



# Oregon

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## Department of Corrections

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### SCI Nurse Helps Save Inmate's Life - A Perspective

I believe that all nurses can attest to the fact that in our profession, we never quite know what is in store for us as we report for work. As a brand new nurse for the Oregon Department of Corrections, one incident was all the proof I needed to solidify how true it is that in a nurse's line of work we have to be able to switch from quietly charting to full-on crisis in a split second.

On June 7, 2008 I was scheduled to be on-staff by myself for the first time. Everyone told me that nothing ever happens at SCI (Santiam Correctional Institution), especially on a Saturday. Boy were they right. Routine medication distribution, diabetics with an occasional blood pressure clinic, and TB screening is about the extent of it.

I was using this opportunity to impress everyone and get caught up on filing when the emergency call sounded. An officer's voice over the radio said, "He is in unit two and I don't think he is conscious."

"Okay, think Wendy think. This is it. You're on," I told myself. With the emergency cart in tow and the AED (Automated External Defibrillator) strapped around my shoulder, I was off to my first emergency.

As soon as the patient was in sight I started assessing the situation. I put my gloves on and took a mental note of the blood under the patient's head, his lifeless body staring at the ceiling, and the familiar face of the man that I had seen the day before in the clinic who was now lying on the floor fighting for his life.

"Call 911" were the first words I spoke. "He has no pulse" were the second.

The corrections officers assisting me removed his shirt as I was getting the AED ready. Just as I had been taught, I affixed the pads to his chest and pushed the button. The machine detected a shockable pulse. "Everyone stand clear," I said.

After the AED delivered the shock I still detected no pulse. Immediately I started chest compressions while asking if one of the officers could assist with rescue breathing. After an officer administered two rescue breaths and what seemed like eternity, the patient took a big gasp for air. At that time I reassessed and got a good strong pulse. The patient was still unconscious but taking intermittent gasps for air. After approximately the fifth gasp for air I lost him again. No pulse, no breathing. Again, lifeless.

The AED, still affixed to his chest started assessing again. Having detected a shockable pulse, I gave another warning. "Everyone stand clear," I said. The AED administered another shock;

still, no pulse. “Let’s go again,” I said to the officer referring to another round of compressions and rescue breathing.

After the second round, the patient struggled for another breath of air. As I called him by name and said, “Come on, give me another breath, don’t stop now,” he struggled for a breath and then another. It was him and me; nothing else mattered at that very moment.

I was in an open dorm with numerous inmates sitting on their bunks looking on. I never felt as if I was in harm’s way because the unit was very well staffed with officers. I had a job to do and it was to make sure that this patient – this inmate – regardless of his crime, had a chance to see tomorrow. When I signed on to be a nurse I vowed to give the best care I am capable of, regardless of who my patient is.

The paramedics arrived. “Help is here,” I thought to myself. I have never been so relieved. The paramedics continued rescue efforts and as they wheeled him out, he had a blood pressure of 164 over 90.

“I did it! He’s alive!” I thought. The patient suffered a cardiac arrest, spent two days on a ventilator, had an angiogram, had a stent put in, and was back in general population on the seventh day after his crisis.

A supervisor of mine later asked me how it feels to know that I changed the course of someone’s life. He said, “Do you realize what you have done? Do you know that this person will live to walk out of prison, to see his children and possibly his grandchildren?”

With high hopes that he realizes he has been given a second chance, I have spoken with him. He has thanked me numerous times, acknowledges how lucky he is, and promises that he will take full advantage of this opportunity he’s been blessed with.

So when people ask me, how can you work with prisoners knowing they have committed awful crimes and therefore give them your best of care? My response is always, “I’m a nurse with the Oregon Department of Corrections. It is my job to care for people, not to punish them further for their crimes.”

I love my job.

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