BEING THE PATIENT ADVOCATE!

WHAT DOES IT REALLY MEAN?

MANY YEARS AGO, when I was Director of Nursing, I had an incident occur where a patient presented in the ED with internal bleeding stemming from stomach ulcers. After being typed and cross-matched for several units of blood, he was admitted to the ICU. A short while later the patient began to show signs of distress, lowered blood pressure, tachycardia, and possible continued bleeding. The nurse on duty paged the doctor, who responded that the nurse was to continue observing. The nurse paged the doctor three more times. Each time the doctor refused to come in or order the blood transfusion. The last time the RN called the physician, the patient arrested and died. So who got the greatest amount of punishment for this

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patient record; medication, error, or poor choice of treatment. Notate each time you spoke to the physician, called the physician, paged the physician, left a message for the physician, and to whom you spoke.

In addition, take the extra step and go over your documentation with both the charge nurse, the head nurse, and with the nurse you give report to at the change of shift. Doing this is not a way to humiliate or insult the physician, but will ensure that you have done your utmost to be an advocate for your patient's care. And, if for some reason the patient has any negative consequences due to the error, you have made sure that you took all the necessary steps to protect the patient, yourself, and the hospital.

For example, a couple of years ago when I was doing a field study on nurse workloads, I was given a PICU assignment at a local Los Angeles area hospital.

Once there, I worked pretty much non-stop for twenty-one days and I was assigned the same patient for almost the entire time. We were weaning the patient from morphine, which was used to manage pain from multiple surgeries. I realized immediately that the physician had made a calculation error in how much methadone to administer to the patient. The physician had mistakenly ordered 100X the recommended amount. Upon catching the error I informed the physician, who refused to believe me. I made all the appropriate documentation and then notified the pharmacist, since I was concerned about the negative side effects (such as seizures) that an over-prescription of methadone could cause. The pharmacist confirmed my findings and communicated the need for an order change to the physician.

The final outcome: I refused to give the methadone amount that was ordered and requested that the doctor, himself, administer it. He didn't, and eventually changed the order with the appropriate dosage. The doctor then reported that I had worked too many days without a break (punishment for doing the right thing), but more importantly, I made sure that my patient's care and needs were met and I fulfilled my role as the patient advocate.

✲ **ALWAYS FOLLOW BASIC NURSING PROTOCOL.** I know that all too often nurses face pressure to get more and more done with fewer and fewer resources. However, remember nursing protocol and procedures are in place not only to protect the nurse, but also to allow the nurse to adequately advocate for his/her patient. Do not cut corners on the procedure. For example, when it is time to take report, make sure that you are ready for report. This way you can give all of your attention to the nurse you are relieving. After receiving report, make sure that both you and the nurse you are relieving initial the orders. This is a good way to make sure that errors get picked-up.

✲ **FINALLY, DOCUMENT, DOCUMENT, DOCUMENT.** Call this the CYA (cover your anatomy) method of nursing, and in some way it is. By documenting occurrences, you are providing yourself with a crucial paper trail. In doing so you provide yourself with some protection.

Being the patient advocate is a core function of the nursing profession. As a wise nursing instructor once said, "The difference between a doctor and a nurse is simple. Just think of the doctor as the cure model and the nurse as the care model." With this in mind, remember what "called" you to our profession: taking care of patients, and being on their side. The public-at-large recognizes this; that's why studies time and again show that people hold nurses in such high esteem. WN

