

Renal nursing memories

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Abstract

This paper summarises Sydney Hospital's history and early memories of renal nursing. Sydney hospital was originally a tent in 1788. Renal care developed through the 1960s until the devolution of renal services to other metropolitan hospitals in the 1980s. Renal nurses have played a major role throughout.

Key Words

history, kidney, renal, dialysis

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In February 1981, as an eager 18 year old, I began my student nurse training at Sydney Hospital. This beautiful building is the oldest and the first hospital in Australia and at that time it was busy and always full, thanks to its proximity to the heart of Sydney. The hospital dated back to 1788, where a tent hospital catering to the ill and ails of convicts was first established close to what is now The Rocks.

In 1811 it was moved to its current site in Macquarie Street, where building supplies, including copper for the lovely domed roof, were shipped out from England. For many years the construction was known as the 'rum hospital', as the building contracting was exchanged for a monopoly on rum. The original edifice was so large that years later the Northern wing was taken over to become the Houses of Parliament, and the Southern wing was turned into the Mint. All buildings to this day retain many elements of their original architecture.

In 1868 then Premier Henry Parkes requested nursing assistance from Florence Nightingale, who promptly sent Lucy Osburn out to the new colony, to establish Australia's first school of nursing on the premises. The first six nurses she trained later became matrons at various other hospitals, and the Lucy Osburn School of Nursing proudly trained

thousands of nurses over the next 115 years. The building was officially named Sydney Hospital in 1881.

Back to my story. From 1981, after finishing preliminary training school (PTS) my first introduction to renal nursing was on the orthopaedic ward. Good grief, what had I let myself in for? Whilst orthopaedics provided the perfect setting for the full scope of "basic nursing practices" it was extremely tiring and heavy work, long before back-safe considerations. After two months it was with some trepidation that I anticipated my second rotation, the renal ward. I was informed by nurses far more experienced than myself that I would either love it or hate it, but due to all the measuring of wee and weights, probably the latter!

Ward 17 was the renal ward, and it appeared huge and foreboding. Situated right at the back of the hospital the external verandah overlooked the Domain, and if you leaned right over you could see part of the harbour from the balcony. It was set up in the traditional "Nightingale wing" format, housing about 14 male beds on the south end, and 12 or so females on the north end, all beds in rows down the sides and facing each other, with curtain/railing provisions for privacy. To say that the buildings retained an original element of charm was an understatement: the lace fretwork

may have been decorative, if in need of a lick of paint, but the floors sloped and the only air conditioning was from the drafty, wooden doors and windows. They never shut properly. In the height of summer cockroaches ruled supreme and the ward sweltered. The patients always fought over the limited smoking space on the verandah, when they were well enough to smoke out of bed, small miracle there were no disasters, the oxygen cylinders were housed there too!

Down the female end of the ward there was a room out the back where haemodialysis was performed. This I discovered quite by accident on one of my first shifts after 'losing' a patient. I popped my head around the corner and recall being confronted with strange vat-like contraptions to be informed "he's on dialysis, we'll bring him back before lunch".

From my very first day on Ward 17 I was relieved to discover a nursing system that made some kind of bizarre sense to me – the most fascinating people (patients and staff), fluid balance charts (more input than output) and the curiosity of dialysis, apparently such a new and innovative intervention.

Peritoneal dialysis was performed on there as well as haemodialysis and of course student nurses could only watch. I recall one roasting hot day, where the registered nurse (RN) scrubbed, donned mask, sterile gloves and gown

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and very carefully attached many lines to dialysate containers which were hung up quite high and connected to the cyclor machine. Finally the main line was attached to the patient, who languished under a pile of sterile drapes. The whole connection process took close to an hour. I am not sure how long the dialysis took but he was certainly still connected by the end of my shift at 11 pm (no 2400 hour clocks in those days).

Another prominent memory, probably due to the frequency with which it occurred, was the overflowing of the sluice in the pan room. Most of these patients were anuric for heavens sake so how could so many bed pans need scrubbing? The enormous, ancient sluice sink, used mainly for soaking bed-pans took ages to fill. It was customary to

turn on hot water taps to fill the sink and of course this took so long that it was usually only remembered as the water was seen seeping onto the carpet from the pan room, half an hour later. Thankfully peritoneal dialysis effluent was poured down an old ceramic drain, so the carpet stains were usually only from water!

The Charge Nurse was an enthusiastically and friendly as even then she tried to recruit nurses for future renal roles. I remember the entire staff there being supportive and encouraging with their teaching programs. But especially I liked the patients. I liked how we got to know them, treat them and finally send them home and perhaps not see them for a while; but the nature of renal illness dictated that they returned to us before

too long, and then at least there was a familiarity which could be family like.

Unfortunately, by 1983 Sydney Hospital began its decline as a major teaching hospital. Many of its unique medical and surgical units were distributed to other hospitals. The renal unit was transferred to the Royal North Shore Hospital, and from those initial pioneering times the kidney transplant tally from both institutions was over 880 by the turn of the new century.

To this day my admiration for what renal patients endure has never waned, and from those humble Ward 17 beginnings it has always been a privilege getting to know the many wonderful, friendly and grumpy, stoical and irritable, brave and ultimately long suffering people who become renal patients.

Dialysis at Guys in the 1970s

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Abstract

Dialysis in the 1970s in Guys Hospital in London involved Dyalade B3 machines, plate dialysers, shunts and manual transmembrane pressure calculations. Patients were dialysed in beds, had haemoglobins of 70 and were very rarely over 65 years old.

The heparin was injected into a bag of normal saline then, after a separate heparin bolus was given through the arterial needle and dialysis commenced, you would have to stand with a stopwatch to time the drips and turn a black wheel to alter the rate of the pump accordingly.

Nursing in the renal ward

Although I am now working in Australia my early memories at Guys in the 1970s were influential in my dialysis nursing journey. In 1977 I had been working on Astley Cooper, the renal ward at Guys Hospital in London as an enrolled nurse

for a couple of years. All this time I had been watching the registered nurses from Bostock House, the haemodialysis unit, come into the ward to dialyse the acutely ill patients and had admired their skill in managing these massive and complex looking machines. It was partly due to

Key Words

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these impressive nurses that I searched for a hospital where I could study for my registration and thus join them in years to come. However, after much searching with the support of my supervisor Liz Winder, it seemed that no hospital would take me because of my lack of 'O' levels. Liz then asked 'So, what do you want to do now?' I said 'I would love to try haemodialysis, it looked so interesting.' To my astonishment she agreed to allow me to fill a vacant position, making me the only enrolled nurse to be employed in the unit.

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