

REFLECTIONS



PUNCHSTOCK

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Mr. B.—or why I became an oncology nurse

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My first memorable oncology patient was Mr. B. I was a fresh, new nursing school graduate on a mixed telemetry/oncology unit. Mr. B.

had head and neck cancer and a long history of alcohol abuse. He had been a patient once or twice before on our unit. I did not know him, but the other nurses did.

I remember walking onto the unit one morning as the charge nurse was making assignments. As I approached, I could hear the charge nurse talking about Mr. B., who had been admitted during the night. Who was going to take him this time? Who had him last time? Then they saw me. The charge nurse's eyes lit up. To this day, I can see her writing my name on the board next to Mr. B.'s as she made the assignment. I had only cared for a few oncology patients on our unit because I was not allowed to administer chemotherapy yet. I accepted my assignment and decided I would show them that I could do it. How bad could it be?

That day with Mr. B. was beyond horrible. He had a tracheostomy and could not speak; he hit me on the backside with his clipboard several times to get my attention.

The drainage from a fistula in his neck was constant and the smell overpowering. He refused to care for his fistula dressing or tracheostomy, and I was in his room all day managing the unending flow of secretions. When I started his enteral feeding, he yanked the feeding tube out of my hands and liquid sprayed everywhere. He blew phlegm from his tracheostomy constantly. I went home

exhausted and crying. I cried because I was so sad for him. I cried because he was so angry and had no family. I cried because I could not believe they did not tell us about these patients in nursing school.

Surprisingly, I felt challenged by the complexity of Mr. B.'s care and his need for understanding. I went back the next day and asked to be his nurse again. I cared for Mr. B. over the next several weeks, determined to make the last days of his life, and the first days of my career, the best. I made sure his clipboard was always within his reach with paper and a pen attached to it. He started to trust me. He learned to keep his tracheostomy and fistula clean, and slowly his anger began to fade. He took control of his feedings and gained weight. His thick secretions thinned with increased fluid intake.

His death was expected, but came suddenly and tragically. The cancer invaded his carotid artery and his hospital room exploded in blood. I received a call at home the night he died. They called me because he had no next of kin, and unknown to me, he had requested that I be contacted in the event of his death. Everyone else may have forgotten him, but not me. He is the reason I became an oncology nurse. ■

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