## **Legacy of Life**

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When practicing emergency care as a registered nurse, my main goal is to save people's lives. I realize that this is not possible in all of the cases. However, it is the reason I became an emergency department nurse, and why I still do what I do. There are times when we do all we possible can medically, but the patient still has unsustainable injury or illness. These are the times we must involve the Wisconsin Donor Network, our organ procurement organization, and the tissue and eye bank.

In our society, we are dealing with an enormous amount of drug overdoses. Most recently, the drug we have been dealing with in the ED is opiate overdose. I could tell you a story about the young white male that comes to the ED apneic and blue, cool to the touch, with a barely palpable pulse. This is the very typical overdose. But today, I will not tell that story. As much as opiate overdoses are all the "same", each patient is an individual and dealing with their addiction at different stages. Some have psychological components, and the opiate pushes them into a drug psychosis. This is the story I will tell you about.

I had a young man who came in with the police. He had overdosed, and was given narcan by emergency medical personnel. He arrived awake and talking. Since he was in police custody, he was not allowed to leave, although this appeared to be the only thing on his mind. Since he was detained and could not get away, he made a decision that would ultimately end his life. Within 15 minutes of arrival, the patient pulled a weapon from his possession and self-injured himself to the point of causing his own death. The staff attempted life saving measures including CPR, attempted intubation, giving O negative blood, medications, calling ancillary staff and surgeons from all over the hospital, to no avail. This young man died in our emergency department.

I always inform the Wisconsin Donor Network upon any death in the emergency department. I have done this multiple times in my career. I felt it was especially hard to do it this particular time. I didn't feel as if the patient should have died. Specifically, because he was under our care when this unthinkable thing happened. I was dealing with multiple emotions and trying to also support the patient's family. This was such a traumatic incident for all the people involved. The family could not understand, at all, how this could have happened. And honestly, nor could I. I am so thankful for the organ and tissue donation process as it is spelled out for me as a nurse. I can count on their staff to take over difficult conversations that have to happen. They are trained to know when and how to approach patient families', in what they are perceiving as one of the worst times of their lives. Each time I have called to report the death of a person, or to report a person who is critically ill and death may be the outcome, the donor network staff have been helpful.

I believe the role emergency department nurses play in the process is essential. We are the middle person who brings the family and the donor network together. Sometimes, I am finding the names and phone numbers of the family advocate. This makes it easier for the donor network team to get the information they need. Sometimes, I am sitting with that family member in a chair next to them as they speak to the donor network over the phone. I am able to be the support they need at that moment while having to make some very important decisions about giving the gift of life amidst a tragedy. In my job, I wear many different hats. Meeting the needs of my patients' families, and coordinating the interaction of them with the donor network is a part of my job that I take very seriously.

I support organ and tissue donation and will continue to support the patients and families who choose to help others with the organ and tissue donation.