

Nursing Crucial Conversations

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It was a Friday morning in the Trauma/Surgical Intensive Care. A very sick patient was admitted who needed immediate surgery. During surgery, he developed a severe reaction to a medication which caused his temperature to be sustained at greater than 104 degrees Fahrenheit. This caused a chain reaction that made it difficult for the kidneys to function adequately, leading to acute renal failure.

This patient's laboratory indicators of kidney function had already shown signs of deterioration. Being a specialist for continuous renal replacement therapy (CRRT), I knew that we needed to begin therapy on this patient as soon as possible in order to spare his kidneys any further damage. I called the chief resident and suggested that CRRT be started, and I supported my suggestion with reasons the patient qualified for this treatment. He agreed and asked me to consult a nephrologist who could order the treatment.

I met with the nephrology resident and gave him the data to support my request. He closed the chart and said "There is no indication for what you want." I tried not to allow my emotions to get in the way of a productive discussion. I maintained honesty and respect throughout the conversation. I started with the facts and cited the research that indicated the best treatment for this patient. He said, "We will not be starting dialysis, period."

When the nephrology attending physician came to see the patient, I spoke with him about the indication for CRRT. He firmly stated, "No," signed the resident's progress note and left the unit.

In the meantime, the patient was continuing to deteriorate.

I notified the primary service chief resident. He asked me to call the nephrologists back to explain to them that he wanted CRRT started and if they would not do it, we would find a nephrologist who would. I immediately followed through with the request, and also asked for the attending physicians to speak to one another personally in order to decide what treatment would be best for the patient. I tried to bring everyone to a mutual purpose – giving the best treatment to the patient.

The patient was started on CRRT that evening.

After being on the therapy for a week, the patient became more stable and his mental status continued to improve daily. The patient's wife was a nurse and had witnessed the proceedings of the crucial conversation. She thanked me for being her husband's advocate and standing up for what I believed to be best for him.

As a nurse and a member of the American Association of Critical-Care Nurses, I have vowed to speak and act boldly against unhealthy work practices. Through crucial conversations skills, nursing is overcoming many obstacles that face our profession and care of our patients. By valuing honesty, I can begin having the crucial conversations that will question out-of-date practices and incompetent work behaviors, praise those who deliver excellence, and make a safer, healthier environment for my patients, coworkers and myself.

