



LETTERS

Online-only content for Letters, in the American Journal of Nursing, November 2009, p. 13 and 15.

REFLECTING ON REFLECTIONS

As a former nursing instructor, I loved “At Her Mercy” (*Reflections*, August). I have run into many former students at various hospitals and clinics, and it’s a great experience to see how they’ve developed professionally and to know that I was a part of it.

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I especially appreciate the *Reflections* column each month. Its emphasis is typically centered on the person rather than the illness: a reminder of how important it is to truly care for each patient.

“Routine Procedure” (April) was especially touching. It tells the story of a nurse who provides respectful home care to an elderly woman with dementia. Artist Anne Horst’s illustration is perfect, depicting this vulnerable, fragile woman lying in her hospital

bed and the wide-eyed child sitting at the bed’s edge, watching in fear. Ms. Horst successfully captured the story told in this article.

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LATEX MISTAKE

I read with great interest “Health Information Technology: A HIT with Nurses?” (*In the News*, July). Having recently spent time in two Los Angeles–area hospitals, where my significant other had several operations during about a two-month period, I observed patient care processes and the use of written documentation.

At the major university hospital, the patient told everyone he was allergic to latex. Everyone—from the pre-op RN to the anesthesiologist to the circulating RN—indicated the allergy on forms and attached a label that covered half of the chart. Yet

someone still inserted a latex Foley catheter into him in the operating room. Fortunately, the mistake was detected and a nonlatex Foley catheter was inserted instead. This event probably led, at least in part, to the patient being discharged with a catheter, the result of postsurgical urinary retention. This wasn’t an anticipated part of the discharge. I don’t know whether there are any electronic health records used in the operating room of this hospital or whether the staff were expected to search the paper chart for allergy information.

Linda Burnes Bolton, who is quoted in the article, is correct when she says that the workflow must first be effective so that staff can deliver safe patient care. Only then can we implement electronic systems that are designed to support this effort.

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