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CAMP NURSING: PACK YOUR MARSHMALLOWS

A Special Summer

As their first job out of school, nurses get a sweet taste of the profession at Camp HASC, Parksville, NY BY AVITAL ROSENBAUM, RN, NISA DAVIDOVICS, RN, & RICKY LIEBERMAN, RN

Most student nurses assume their first RN job after graduation will be in a hospital, probably on a med/surg floor, working three 12-hour marathons a week, and of course, on the night shift. Toward the end of our last semester in nursing school, we were offered our first job as nurses for 300 campers with special needs in a summer program called Camp HASC in Parksville, NY.

Little did we know accepting the offer would end up being one of the best decisions we ever made. We never would have imagined 7 short weeks could make such a positive, intense and lasting impact on our lives.

Camp HASC is a summer program of the Hebrew Academy for Special Children for individuals with severe mental and physical disabilities, ranging anywhere from ages 5 through 75. Each summer, the camp staff attempts to maximize each camper's unique potential through various programs including special education, speech therapy, physical therapy, occupational therapy, adaptive physical education and aquatics.

Lightening Up the Infirmary

As members of a team consisting of 13 nurses, two doctors, an EMT and three nursing assistants, it was our mission to

MEDICATION ADMINISTRATION: The 13 nurses who worked at Camp HASC during the summer peek their heads out the windows of the infirmary on the Parksville, NY, campground, where they would administer medications each morning and throughout the day. Most of the 300 campers take several medications, including anticonvulsants, antidepressants, immunosuppressants, narcotics and an assortment of other drugs. *courtesy Avi Sacks/Camp HASC*



MEDS & MORE: The medical team at Camp HASC in Parksville, NY, consisted of 13 nurses, two doctors, an EMT and three nursing assistants. While a majority of the nursing care consisted of medication administration, some emergencies did arise during the 7-week camping experience. *courtesy Avi Sacks/Camp HASC*

protect these campers from harm, promote their well-being, assist them in physical and emotional growth, and provide for their numerous medical needs.

As part of their medical regimens, most campers take several medications multiple times daily, some of which are crucial to their survival. There are campers taking anticonvulsants, antidepressants, immunosuppressants, narcotics and an assortment of other drugs. There is an occasional "med-free" camper, and a handful of campers who only take vitamins, but for the vast majority of those at Camp HASC, taking medication is not always their first choice.

Aside from being generally irksome, add on the fact that melatonin with valerian root does not exactly taste like a hot fudge sundae, and receiving suppositories is not really what one would call an eagerly anticipated experience. Sticky creams, painful injections, hard-to-swallow pills and uncomfortable PR meds are a daily annoyance for campers.

In general, med-taking in any form is not something anyone looks forward to. Camp is supposed to be fun and carefree, a place where happy memories are created and worries disappear. And here we were, new grads landing a first job at Camp HASC, where our responsibilities did not only focus on medication administration, but also on trying to transform countless burdensome infirmary visits into something more pleasant that could even be cheerfully anticipated. Here's how we did it.

Meds with a Smile

A typical day as a nurse in Camp HASC began around 7 a.m., when campers, accompanied by their counselors, head for the infirmary porch for morning meds. This was their first "activity" of the day. As they neared the porch energetic music could be heard playing from loudspeakers, forcing even the grumpiest campers into a good mood.

Each bunk in the infirmary was designated a specific window adorned with colorful signs and bright stickers, where counselors and campers lined up to receive their medications. Visible through these windows was the "med room," where four nurses, each one sitting calmly by a window, were armed with spoons, straws, cups of apple juice, chocolate pudding, Hershey kisses, and various other "tools" used to coax even the most stubborn and recalcitrant campers to take their meds with a smile. After about a week, some of us became so adept we actually had campers

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begging us to give them their meds!

At our windows, we would first greet each camper with our best morning smiles, asking them how their night was, if they were excited for swimming, or what team they were on for color-war. Some campers were physically unable to speak, others unable to comprehend. Regardless of the disabilities and handicaps, we would always try our hardest to somehow connect to each one, bring a smile to his or her face, and light into his or her eyes.

We would administer the meds, methodically and slowly, yet efficiently and smoothly, always confirming with each counselor the bunk number and name of the camper at the window. Of course, simultaneously, we would be doing our triple checks and reviewing our "five rights" — right patient, medication, time, route and dose.

Difficult Patients

The first morning of camp, Jack, a teenager with cerebral palsy, boldly declared to the entire infirmary, "I hate nurses!" We could see from the start he was smart, a bit difficult, and surely did not want to take his meds, especially from a nurse.