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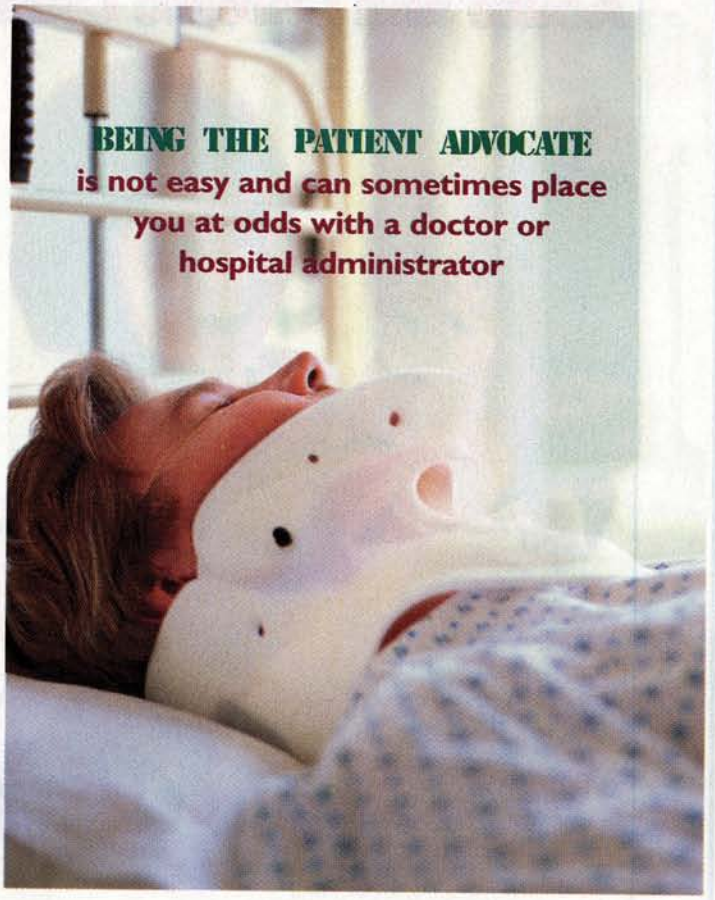

lapse and fatal outcome? The nurse, of course! Not only was she fired, but she was reported to the Board of Registered Nursing (BRN). She ultimately lost her license because of her failure to act.

WAS THIS UNFAIR? WELL NOT REALLY? WHY? BECAUSE IT IS THE nurse, not the doctor, that is the patient advocate, and the nurse failed to be the patient advocate in this case. The doctor? Oh, he received a reprimand and was informed that he should have been more responsive. Other than that, there were no further repercussions.

What should the nurse have done when the doctor proved unresponsive? She should have moved up the nursing chain of command, all the way to the D.O.N., who could have insured that the patient received the needed transfusion and appropriate care by getting the Chief of Staff to take action. Many will say that this is easier said than done, which may be true, but it doesn't mean that it is impossible. As patient advocates, nurses have a greater share of the patient burden, and when you look at our respective roles, it makes sense.

Doctors see most patients probably less than 10 percent of the time a patient is in the hospital. While nurses, with all shifts counted, see the same patient 100 percent of the time. Nurses are more likely to pick up the small, nuanced changes that can tell us our patient is going sour and, therefore, we can respond in a more timely fashion than the physician.

Being the patient advocate is not easy and can sometimes place the nurse at odds with a doctor or hospital administrator. It is important that as RNs we know how to advocate for our patient while cooperating with the administration, physicians, and other nurses.

Below are some tips and techniques that will allow you to protect your license to practice, while acting as a strong patient advocate:

✲ **ALWAYS MAKE SURE THAT YOU RECEIVE AN APPROPRIATE PATIENT ASSIGNMENT.** One of the most common mistakes a nurse can make is to accept a patient assignment for which she/he is not qualified. Recognizing your limits and appropriately assessing your skills is a testament to your maturity and self-confidence.

I know that sometimes circumstances force a nurse to accept a patient assignment for which she/he is not adequately trained; this is an unfortunate reality of the nursing practice. However, if you find yourself in this untenable position, then document your concerns in the patient record, with the charge nurse and head nurse, and ask for help. Many hospitals, and usually those that are unionized, have special forms to document an inappropriate assignment. Make sure to fill them out and submit them. Keep of copy for your records (but be careful not to violate HIPPA).

✲ **NEVER ABANDON YOUR PATIENT!** If during report you realize that you cannot provide appropriate care for the patient, then do not accept the assignment. Once report is given and you have accepted the patient, to relinquish that patient without ensuring adequate care is abandonment. This could result in termination of your employment and the possible revoking of your license.

✲ **IF THE PHYSICIAN ORDERS AN INAPPROPRIATE MEDICATION OR PLAN OF TREATMENT, FIRST DISCUSS THIS WITH THE PHYSICIAN.** Of course, we all know that the physician will respond immediately to our suggestions and if necessary make the appropriate changes. However, on the rare occasion, and we all know how rare they are, that the physician refuses to take your advice. Again, make sure that you document in the