THE ROLE OF
THE MILITARY NURSE

ALTHOUGH EVERY MEMBER OF THE HEALTHCARE TEAM SHOULD BE KNOWLEDGEABLE ABOUT THE ROLE OF THE OTHER TEAM MEMBERS AND WORK WITH THEM TO ACHIEVE THE BEST POSSIBLE OUTCOME FOR THEIR PATIENTS, NURSES ULTIMATELY HAVE THE GREATEST OPPORTUNITY TO INFLUENCE THE PHYSICAL AND EMOTIONAL RECOVERY OF WAR-INJURED AMPUTEES.

During the inpatient phase, nurses spend more time with these patients than any other healthcare provider and are responsible for carrying out their own scope of work as well as the interventions ordered by other team members. These responsibilities include:

- Monitoring wounds for infection
- Preparing patients for surgeries and debridements (the cutting away of foreign material or dead or contaminated tissue from a wound)
- Providing preoperative and postoperative care
- Checking the efficacy of the method used to reduce postsurgical swelling in the residual limb and reapplying it when necessary and appropriate
- Monitoring pain medication to maintain it at a level at which rest and relaxation can be achieved so that the rigorous process of rehabilitation can be carried out
- Teaching the injured how to care for themselves
- Providing emotional support and facilitating peer visitation.

Helping patients with exercises to maintain their flexibility and muscle strength and to prevent their joints from becoming contracted is one of the duties of physical and occupational therapists. Nurses, however, will need to monitor and oversee these exercises as they are carried out by the patients themselves between visits to their therapists. Nurses will also:

- Help patients with activities of daily living
- Accompany them as they learn how to use one or more assistive devices
- Encourage them as they begin the necessary and tedious task of learning to put on, use, take off, and care for their arm or leg prosthesis – or both.

Who will be there in the middle of the night when fears about living with limb loss and worries about relationships, body image, returning to active duty, and financial concerns inevitably surface? The nurse. Nurses must, therefore, know and understand the stages of grief (from merely surviving to thriving) and how to help patients move through denial, depression and anger on their way to acceptance. It is the nurse who will arrange for a visit to the patients by an ACA-certified peer visitor who has a similar injury and is trained to listen, be a role model, and provide information about available resources. (Many amputees consider a peer visit the single most significant intervention they experience.)

Nurses are among the first healthcare providers to explain to patients the sequence of events to be expected during the long process of stabilization, rehabilitation and recovery. They will explain what is going to happen, where it will take place, and when and how it will be accomplished. Family members also depend on nurses for information and support.

To accomplish all of this, military nurses receive continuing education in all aspects of the physical and emotional care of the war-injured, from the theater, to an intermediate facility like Landstuhl Regional Medical Center in Germany, to Walter Reed Army Medical Center, to the residential hotels in the Walter Reed complex, and finally at home. Caring for individuals recovering from a catastrophic life-changing event requires special skills that cannot all be taught in a classroom.

—by Paddy Rosbach, RN, President/CEO, Amputee Coalition of America