Jack was on anticonvulsants; we had no choice but to make sure he would take his meds. After about 15 minutes of begging, pleading, bribing and almost giving up, Jack relented. We were relieved, but knew this could not go on the entire summer. We had to get creative.

A few days later, Jack's counselor wheeled him up to window one. Jack scowled, opened his mouth intending to tell us he was definitely not taking his meds today, when the nurse interjected, "Jack, I refuse to give you your meds today! There is no

way I am giving them to you!"

Jack was thrown off guard. What was going on? This was not what was supposed to happen. "Well, I..." he said.

"No! Hey, maybe your counselor wants to take your meds today. Here, Dave, why don't you take Jack's meds today?" Then the real acting began. The counselor agreed this was a great idea, and reached to take the meds from the hands of the nurse.

"Hey!" Jack called out. "No! No! Give it to me!"

The nurse put on a face of defeat, sank into her seat, and say, "OK, you win, Jack, but only today!"

Jack chugged down his meds with defiance, a look of triumph on his face.

This became a game, the nurses versus Jack, and each time Jack would "win." It continued like this 3 times a day until the end of camp.

Never a Dull Day

Although challenging and calling for tremendous bouts of creativity, administering meds was the easy and fun part of our job. That was the time when we really were able to bond with the campers. The more tedious task we faced each day was preparing the meds for each shift.

Out of the 300 campers, two-thirds received daily meds, ranging from anti-anxiety medications to vitamins to seizure-disorder drugs to transplant-rejection drugs. Lining the walls of the medication room, top to bottom, were cabinets filled with our campers' medications organized into baskets by bunk. There was also a refrigerator stocked with medications, a narcotics cabinet protected with a double lock, and a closet filled with all types of OTC meds.

Preparation began by first checking to which window we were assigned for that shift. Then, using one of the four binders which held each camper's medication administration record complete with a photo, we organized the shift's medications into labeled pill bottles. Finally, we placed each camper's pill bottle into their bunk's drawer in the med cart, checked we had the appropriate supplies, and waited for the large crowd to form on our porch and for the real fun to begin.

Our days were divided into four shifts and this process would repeat itself during each of them. As all of this was occurring, in the back room of the infirmary were two other nurses managing the treatment room, where they would perform wound care, run nebulizers, check blood sugars and administer insulin, while simultaneously triaging and assessing all of our walk-ins. Never would a day pass without at least a couple of sore

throats, a handful of cuts and bruises and our share of emergencies.

Our first emergency happened on a Friday afternoon. "Help, bunk 12, someone fell in the shower!" a voice cried out from the walkie-talkie. One nurse grabbed the wheelchair, another took the emergency equipment bag, and a third got the suction kit. In less than 1 minute, they and the doctor arrived at the scene. Luckily the child was fine, although he did lose a tooth and a fair amount of blood. We were prepared for the worst, and were glad we did not find it.

Other emergencies we experienced included a 6-year-old girl seizing for 1½ hours, a 40-year-old camper aspirating in the pool, and an older man with a ruptured colon, among others.

Building Bonds

Last summer, our lives revolved around our campers. So much of our time was spent with them we felt we got to know them inside and out. We knew how they took their meds, what made them laugh, their favorite songs, which activities they looked forward to every day, and what was considered their normal and abnormal behavior.

The more we got to know them, the more we fell in love with these kids. So much so during our breaks, and even on our days off, we would find ourselves drawn like magnets back to the infirmary, seeing whether there was anything we could do to help. We would offer — no beg — to give shots, bandage wounds, even administer suppositories. Even though a break was always much needed, we could not bring ourselves to take one, and truthfully, did not want one. All we wanted was to help and care for our truly special campers in any way we could.

In nursing school, we are taught about cultural diversity and how it is part of a nurse's job to accept differences and see each patient as a unique and important individual. In Camp HASC, there is a great deal of diversity within the medical conditions of our campers, whose diagnoses cover the entire spectrum, including mental retardation, cerebral palsy, autism, Down syndrome and familial dysautonomia.

Many outsiders might perceive these campers as "weird" or "strange-looking," and definitely different. They are often referred to as people with "special needs." This past summer, we learned it's not that they have special needs; it's that each camper is just plain special. ■

Avital Rosenbaum, Nisa Davidovics, and Ricky Lieberman were staff nurses last summer at Camp HASC, Parkville, NY.

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