



Murse's Diary

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As a Coach in Practice



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I dreamed a lot and in one of my pray, I asked to have the ability to reform nursing care. When I discovered it to be unrealistic, I settled for being a teacher so I could train nursing graduates with loving care. Even teaching was too hard since it requires a PhD degree. As it turns out, my dreams are coming true.

“Dear on-call head nurse, can you come help this patient setting up an IV? We have tried many times but failed. This patient has kidney problem and is scheduled for a computer scan after the injection of contrast solution. His arms and legs are all swelling badly.” A ward nurse called me.

“OK. I ‘ll be there in fifteen minutes.”

I went over to assist. The patient’s hands had swollen so badly that the veins were hardly visible. I was able to detect a less than 0.5cm vein about 2 millimeters deep near his left elbow. It took me 2 minutes to get it done. Then I pushed my mobile working cart out of the ward room.

The junior nurse asked: “Where did you find the vein?”

“Right here, near the elbow. Didn’t you feel it?”

She said that she did feel it but that the vein was too short to insert the needle.

“Are you good in Anatomy?”

“Not at all,” she replied.

I explained that the point even though short was in fact a portal vein bifurcation (a “Y” crossing point). Therefore, the upper area is connected to thicker vessels. After a needle is inserted slowly through the vessel at the crossing point and blood starts oozing, then it is safe to continue on the full insertion. That night, this junior nurse learned for the first time that the knowledge of Anatomy was helpful in perfecting the art of an IV (Intravenous) procedure.

One night, I received a call from the surgical ward seeking assistance. A patient had cardiac arrest and the on-call doctor ordered immediate laboratory blood work. All of them in the night shift had tried but failed to collect the blood sample from that patient.

I entered the room and finished the task in less than three minutes. The patient was thankful and complained about the prior numerous failed attempts. I comforted the patient that nurses nowadays have to endure enormous pressure. Many nurses quitted altogether after two or three years. I have accumulated more than nine years of experience to have gained this perfecting skill of IV procedure. “If you could praise our nurses instead of complaining, they would be even better than me!”



After we exited the room, the main care nurse of this patient asked me: “How did you do it? We weren’t able to draw any blood though we could feel the patient’s pulse.”

I stretched out my arm and asked her to feel my veins. Then I corrected her posture until she was able to feel it.

I shared with her my experience, “You use your whole fingers to find the veins, I use the tip of my fingers, a tiny area of about 0.2 mm range, 1/10 of the area you touch. That’s why I can reach the veins easier than you.”

She replied happily, “I know for sure now. I will share this skill with colleagues in our unit.”

Another time, I was asked to assist the hematology and oncology ward. A similar situation. Only this time the nurse had found the vein yet the blood vessels were punctured as soon as the needle pierced through the walls. I guided this nurse to follow my instruction, “You have to ask the patient to pump the fist so that the muscles hold the veins still. Then, use the other hand to pull the skin tight so that the vessel was held in check. As a result, the needle would be in place no doubt.”

The above experiences are only snippets of numerous failed attempts before the skill of an IV procedure is perfected. “Patients are our masters,” is probably the ultimate truth. I am very thankful for the opportunity to practice on the patients, without whom I would not have attained the level of expertise.

At one time, the mother of our nursing director was hospitalized and encountered the same difficulties so I was summoned to complete the task. The director was moved and made the comment, “If our nurses were like you, we would be more efficient and not have wasted so much time, so everyone can go home on time.” In reality, the workload and pressure of medical staffers are enormous. Most people leave the field of nursing altogether in about three years, lacking the opportunity to perfect the IV skills.

Maybe the management could make tutoring videos or posters by collecting these skill tips from sophisticated nurses to assist junior nurses or whoever has needling obstacles. This would shorten the learning curve of new staffers. The hospital will most likely benefit with the higher service quality and patients have the most to gain without suffering for repeating failed attempts. This is one solution for the current crisis. There is a Chinese proverb that says, “If you give a man a fish you feed him for a day. If you teach a man to fish you feed him for a lifetime.”