NNJ NEPHROLOGY NURSING JOURNAL

COVID-19 Pandemic – Nephrology Experiences

Note: The *Nephrology Nursing Journal* is conducting a project to capture the COVID-19 pandemic experiences of nephrology nurses and other nephrology health care professionals. We encourage you to submit your experiences and to encourage your colleagues to share their experiences. The form to submit experiences is available online (https://www.surveymonkey.com/r/NNJCOVID19). Names of contributors are kept confidential on request. The following are examples of the experiences that have been submitted thus far.

Beth Ulrich, EdD, RN, FACHE, FAONL, FAAN, Editor-in-Chief, *Nephrology Nursing Journal*

"COVID-19 pandemic – Nephrology experiences." (2020). *Nephrology Nursing Journal, 47*(3), 213-214. https://doi.org/10.37526/1526-744X.2020.47.3.213

When the COVID-19 pandemic mandated that our nephrology clinic limit face-to-face contact with patients, I was presented the opportunity to answer the hospital-wide call for volunteers to work in other areas. I agreed to work on an extended care floor, located within the main hospital. Little did I know how impactful and life-changing this experience would be. The assignment was an excellent fit for my nephrology skill set. I would be providing one-on-one care to an elderly nun with CKD Stage 5. Sister was 89 years old and had recently been admitted to the extended care unit for symptom management of kidney disease. However, because of the pandemic, she had to complete a 14-day quarantine before allowed out of her room. I became her day-time nurse during these two weeks.

I quickly realized that my nephrology nursing knowledge would guide the care Sister required. She was mentally sharp and comprehended what was occurring because of her kidney disease, and had chosen to let nature take its course, refusing renal replacement therapy. As stated in the ANNA core values, nephrology nurses have the responsibility to enhance the quality of care delivered to people with kidney disease. Sometimes, that means providing a good death, and I knew Sister's care was a hospice situation.

I gave Sister as much symptom relief as I could. For the edema in her legs, I wrapped and rewrapped her lower legs with clean compression bandages daily. The edema was incredible. For the uremic taste in her mouth, I found mint flavored oral swabs. This was a hit! She very much enjoyed them. Sister refused pain medication, but I convinced her to take ondansetron for her nausea. The dry heaves were endless, especially when she moved. She felt short of breath even though her oxygen saturation on room air was in the low 90s. To relieve the shortness of breath, she was most comfortable either sitting in her wheelchair or recliner, something that allowed elevation of her head, and she wanted to sleep sitting up. Perhaps the most impressive symptom was the constant pruritis. She was delighted, both physically and mentally, in a hot shower with particular attention to her back and feet. As a nurse, I've given many showers, but this was perhaps the best one ever, and my scrubs were soaked! Sister loved it!

The most profound part of caring for Sister were the talks we had. No subject was off limits. She shared with me stories about her life as a nun and expressed how fulfilled and lucky she was to have had the life she did. There were no regrets. Because she had so openly shared her beliefs, I was able to tell her about my own faith journey, and we bonded over this deep conversation about life, love, and what we held sacred.

As the uremia progressed, her condition worsened day by day, and Sister barely ate or drank. The nephrologist told her she would only live a week or two more at most, but this news did not alarm or frighten her. Sister knew what was happening. Thirty-six hours before her quarantine ended, I had my last shift with her. When I left her that night, I kissed her on top of her head (through my mask) and told her I loved her – and if I didn't see her at my next shift, I knew where she would be. Sister smiled and nodded.

Sister passed away the morning of my next shift.

As a CKD instructor, I have now seen the progression of the disease first-hand. Before Sister, I had only read about it. Like a checklist, Sister's symptoms were textbook for uremia. I knew she felt awful but was stoic and truly never complained. I knew the questions to ask, and depending on her response, I attempted to minimize the symptoms. I believe as a nun, she was comfortable being alone. We talked about her love of solitude and comfort, and her never-ending faith. She had no fear, and I had the privilege of delivering her to a peaceful death. I will remember and love her forever.

Peggy Freeman, BA, LPN

Over the last two decades dialyzing patients and then transplanting patients, luckily my experience with dying patients has been relatively low. Only one person passed on dialysis in my care, and he was known to be dying and on hospice. Three weeks ago, I dialyzed an older Native American lady about 76 years old. She was COVID-19 positive, and the room set up mandated I stay in her room for the whole 4-hour treatment (no windows). She was on a lot of O_2 but stable. She spoke about her family between

naps. I fed her lunch as we would in the older days, when there was more time to assist patients. It felt good actually connecting with a patient and feel more useful and caring towards her. No visitors. She was alone. I love the long-term relationships built in the care of nephrology patients. How I love seeing their color change after a transplant. I feel like I have a good "gut" monitor when someone doesn't look right or may pass on, so coming back the following week, I was blown away to learn my patient had passed on. It was a shock. So surprising and sad. That is what this virus can do in an instant, and unfortunately, we are sometimes helpless to fight it.

Jonathan D Duggan, MSN, RN, CDN

I had to advocate for my fellow acute dialysis nurses to have proper PPE. On March 14, 2020, the CDC included airborne precautions for both PUI and positive COVID-19 patients as there had been several studies showing the virus can stay airborne for up to 3 hours. Even after showing our infection control team this CDC PPE update, they still kept positive COVID-19 patients not on a ventilator on only droplet precautions. Fortunately, after showing this update to our team leader, she was concerned for our safety and has provided PPE for us to go into those rooms with our N95s, face shields, and feet and head coverings. This is so very frustrating. We have the supplies we need and are able to get more, though not in large quantities. Yet, at this time, they are choosing not to use them in order to conserve them in case we run out. This puts our nurses at incredible risk and increases the chance it could be spread throughout the hospital. I also had to show them where the ASN recommendations stated acute dialysis nurses should stand outside the room as much as possible. I am disappointed the management didn't research this information for themselves. I've made sure the other nurses know this so they aren't bullied into staying in the rooms if it is not necessary. Some hospitals have even told their acute staff they can't have their fellow staff members relieve them while running the COVID-19 patients. This is brutal, and in my opinion, a form of bullying and workplace violence. I can at least be glad my management team hasn't chosen that approach.

Name withheld by request