

Jessica Camacho



At the time that I graduated from Nursing School, there wasn't as many positions as there had previously been. I decided that I would work at a nursing home to get some experience and then move on. I found however, that I loved working with the elderly population. I appreciate and enjoy the fact that I get to "really know" my residents on a personal level. I get to know their families and build those relationships over time. I get to learn about their history and what incredible lives some of them have lived. And I get to provide care and a welcoming environment for them to live the rest of their lives in. The population that we serve here at Dellwood is unique. We are located in the heart of the East Side of St. Paul. We also serve many residents with mental illness in our board and care section of the building. I get a great deal of satisfaction knowing that we are serving a very "under-served" population.

I have taken great interest in wound care. I am a part of our in house wound team, and I head our wound committee, working on interventions that need to be put in place to prevent wounds from occurring. My unit is currently being transitioned into a short term stay rehab unit. We are getting more and more patients that are post op from amputations that need to work with therapy and become stronger and learn how to manage with the changes they have been through before returning home. Some patients that we have had have stage III or IV pressure ulcers that need to be healed or almost healed before being able to return home with nursing care. I have been accepted to a Wound, Ostomy, Continence Nurse Program. I think that this can greatly benefit my facility and my nursing skills to have this special training, not only for wound care, but also continence, since this is a common occurrence for long term care residents as well as improving continence for some of our short term residents before they return home. Continence and skin integrity go hand in hand, if we are able to set a resident up on an effective toileting program, we can reduce the risk of them having impaired skin integrity.

I recently had a 59 year old gentleman as a short term stay patient that had three full thickness venous stasis ulcers on his right lower extremity, and a diagnosis of osteomyelitis. Prior to admission he was living in an assisted living apartment and has no family support. His only support system was his mental health case worker through the county. His ex-wife and children no longer were speaking to him secondary to his previous drug abuse and lifestyle. He had consults with a wound clinic and a vascular surgeon, both had recommended a below the knee amputation. He was very against that, and truly believed that these wounds would heal. After admission he decided that he wanted a second opinion. The recommendation from the second vascular surgeon was the same. His case worker, primary doctor, social worker and I spoke to him several times explaining the risks of the decision to not have the amputation. This continued for several weeks. I grew to build a trusting relationship with this resident, and felt very sad that he didn't have any family to help him through this. One day when I went in to do his dressing change; his tendons on both sides of his ankle were exposed. I asked him to please look at his wounds, so he could truly understand the seriousness. The conversation that followed was truly remarkable. He became very emotional and asked many questions about what could happen and what the surgery and recovery would be like. We had quite a long talk about it, and he finally came to the realization how bad it had truly gotten what would happen if not taken care of is that he could get a serious infection that could kill him. It turned out that what scared him the most was the pain that he

would experience. I told him that it couldn't be as bad as the pain that he is enduring three times a day when his dressing changes are done. He agreed to have the surgery and expressed the desire to come back to our facility for his recovery and therapy since he had built relationships during his stay here, and he truly knew that we cared for him. I assured him that we would save his bed, and that we would be more than willing to help him through his recovery. He gave me a hug and thanked me for being honest with him and helping him to fully understand the situation. I was so glad that I could build that relationship with him and be there for him as support and to finally get through to him. His surgery was scheduled for the following week. Over the weekend he was transferred to the hospital due to his vital signs and instability. The hospital stabilized him and completed his surgery during his admission, literally in the nick of time. We are awaiting his return to our facility at this time. It is such a wonderful feeling to impact someone's life in this way. Yes, he did have to have an amputation, but he is alive. He felt so defeated and truly felt that losing his leg was just as bad as being dead. He just needed the reassurance that his life would not be over, and he could gain his independence back after some therapy and learning to work with a prosthetic. He has hope again for his future.