

Volume 22,
Number 4
June 2001

AXON L'AXONE

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Canadian Association of Neuroscience Nurses
Association canadienne des infirmières et infirmiers
en sciences neurologiques



Volume 22/#4

Guillain-Barré Syndrome - a patient guide and nursing resource

By Michael Kehoe

Guillain-Barré Syndrome (GBS) is an illness characterized by acute neuromuscular paralysis. A review of the history, course of the disease, current treatments, and nursing interventions, as well as excerpts from a patient teaching guide developed by the author for patients with GBS is included in this paper. The objectives are to present information about GBS, first at a level of understanding appropriate for patients and their families, and then to provide a more indepth discussion for health care providers. Despite the potential severity of GBS, the expected outcomes are encouraging. GBS affects 1-2.73 individuals per 100,000/year (Hahn, 1998). The symptoms can range from numbness and tingling with mild weakness to total paralysis requiring mechanical ventilation. Once diagnosed, patients are usually treated with intravenous immune globulin (IV IG), which significantly reduces the duration of the illness (Hughes, 1997; Guillain-Barré Syndrome Study Group, 1985). Neuroscience nurses can make a difference in the recovery of their patients by anticipating potential complications and attending to their special needs during the acute and recovery phases of their illness. Aside from physical care, being able to support and teach the patient and family about GBS is crucial. Use of a patient and family teaching guide is one strategy for providing education and support.

Critical illness polyneuropathy

By Pamela Bovan, Wendy Blackburn, and Patrick Potter

Over the past three decades, there has been an increasing interest in cases of profound muscle weakness in critically ill, mechanically ventilated patients. Potential causes for these acute weakness syndromes are multiple and include disorders of the peripheral nerves, the neuromuscular junction, and muscle (Sliwa, 2000). This article will provide an overview of one potential cause of an acute weakness syndrome affecting peripheral nerves, critical illness polyneuropathy (CIP). A case study concerning a 32-year-old male who suffered multiple traumatic injuries, and who was treated for more than two years, is presented to illustrate the course of the syndrome. He required extensive interdisciplinary involvement to achieve independence in spite of ongoing neurological impairments.

Medical misadventure = human tragedy

By Patti Turner and Nancy Thornton

In May of 1997 a drug inadvertently injected intrathecally caused severe neurological damage and death to a child. This event rendered a family grief-stricken and numerous health care providers forever changed. As Paget (1988) says, "The sorrow of mistakes is sometimes very diffuse and sometimes very pointed. It is sometimes the sorrow of failed action and sometimes the sorrow of failed conduct. The sorrow of mistakes has been expressed as the too-lateness of human understanding as it lies along the continuum of time, and as a wish that it might have been different, both then and now" (p.149).

The reports of this tragic event in the media horrified a mother in another province. The same error had led to the death of her child five years earlier. In fact, this error has taken place a number of times in North America in the preceding decade. However, we

did not know of the previous tragedies nor had we fully understood how critical examination of some of our own earlier near misses could have made such a tragic mistake less likely to occur.

Writing for publication

By Diane Duff

A discussion of the benefits and obstacles of authoring a paper for a nursing journal is followed by an explanation of the process of writing for publication. Benefits include advancing nursing knowledge and professional recognition of the individual author. The barriers addressed are time, failure to recognize expertise, a reluctance to subject one's work and ideas to the public arena for scrutiny, and lack of confidence with scholarly writing. The discussion focuses on choosing a suitable journal and subject, the role of the editor and peer reviewers in a refereed journal, and a procedure for planning, writing, and editing a paper. The process is addressed both in a generic sense, and specifically when writing a paper for AXON. Strategies to get nurses started with writing, such as critical reading of journal articles individually or with a peer group, writing with a mentor or group, and starting with small projects, are also included.