

Describe the potential impact of this issue in clinical practice and the care that is delivered

If best practice guidelines were initiated for discussing end-of-life care, it would promote an increased understanding and informed decision-making for patients, families and caregivers facing end-of-life decisions for care. It would also set a standard of practice for all of the health care team. A standardized education package that could be used in these situations would be beneficial and also answer many questions for patients and families, thereby allowing nurses to focus on end-of-life care.

An example of a questions and answers can be viewed at these websites:

<http://wings.buffalo.edu/faculty/research/bioethics/dnr-p.html>

<http://www.health.state.ny.us/publications/1441/>

About the author

I am currently completing my second year of the distance post RN BScN program at Laurentian University. I graduated from Algonquin College in 1997 and started working as a staff nurse at the University of Ottawa Heart Institute right away. I worked there until 2000 when I transferred over to the Ottawa Hospital Civic Campus emergency department. In 2007 I transferred back to the Heart Institute. I achieved the Emergency Nursing certificate from Algonquin College in 2005 and the Canadian Nurses Association Certification in 2008.

References

The Canadian Nurses Association. (2008). *The Code of Ethics for Registered Nurses*. Ottawa: Author.

Westphal, D.M., & McKee, S.A. (2009). End-of-life decision making in the intensive care unit: Physician and nurse perspectives. *American Journal of Medical Quality*, 24(3), 222–228.

Ward, R.L. (2009). End-of-life legal considerations. *Journal for Nurse Practitioners*, 5(9), 668–672.

outlook

NENA at work

One thing 30 years of nursing has taught me... “Learn to Catnap”

In September 2010, I attended the ENA Conference in San Antonio, Texas, and enjoyed the workshops immensely. One in particular that hit home was Fatigue: The Insidious Safety Hazard.

Fatigue, as it relates to lack of sleep, is something all emergency nurses will endure at some point in their career, whether sporadically or on a constant basis.

Early in my nursing career, working shift work with two small children at home and a husband who frequently worked out of town, my fatigue had reached a critical level. I was becoming clumsy, irritable and emotional at work, as well as with my family and friends. A coworker and mentor with many years of experience told me I needed to learn how to *catnap* or I was going to burnout. I remember saying, “Yeah, that’s easy to say, but if I close my eyes I’m a goner for the night”! She explained to me that *catnapping* takes a

little practice and she was willing to help me out. So, starting that very nightshift, I put my head down on the desk and closed my eyes. Sure enough, I was out like a light. Thirty minutes later, my mentor was shaking me and handing me a glass of water. At first I had a difficult time getting fully awake. However, after four nights of repeating this procedure, I actually woke up just before she shook me! It wasn’t all clear sailing, but I did learn to take 30-minute catnaps on my breaks, at home before nightshifts or whenever I knew I was going to be awake for an extended period of time.

My advice to new nurses has always been:

1. **Learn about fatigue**, you cannot bank sleep, you can only work on catching up.
2. **Watch for signs of fatigue**. Tired people are more likely to make bad decisions and increase their risk of

making mistakes or having accidents. As well, they come down with more medical conditions and catch more colds. We readily identify fatigue in our coworkers; however, we need to learn how to recognize it in ourselves.

3. **Find ways to reduce the effects**. Doing something to reduce the effects of fatigue helps you, your coworkers and your patients. My saving grace was learning to “*catnap*”.

There are many assessment tools and indicators for fatigue. One quick and easy one is: Multidimensional Assessment of Fatigue (MAF), www.son.washington.edu/research/maf



Sharron Lyons,
President-elect