

## DAISY Award Nomination

Winner, May 2013

Katy Holcomb, RN, Surgical Services

Harrison Medical Center, Bremerton, Washington



Katy Holcomb, RN, was assigned as the scrub nurse for a thoracoscopy procedure, in which small incisions and a scope are used to look into the patient's plural cavity. Normally, this is a position with no patient contact prior to giving the patient general anesthesia and intubating due to the technical requirements and challenges of setting up a large surgical case in the operating room. On this day, as she does often, Katy took the time to walk down to the pre-operative holding area and introduce herself to the patient and his family.

The start of the case was a typical thoracic case. The patient was positioned, an incision was made, and the scope and camera were used to visualize the lung and take a biopsy as planned. Then the unexpected occurred. The patient's blood pressure dropped and his pulse stopped. The patient was now in PEA (pulseless electrical activity). The procedure quickly turned from a thoracoscopy (with the scope) to a thoracotomy (larger incision between the ribs) to allow for open chest compressions. Katy was cool and calm, and allowed a quick transition for the surgeon.

This case was unique in that the code was called, lifesaving measures ceased, yet the patient continued to spontaneously breathe, his pulse returned, and blood pressure came back up. The patient was prepared for transfer to the Intensive Care Unit (ICU). But this was not the end of the story for Katy.

Rather than stay and clean up her room, as is the custom, Katy chose to accompany the patient to the ICU and assist the anesthesiologist and circulating registered nurse. While transitioning to the ICU, the patient became very agitated. This is where Katy's compassionate caring and clinical excellence shined. Even though the patient was intubated and appeared unconscious, Katy leaned over the patient, took his hand, called him by name, reminded him who she was, that they had met in pre-op, and reassured him they were taking the best care of him possible—and that he was going to be alright. The patient responded to Katy by calming down while the team got him settled into the ICU and started his sedation management.

Katy took the few extra minutes before the start of her case to walk down the hall and introduce herself to her next patient. That connection, which seemed very routine to Katy at the time, played a major role in this patient's care at a time of crisis.