bedside. We push on his chest, force endless amounts of blood into his body, give medications, provide breaths, and wipe up pools of blood. His bedside nurse looks at me with defeat and tears in her eyes and says she does not know what to do. I tell her I will help her. I hand her a syringe of blood and tell her to give it as quickly as possible, to run this iStat, to increase the epinephrine drip, to just keep going. The surgery team comes in and begins to prep Johnny to decompress his abdomen. This is something I have seen done at the bedside multiple times and I know it is the final straw, the last-ditch effort. The operating room nurse scrubs his belly with betadine, but the attending says no. We have been coding him for almost an hour, and she says it is time to stop.

His mother wails on the bed, clutching her baby. It is the gut-wrenching scream that those of us who have been present for the loss of a child immediately recognize. The sound I have come to fear most in the world because it is indescribable and impossible to forget. The room is covered in blood and Johnny is unrecognizable. He is swollen and discolored, a ghost of the child I took care of the previous day. His mother sobs and clutches his lifeless body, and I close the curtain and the doors to try and give her the smallest shred of privacy.

My charge nurse wraps me in a hug. She knows I am barely keeping it together. She tells me to go take a minute and I walk to the supply room, take frantic deep breaths, and tell myself over and over to keep it together. I beg myself to prevent the tears from falling because I know once they start it will be much harder for them to stop. I have practiced this many times over the years; an art of shielding my heart and mind from what just happened to try to convince myself that it is going to be OK. I tell myself that this is my job, I have chosen this, and I have more work to do.

I refuse to think about the fact that, for this mom, her baby and her entire world is gone. I cannot grasp the unfairness of this life, and that my healthy child is safe at home, but this mother will never again be able to hold her child and feel his breath on her neck, his heartbeat beneath his shirt, or his warm forehead against her chest. She will never again wipe tears from his eyes, hold his hand as he crosses the street, and kiss him good night. There are experiences she will never get to have with him. She will never be able to witness him riding a bike for the first time, watch him walk across a graduation stage, see him marry the love of his life, or experience the joy of watching her baby become a father.

I finally gain enough strength to walk out of the supply room, but refuse to look my coworkers in the eyes, because I know I will fall apart. They are all either experienced RNs who have been in my shoes, or new RNs who cannot possibly begin to fathom what is going through my brain and are likely terrified of what they just witnessed. I clean equipment, put the code cart away, wipe down door handles covered in blood, and try to busy myself because I know what is coming next. After an hour, Johnny's mother leaves. The chaplain walks with her, attempting to hold her upright, and guides her toward the exit. Her face is empty, and she walks in a daze down the hall carrying his teddy bear and a bag of his cherished binkies.

I tell the nurses surrounding his room to close the doors and curtains of their patients' rooms. It is hard not to think about the other parents surrounding Johnny's room, and the fear they must feel after witnessing the chaos and alarms, watching staff run in and out of his room, and then hearing his mom's cries. They have all just seen and heard every parent's worst nightmare, so we do our best to spare them the memory of watching someone's child be transported out of the PICU in a body bag.

Johnny's postmortem care begins. We give him a bath, press his lifeless hands and feet against paper to get memory prints, and dangle his arms and legs in plaster in hopes that we can make hand/foot molds for memory items to send to his mother. We fill out his bereavement book and write impossible words to his mom, telling her we are sorry, he was so strong, and we are praying for her. We tag his foot and wrap her baby, her little boy, her flesh and blood, into a body bag for transport down to the morgue; we wrap the bag in a blanket to disguise what is truly under the surface. I pick him up and carry him down the hall, to the employee elevator. I internally plead that I do not pass any parents in the hallway, and that no one joins me on the elevator, so I do not have to make small talk and avoid the fact that I am carrying the body of a child whose life was cut too short. I make it to the basement of the hospital and arrive at the morgue. I open the refrigerator and place him on the cold, steel surface, touching his head one last time and saying a silent prayer for him and his mother.

I turn around and walk back upstairs, grab my bag, and walk down to wait for the shuttle to pick me up. The bus driver says hello and asks if I had a good day. I do not know how to respond so I just tell him it was fine and sit down and look outside at the people walking by. I try to wrap my brain around what just happened in these last four hours. I have a hard time convincing myself that this is my real life, the job I have chosen for myself. I have frequently asked myself over the past 11 years, "Why did I choose this?" How am I supposed to walk out of my place of work and go about my life? How am I supposed to walk to the bus, make small talk with the bus driver, call my husband, and pretend to care about our anniversary? How can I look at my healthy baby girl, and not think about the injustice of human life? Johnny's mother just lost everything, yet I get to go home, tuck my little girl into bed, and keep living my life. What happened in the PICU today is real life and could happen to anyone, any child. What if it were me leaving this hospital without the weight of my child instead of her? I wonder not only today, but many times throughout my life, when my luck will run out. I ask myself how I am ever supposed to come back to this job and not spend every second reliving these last four hours. How can I not think about what it felt like to perform chest compressions on his small, broken body, all the while praying that what I was doing would be worth it in the end instead of causing more pain and sorrow for this poor child, and creating images his mother will relive over and over for the rest of her life? How am I supposed to look at room seven and not see Johnny on the bed, picture his mother, and wonder what she is doing?

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I find myself at the threshold of room seven two days later. I stare into this room where a new patient rests; tubes, wires, and drains pouring out of her body. A tiny baby girl is attached to a ventilator, quietly providing breaths because her body is too weak to do it on its own. A tower of medications provides her heart enough strength

to keep beating, and her body the ability to rest and heal without pain. Her parents lean over her bed with the familiar look of fear and worry I have seen time and time again. They look at me walking into the room, hoping I am someone who can give them support, guidance, and care. I introduce myself, offer an empathetic smile, and tell them I am going to be taking care of their child today. As I start receiving bedside report, I cannot help but think about Johnny, his mom, the blood on the floor, and the weight of his body bag in my arms. I tell myself again and again that this is worth it, that I am doing a job that many others cannot, and that it makes a difference to these patients and their families. Although I may be with them in their darkest of days, I do everything I can to help them, even if it is at the expense of myself.

BLINDING OF THE CASE

Details of this case have been changed to protect the privacy of the family.