

Submitter: Russell Lum
On Behalf Of: Oregon Nurse
Committee: House Committee On Behavioral Health and Health Care
Measure: HB2697

I work the 1900-0700 shift, and last month I came into to work with every RN having an assignment of 6 patients. We were very short-staffed of both RNs and CNAs, such that we did not even have a charge RN for the night. My patients consisted of 2 with epidurals, one requiring hourly breakthrough coverage which needed waste to be verified each time by a second RN, which was not always readily available.

Complicating my night was the fact that 5 of my 6 patients did not have computers in their rooms that were functioning, requiring me to use the phone to scan meds and look at information.

Between trying to do the basic cares for the patients that were not having issues and the hourly pain meds, the new orders for labs, catheters on confused patients, EKGs, new drips and increased monitoring, lots of messages back and forth from the MD and comforting concerned family, there was no time for any breaks or charting. The feeling that some of my patients are having serious issues and there is no one available to help or offer the support that is needed to help ensure a positive outcome for all. My patients all made it, but I left feeling very incompetent, broken to the point that I told myself, "If this happens to me again I am DONE, I don't need this in my life. Everyone has a 'now hiring' sign in the window these days!"