Getting through the night

Compassionate care is never wasted, even when the patient seems unaware of it.

By Marianne Suwanski, RN, BA, MS

At some point in a nurse’s career, she learns that using every resource available to care for a patient doesn’t always ensure success. Early in my career as a psychiatric nurse, I thought this would be the case with Helen, a 45-year-old patient in the mental health unit.

Yelling nonstop, thrashing, and hallucinating, Helen was admitted one night with acute psychosis. Despite receiving medication, she was uncontrollable and didn’t respond to interventions to calm her. Because she was likely to hurt herself or others, we placed her in restraints in bed and planned to monitor her closely.

Long haul ahead

I sat down next to Helen’s bed, introduced myself, and prepared for a long night. She screamed and yelled obscenities and nonsense. “Little men are coming; for sure they are,” she insisted. She sang the alphabet and counted to 10, over and over, faster and faster, until her voice echoed throughout the small room.

After 20 minutes, I began speaking quietly to Helen. I told her that I knew she must be scared, but nothing was going to hurt her. I held her hand and reassured her that I was going to help her get through the night.

Because she was sweating, I placed a cool cloth on her forehead and gently wiped her face and neck. I offered her water, telling her that she should try to take a little drink, but she wouldn’t even look my way. She continued to moan, sing the alphabet, count to 10, and thrash all night long.

As the sun rose, I felt the physical effects of the night’s labor on my body: My shoulders ached, my head throbbed, and I was exhausted.

Left in good hands

Before I went home that morning, I went back into Helen’s room and said, “I have to leave now, but another nurse will take good care of you. I’ll be back to see you in 2 days when I return to work. I know you’ll feel better by then.” With a heavy heart, I left the room.

When I returned 2 days later, I was happy to see that Helen was unrestrained and sleeping. Her chart showed that she’d been less agitated and that she’d begun to eat and drink.

As I sat down to do paperwork at the nurses’ station, a co-worker told me that someone wanted to see me. I turned around and saw Helen standing before me.

Greeting me with a smile, Helen said, “I want to thank you for the care you gave me Monday night. Through my crazy behavior, I heard your soft voice and it kept pulling me back to earth. That night, I didn’t care if I lived or died. But hearing you through the night and feeling your hand in mine and the cool cloth on my forehead made me want to live.

“When you told me you were leaving that morning, I wanted to talk to you, but the craziness kept me locked inside myself. Thank you for caring about me.”

I hugged her and told her, through tears, that I knew she was going to be okay.

Deciding factor

That day, I realized I had much to learn about mental illness: Through hallucinations, screams, and rants, a patient can hear and understand what’s going on around her and knows whether she’s being treated with compassion or not. This could be what makes her decide whether to fight her illness or give up. I’m thankful my actions that night helped Helen make the right decision.

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