

Trainee assistant practitioner essay



**ASSIGN
BUSTER**

This essay describes the effect of an assault on a young male patient. During a night out in Leeds.

It also describes the trauma of the family, friends, police officers and staff on intensive care. It will also explain the reason for a patient being intubated (using an endotracheal) and ventilated. When working as a level 2 clinical support worker, I was not involved in caring for patients with a traumatic brain injury. I was also not trained on assessing a patient's Glasgow coma scale (GCS) it was the registered practitioners that had the responsibility to this critical assessment. Since my training to be an Assistant practitioner I have been taught to do these assessments, I now have a better understanding of the assessment and what it involves and also what the patient's responses are and pupil sizes.

During my time spent on placement on Intensive Care Unit (ICU) I looked after a young 20 year old male with traumatic head injuries he was physically and sexually assaulted during a night out in Leeds. He came in to Accident and Emergency (A&E) at 03.00 the patient was intubated and ventilated on arrival he then underwent extensive brain surgery he had a craniotomy in theatre (removal of bone flap) he was admitted to (ICU) at 11.00 after having extensive surgery for a Traumatic brain injury (TBI). He was an unknown patient as all his identity wallet and phone had been stolen, he was clinically dead when he was admitted to (ICU) but because he was an unknown male the Doctors wanted to give the patient's family chance to say goodbye to him he remained unknown for 12 hours. The police came to the ward to take his finger prints to try to identify him, but he had no police record.

The police took photographs of his massive head injuries and took a description of his clothing, they measured his tiny body so that they could gather as much information as possible to release a description for someone to recognise him. One of his friends that he lived with in Leeds while studying at university recognized the description and called the police she was escorted to the hospital by the police. On arriving at the hospital she was asked to wait in the visitors room with the police for a consultant and a nurse to speak to her, they had to prepare her for what she was going to see, the patient was unrecognisable he looked of Chinese origin because of the swelling to his face. She was advised that he was intubated and ventilated and that was helping him to breath, but was not told that he was dead. The nurse held the girls hand as they walked down the ward and went into his room she began to scream and say that it can't be him he didn't look like that, she then said that they both had matching tattoos on their thighs she showed us her tattoo and the male had exactly the same one, it was horrific the sounds she made I will never forget it was awful for me and I didn't know the patient, We all found it really traumatic and harrowing that day. We were unable to wash the patient as this was a murder enquiry so we were not allowed to disturb any evidence that maybe be on his body (the attackers DNA) the forensic police came to take photographs and nail clippings from the patient.

The police put an urgent news appeal to find the relatives of the patient, taking photographs of his clothing it is important to treat a patient with dignity and respect. After the male's friend had identified him she was asked if she had a contact details for his family she had his dad's phone number

and address stored in her phone, and said that his family lived in Kent. The police then contacted Kent police and they contacted his father he was brought to the hospital with police escort and advised that his son was very very critically ill. Again the Doctor and the nurse went to speak to his father to prepare him for what he was about to see, you could not prepare any parent to see their child looking like he did that day. The Doctor then discussed with the father that his son was clinically brain stem dead and only being kept alive by the ventilator. Throughout my training on the course and my ward placements I have gained more confidence and experience communicating with patients and their relatives in very difficult situations, nurses play a major role in helping a family through the distressing time by maintaining a high standard of nursing care.

Major components of this include effective communication and caring to support the family . When communicating with this patient's family I ensured that I communicated in a way that they could easily understand me and not using medical terms that they don't understand. After speaking with the family, the police and the Doctors the patient's father agreed to the withdrawal of treatment, the patient passed away within an hour of being withdrawn. The patients dad wanted to donate his sons organs as he said it was what he would of wanted to do and the family will be able to cope better knowing that his death had not been in vain and would go on to help others. The police and Doctor explained that this would not be possible as it was a murder enquiry and that his son's body would have to go to the police coroner for a post mortem to establish the cause of death.

The patient's father was totally devastated by this news that his son's organs could not be donated. The coroner has a regal right not to allow organ donation, if they feel that the deceased person died in such a way that there will be a legal enquiry such as murder. Throughout my eleven year career within the NHS this is the most horrific thing I have ever seen it upset everyone on the ward, the police officers were visibly upset