

At our Mercy

Day one at a Nursing Station in Kashechwan by Nancy Archibald

I had limited experience with routine bloodwork. I had taught nurses this skill when I was a clinical instructor at KGH, but I didn't get the day-to-day practice as the lab techs and nurses on the units.

There were three men and a woman in for bloodwork today, with their requisitions in hand. I was at outwardly at ease, chatting with them in the small laboratory, yet secretly worried. Once I was successful in manoeuvring the tourniquet, needles and tubes, it delighted me that nothing disastrous happened. I made sure the labels were right and moved on to the next patient.

For the rest of the first clinic day, I followed Trudy, the nurse practitioner they hired me to relieve.

Shelley oriented me to the emergency room and the equipment. I had worked in an emergency department in a small town in Alberta, and was familiar with oxygen; heart monitors; IV equipment; carts for emergencies and stretchers.

That evening I poured over the clinic manuals that detailed the five major programs in this community, procedures, and protocols.

On the first clinic day on my own, I saw patients of all ages: some babies and pregnant women. The pace never stopped. I peered toward the waiting area and it seemed just as full as it had hours before. I wrote the name of the patient, some history, their main reason for coming, vital signs, and what I did for treatment in a scribbler before I charted it. Many older patients and children suffered from upper respiratory diseases: runny noses and sore throats. I spent a lot of

time of my time looking down their throats to see redness and swelling and taking swabs for Streptococcus. I met patients with more serious diseases such as COPD and asthma, who needed help with their medications. Other patients had stomach ailments, required scabies checks and needed routine medication refills.

Nurse practitioners prescribe some common medications. During the clinic, I dispensed the drugs that I ordered and the drugs the physician ordered. If a drug wasn't there, I called Weeneebayko Hospital pharmacy, and it came on the next delivery by plane.

The pharmacy was small, with bottles of pills on the shelves, ampules of medication in the refrigerator, and IV solutions. There were little grinding cups with an anvil in them for crushing pills, counting trays for counting pills, and bottles to fill. This type of pharmacy was familiar to me from twenty years prior when I worked on a pediatric unit and emergency before medications were packaged in single doses called the Unit Dose System.

As the day wore on, I felt even more pressure from the waiting room. It was a giant living and breathing force waiting on everything I did. Counting out pills for refills seemed to be a distraction from the clinic. With only Trudy and I working, we stayed late in order to see everyone.

One of the first patients I encountered at the clinic was a new mother whose baby was not breastfeeding well. After obtaining her file from the records, I reviewed her birth history and follow-up.

"What brings you here today?" I asked.

“My baby is crying and not getting any milk,” she said.

Her baby was not latching on well and her milk was not coming in. I was a lactation consultant so I had some tricks that helped the baby take her nipple and it sucked long enough to have a good feeding. She seemed to understand what I said when she left, so I felt satisfied that I had done my job. That night I woke up in a panic, suddenly realizing that the mother didn't have anyone to turn to but me. *What if the baby didn't latch? Would she come to the clinic at night?* At home, I would follow up the next day, but here the patient would have to come to us. With long waits in the waiting room, she was not likely to sit and wait to be seen again. When I talked to Trudy about her the next morning, she was not concerned.

“If she would have needed help she would have come to the nursing station,” she said, a little too matter-of-factly.

But I was not on call that night. Another nurse practitioner may not know about breastfeeding.

Our clients were at the mercy of our expertise, coping mechanisms and energy levels!