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Kevin was an 18 year old patient, followed on Fegan 2 for many years. He had multiple medical problems among which were cerebral palsy, seizures, and asthma. He was not able to walk and his speech was limited to sounds. It was difficult to evaluate his cognitive capabilities, since his physical disabilities were so great. He made many, many trips to Children's Hospital accompanied by his mother and personal care assistant.

Many years ago, I learned an unforgettable lesson from Kevin. One day, I saw him sitting in the waiting room with his mother. I was behind the desk, quite busy. I told myself that I would spend time with him when he was finally in an exam room. A short time passed, and his mother approached me. She told me that Kevin had seen me but I did not acknowledge him. He looked at her with surprise—and he cried. I went to him and apologized. For the rest of his life, until he died this summer, I always made a point of going to him whenever he came to Fegan 2, for a brief chat. He taught me that recognition and acknowledgement are critical. No matter how busy I would get, if I saw Kevin, I was soon by his wheelchair, wherever he may be. I have used this example when I mentor nursing students and any staff. Severe physical disabilities do not necessarily mean cognitive dysfunction. Yes, someone may indeed be retarded or not understand many conversations; yet, I ask students how they would feel if they were trapped in a body physically dysfunctional, with a brilliant mind and no one spoke with them. It is a win-win situation always, since parents are appreciative that their children are respected, no matter their capabilities.

Kevin developed a very large wound this spring, necessitating a hospitalization with a vacuum assisted closure (VAC) dressing and peripherally inserted central catheter (PICC) line. Her mother brought him in weekly for a VAC dressing change after his discharge. My long term association with Kevin and his mother made them feel comfortable at these visits. It was Kevin on whom I did my first supervised VAC dressing. I remember his mother hugging me after I took out his PICC line. She told me she was so excited that she would be able to sleep through the night and not have to get up to give him his medication via that line.

A week later, Kevin died in his wheelchair, watching TV one evening. He had been doing so well. His wound was well-healed. He no longer had a VAC. His mother called me to tell me what had happened and asked that I notify the orthopaedic surgeon and neurologist who cared for Kevin. She said she thought his body “just got tired”. He had been through so much.

I attended his wake and cried with his mother. I had known him for so long and I will miss his beautiful smile and chuckles. His mother told me she had racked her brain, thinking she had missed something. I told her that she hadn't missed anything, that she had cared for him so meticulously. I reminded what she had told me, that he “just got tired”. And I reminded her also about the lesson he taught me. She had often told others about the day I made Kevin cry. I never did that again, to be sure. The day at his wake, I was the one who cried. It was an honor and a privilege to have cared for Kevin and to

have known his wonderful mother. My nursing practice has been enriched by patients like Kevin.