

Spotlight

Laurie's Story: The Tale of a Nurse with a TBI

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Nursing school is a time of stress, deadlines, and papers, but it is also a time where lifelong relationships are made. Laurie B. Harris is a friend I met more than 25 years ago while in nursing school. She was like me—chatty, friendly, and hyperactive. Over the years, we lost track of each other until a chance meeting at a traumatic brain injury (TBI) conference in Columbus, Ohio, where I was presenting. Sadly, Laurie had been in a horrible car accident, sustaining a head trauma. Although she appeared the same as she was in school, she divulged a story of the awful injury she had sustained and the pain, frustration, and anger she felt toward her caregivers. How sad for a beautiful, talented nurse to no longer be able practice her beloved nursing because of the memory and emotional problems sustained from an injury.

The following is a story of her time in intensive care and then rehabilitation. Her story is very different from what a nurse's view might be, but it validates the need for neurologic nurses to continuously reassess and reassure the TBI patient. Repetition, assurance, a calm manner, and patience are absolute necessities for working with these patients. Though Laurie had wonderful medical and nursing care, the questions raised by her account should stimulate future discussion and research into the TBI patient.

Over the Rail

Laurie B. Harris, RN

“We've got to call her husband and get her tied in.”

Please, please don't tie me in! I'll behave! God, why am I here? Where is everyone? Where is here? My teeth hurt.

Over and over, this conversation played out in my head—or was it out loud? She said I was in a hospital. She said I had to stay in bed. Who was she? What was this place with ugly green walls, no pictures, a video camera in the corner of the ceiling, a TV high on the wall, and no windows? It didn't even smell like a hospital. Where were the windows? Although I had never been in one, it was more like what I felt a prison should be.

Is she a guard? She can't be a nurse. She's so mean. How long have I been here?

“Sleep, sleep, sleep. You have to sleep,” she said.

Why do I have to sleep? Doesn't she understand this conversation in my head doesn't stop?

It was so loud and constant. It went on and on and on.

I'll have to read that person's nametag to figure out which hospital I'm in, if I'm really in a hospital. I don't know why, but they keep coming in here asking me the same questions again and again: where am I; what's my name; what time is it? How should I know? There's no

clock in here. I stole a glance at her name tag with the institution's name on it and then at the other guy's watch.

“Who's the president?” I knew, but I refused to say his name.

I need to go for a walk, to figure this place out, to see who I know. Don't they know I've worked in hospitals? I know lots of people. If it really was a hospital, I would know it. It's not really a hospital—if it was, someone would be taking care of this pain—my teeth are killing me. They would be consulting a dentist. I have great insurance. There's nothing wrong with me. I feel fine. Besides, we wouldn't have hired this rude, mean doctor. What did I do to get here? I wish I could clear my head. Where is Bill? My husband needs to get me the hell out of here.

Well this isn't going to work. I can't get these rails down, and I'm going to have to climb over them. I've seen many a patient do that—successfully, too. I'm out of here! These tubes and wires have got to go, too. I'm a nurse; I'll just take them all out—catheter, too. Who do they think they're dealing with? Man, my teeth hurt. If this really was a hospital, they would have given me drugs and good ones, to boot.

There were four lines connected to me somehow, maybe five. My vision was doubled. My speech was garbled and a front tooth was missing, so I sounded like a 2-year-old. Yet the constant conversation running through my head seemed out of control.

I hate this Christmas show, but none of these buttons changes the channel.

“Mrs. Harris, you rang your call button. What do you need?”

Oh, good the nice nurse is on.

“I need to get up,” I replied.

“You can't walk. Besides, you have a catheter and you have a head injury, so you can't get up. Now go to sleep.”

Yeah, well you better get some gloves on, because that thing is disconnected.

“I need a phone. I need to call my husband. I need out of here. We have Christmas shopping to do—and Andrea's birthday. Whatever I did to deserve this, I didn't mean it. Tell him I love him.”

“You can't call him after 10 pm, she said. “He asked that you not have a phone, because you call him all night.”

“Can you please call him for me; ask him to change the channel. This button won't do it. Tell him my teeth hurt. Tell him to come in here. Tell him I love him.”

Tell him I need underwear. I need chocolate.

The very pregnant nurse sighed and pointed to my lines. “That’s your call light, the other is for your TV, this is for your blood pressure, and this one is your automatic pain medicine. Here, I’ll push it for you so you can go to sleep.”

Sleep—that demand again. What happened? Why am I here? Where is here? The unanswered questions just kept returning to my head.

“That line is obviously not working; there’s blood backed up in it,” I said.

“Mrs. Harris, you’re getting your fifth unit of blood. There’s supposed to be blood in it.” Then she left with another sigh. She was pregnant and that was why she sighed so much, I decided.

Oh, what did she say? Where is everyone? I have 100 kids! I’m never by myself! I haven’t had the bathroom to myself for years, and now I’m having to get out of bed by myself! Here comes that noisy, nasty, night nurse. Is it that time already? Was I sleeping? That stupid “sleep” word that everyone keeps using. It couldn’t be—my brain won’t stop that long.

