Gone are the days when nurses knew every patient on their ward, bemoans Jane Bates

At parents’ evenings, teachers often face the embarrassment of forgetting pupils’ names or muddling them up with others. Considering the number of children they teach in the course of a week, it is not surprising that the odd mistake occurs.

I was, however, a little taken aback when I phoned a hospital to enquire about a relative to discover that the nurse on his ward had no idea who he was. What made it worse was that she was apologetic. ‘He is not one of my patients, so I would not know,’ she said.

I heard her ask colleagues, and someone piped up that they recognised the name. It astonished me that a qualified nurse would be unaware of the identities of patients on her ward, and demonstrate not the slightest hint of embarrassment.

I suppose it was not her fault. ‘If you are not allocated a certain patient,’ another nurse told me, ‘then you do not have anything to do with them. You cannot know all the people on your ward.’

With the high turnover of patients in today’s hospitals, it would be very difficult to keep tabs on everyone. But what about break times when you are looking after a whole department? Surely then you need to be aware of names and diagnoses?

That was one of the positive aspects of the old-fashioned task-led nursing: you got to know every single patient, not just those in your care for that day. When I worked on the wards years ago, we were not only expected to possess such basic information, but were severely taken to task if any detail was forgotten or overlooked.

We had one night sister who would demand to know every patient’s haemoglobin level and woe betide any of us if we floundered under her interrogation. If you had just come on duty or had undergone crisis after crisis since arriving, you might have trouble remembering names, let alone have had time to memorise their blood count. But it had to be done.

Quick thinking
Of course, a few nurses, in their panic, resorted to pulling a random number out of the air: ‘It is 110, sister,’ which must have caused great amusement in the senior nurses’ common room. Others like me, being scrupulously honest, would come up with convoluted reasons for our ignorance, and disarm her disapproval by boring her with tedious details.

In retrospect, this woman was not particularly vindictive. Her point was that we should be familiar with every aspect of a patient’s condition. She probably had a good laugh at our discomfiture once she had left the ward. It went a bit far, considering the nurse-to-patient ratio, but it instilled good discipline. She was attempting to turn teenage girls into practitioners who were accountable for their responsibilities.

As a relative, I find it worrying that nurses are not expected to know everyone on their ward. If I were a patient, I would find it even more so. Perhaps if nurses were not so inundated with paperwork and administration duties, they might have a bit more time to spend getting to know those in their care.

Jane Bates works in outpatients in Hampshire

Don’t do eyes? Helping prevent blindness is every nurse’s responsibility, writes Linda Thomas

Do you do eyes? According to an exhibitor giving out information on behalf of the International Glaucoma Association (IGA) at a recent nursing conference, many of the nurses visiting the stand were interested in the information and literature on offer.

There were also an awful lot of nurses who passed by with the comment that they ‘don’t do eyes’. What they meant, of course, is that they are not nurses specialising in eye care. The exhibitor was reflective rather than exasperated, making the point that as far as the IGA is concerned, all nurses ‘do’ eyes.

Eye care is part of holistic care. And given that glaucoma is the leading cause of preventable blindness in the UK, it is worth arming yourself with some information to see if there is, in fact, something you can do to help.

You will probably already know that those particularly at risk – and there are around two million in the UK – are people with a family history of glaucoma, those with diabetes or who are very short-sighted, and those of African-Caribbean origin. It is uncommon below the age of 40. If left untreated, glaucoma can eventually cause blindness.

Get hold of the IGA information leaflet. You do not need to be the world’s greatest expert on the subject to be able to do a spot of opportunistic health promotion.

Linda Thomas is editor in chief, RCN Publishing Company

Glaucoma: A Guide is available from the International Glaucoma Association Tel: 01233 648164 www.glaucoma-association.com

NURSING STANDARD

REFLECTIONS