I hear her. Maybe I’ll just pretend to be asleep, so she won’t come in here. I bet she just sits out there and eats. Whatever she does, she’s stinkin’ noisy. I heard her say she hates head injured patients.

“They’re a pain. They all get out of bed. There should be a standing order to tie them in.”

Why does she keep calling me “head-injured”?

“Yoohoo! Can anyone help me? I’ve fallen, and I can’t get up.” I laughed to myself. I had always thought that commercial was funny, but never thought that I would be living it.

“Get the resident, she’s out of bed again!” the noisy nurse screamed. “Start neuro checks again. Call her husband!”

“What happened, Bill? They tied me in! That nurse said you said to do it!” I turned away from him, mad. Looking back, it was pretty impressive that I even remembered that long to be mad.

“It is morning Laurie. You climbed out of bed again last night, and you fell... again,” he said. “You were in a car accident a few days ago. You hurt your head, and you don’t have a spleen anymore. Just rest. No, you weren’t driving. Ashley was. Yes, she’s okay. The van is totaled. No, I didn’t find your tooth in the van.” Bill explained, for the hundredth time, the life flight, the surgery, the blood, my tubing, the kids, and the head injury.

He’s lying. I’m sure. There’s nothing wrong with my head. But my mind won’t rest. I remember church on Sunday—we decided to make an active commitment to our faith and were baptized. This can’t be happening! Why would Jesus want me to live like this? This can’t be happening! I take care of people in bed. I’m not in the bed! If I were supposed to be in bed, I’d remember it.

I couldn't remember anything that was said to me for longer than a few minutes, but I remembered random information and things I had stored for years. But new stuff? It was all hit or miss.

Why are the nurses so mean? Where is everybody? Do I look so bad that my kids aren't allowed to visit? I know nothing happened. This constant movie in my head needs to stop! When will I really wake up from this nightmare? Oh, how do I pray? How do I pray for this? How is this "victory in Jesus," as that baptism hymn goes? Bill is here—I guess I can sleep now.

I have no recollection of the actual crash. I think, I only imagine what happened. I read the reports and saw the pictures, the long row of staples from sternum to pelvis, and the drain holes. Little did we know that we were starting a life-long journey as a traumatic brain injury survivor and family. We were soon to figure out, that this struggle was on-the-job training, with few concrete facts and little help, compassion, or understanding.

In retrospect after many hospital stays since my accident, my family and I have written several useful tips to decrease the frustration of the staff and the family, and, most importantly, for the well-being of the patient.

1. If there is any indication of a head injury, concussion, or any problem with memory, whether diagnosed or suspected, provide the patient with a write-on/wipe-off board within eyesight and update this board every few hours. Write the time when the nurse will be in next, the reason for this visit, and make sure the nurse follows through. The loss of memory plus confidence in what the patient should be able to count on will be a lifelong issue.
2. Keep a notebook for family, friends, and other visitors to write a quick note to the patient, who may or may not remember these visits. Have each visitor write a few lines about what was discussed, no matter how trivial. You would be surprised the seemingly insignificant details the patient remembers later, and there is no way for them validate these memories. The visitor should jot down how the patient appeared (i.e., happy, sad, concerned, in pain).
3. Place tags on all tubing attached to and near the patient, such as "BP cuff," "don't take off IV tubing," "don't touch TV channels," and "push to change." At the least, the nurse call button, for when the patient needs anything, should be labeled. Such measures take only a few minutes. The staff caring for me would have been in my room far less frequently if I could have remembered how to turn the channel on the TV without calling them.
4. Place large and visible reminders, using the patient's name. For, example, "Laurie, you were in an accident and had surgery. Don't get out of bed." Access to this information may keep the patient in bed, making it less necessary to medicate to calm them.
5. Post large signs stating where the patient's significant other and family are and their welfare. For, example, "Bill and the kids are fine. They are asleep. Bill will be in at 7 am." These kinds of reminders might have saved my family \$75 in long-distance charges just from late-night collect calls and might have saved me at least two fall incidents while looking for them.
6. Post large clocks with "am" and "pm" indicators.

7. Post large calendars clearly displaying the date.
8. A family member should be allowed to stay bedside. When the TBI patient fitfully wakes up, wondering where his or her family is, the patient grows more agitated and climbs out of bed to find them. Staff can avoid this situation by allowing a familiar face to stay with the patient.
9. Provide the family with plenty of information and helpful Web sites to read or, even better, with contacts within the growing network of other families of previously head-injured patients. Help them start on this new life-long journey.
10. Return the patient's underwear. Leave patients with at least some sense of dignity—their jewelry, make up, and clothing are all already gone. It is a myth that underwear needs to stay off for every hospitalization. If they are dirty or should they get in the way in an emergency, then, cut them off.

Laurie B. Harris, RN, practiced as an RN in Ohio for 20 years before sustaining a disabling traumatic brain injury. She has been married to her husband, Bill, for 21 years and has four children.