

## Both Sides of the Counter

Colin Woodhouse

### Abstract:

Colin is a neuroscience Registered Nurse originally from the United Kingdom (UK). He had his first seizure in the UK. He and his family emigrated to Christchurch, New Zealand in 2007. Whilst at work on the neuroscience unit, Colin had another seizure resulting in a significant head injury. He was in rehab when the deadly Christchurch earthquake hit. *Both Sides of the Counter* covers his experience as a neuroscience nurse caring for others and then how things can quickly change - as a neuroscience patient with a head injury. This is his story.

**Keywords:** Neuroscience nursing, head injury, epilepsy, rehabilitation

### Introduction: the UK

Unlike most nurses I have a degree in geology. I graduated in 1987 and spent most of the next 8 years working in the oil industry. This I grew to hate and decided to do something very different. Nursing appeared promising. It is part scientific and involves meeting lots of people. I thought I'd find it interesting.

It seemed a good idea to get some experience in the health service prior to starting my training. I was living in Edinburgh and got a job as a hospital aide in the Scottish Brain Injury Rehabilitation Unit. I have to admit I spent a fair part of the first two weeks thinking I'd made an enormous mistake. However, I got used to wiping bottoms and started to feel I was heading in the right direction.

I trained in Leeds. I did my medical placement in the Neurosciences Rehabilitation Unit at Chapel Allerton Hospital. I enjoyed it so much that I did my final elective placement there too.

During my training and the time as a hospital aide, I met patients with all sorts of neurosciences issues. Frontal head injuries with personality changes, expressive and receptive dysphasia, strokes, hemiplegia, neglect, multiple sclerosis, motor neuron disease, Guillane Barre Syndrome and many more neurological illnesses. All of these went onto my list of things I didn't want to get, but I found them

fascinating. Just before qualifying, I felt rehabilitation was where I should be. I also thought it would be good to get some acute experience to have an idea of what patients had been through prior to arriving in rehabilitation. I got a job in acute neurosciences and really enjoyed it. There was no way I was going to leave the acute area and go to rehabilitation!

I spent my first year on one of the surgical wards followed by 6 months in neurology and 6 months in the neurosciences high dependency unit (NHDU). I then went back to working on the neurosurgical ward. The 6 months in NHDU were fantastic and left me feeling I had dealt with pretty much anything. I had dealt with significant head injuries, sub arachnoid haemorrhages, tumours, vasospasm, tracheostomy patients on CPAP, status epilepticus, diabetes insipidus and all sorts of other things neurosurgical.

As soon as I started in neurosciences I knew that one thing we simply cannot do is forecast how soon and how well someone will recover from a brain injury. We have to be very careful about what we tell patients' families as we could easily give them false hope or expectations.

**October 2003** I was working nights. They were extremely demanding, in that we had several patients with tracheostomies and for some nights I was the only nurse competent to look after these patients and give intravenous medications. I had worked six shifts and got up to work the last of the set of seven. I was in our lounge room having a cup of tea. My wife was in the kitchen and heard an odd noise. She came in to find me having a tonic-

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clonic seizure which lasted for a couple of minutes. My wife, Helen, phoned 999 (the emergency number in the UK).

I was postictal for about 20 minutes. The first thing I remember is being in an ambulance outside our house. I had a cannula in my right arm. I was told that I had walked out to the ambulance, but I don't remember that part. On arriving at hospital, I called in sick for the night shift from the Emergency Department (ED). I was seen in the ED by one of the general medical team. He said I should ask my GP to refer me to neurology and discharged me.

I went up to the ward to say hello to my colleagues. Fortunately one of the neurosurgical registrars was there. When he heard what I had been told to do in ED, he was not impressed. He organised a CT scan straight away which was good, considering it was Sunday evening. By then I was starting to think I had something horrible going on – something like a GBM. I had met patients with tumours whose presenting symptom was a seizure. Having a CT that was spectacularly normal was a great relief! I had also started to feel very uncomfortable. In having a tonic-clonic seizure, a person uses every muscle they have and uses them a lot. After my seizure I was off work for 3 weeks. This was due to back pain following the seizure.

I had an EEG and saw a neurologist a few weeks later. He told me that the seizure was probably triggered by fatigue. He told me he would not start me on anticonvulsants and I was not classed as having epilepsy as in his words "everyone is allowed one seizure". However in the UK, I was not allowed to drive for 12 months.

Having been through that, I wanted to move away from working shifts. In April 2004 I went to work in outpatient oncology. In 2005 I got a post as a research nurse for a large prostate cancer project.

#### **Christchurch, New Zealand**

In 2007 my wife, son and I emigrated to Christchurch, New Zealand and I returned to working in the neurosciences. In August 2009, I was promoted to charge nurse. I can assure you that being a charge nurse is tiring and stressful even though it doesn't involve working shifts. I often woke up during the night and lay thinking about work-related issues. Frequently I was tired when I got up to go to work.

On **January 28<sup>th</sup> 2011**, I went to work early. This was to meet with one of the staff who always worked nights. I'd said I would go in early rather than her having to come in during her own time.

At about 8:30am I was on a ward round with a consultant neurosurgeon. I had a tonic-clonic seizure. I'm told I went down like a tree. Falling backwards, my head hit the concrete floor and people all over the ward heard a loud crack. My injuries included: - a fractured skull, cerebral bleed with mid-line shift, contra-coup injury and lacerated scalp. This was my second seizure so I was now formally diagnosed with epilepsy.

Initially I was in Intensive Care (ICU). After that I was transferred to the Stroke Unit, not because I'd had a stroke, but it was felt that it would be odd for me to be looked after on my own ward. It would have been odd for the staff too.

I remember very little of the following 2 ½ weeks. I do remember:

- Asking for my catheter to be removed (but thankfully not the removal!)
- A visit by the clinical director who described it as a friendly visit.
- A visit by the consultant looking after me, but do not remember anything that was said.
- A neurologist explaining my switch from Phenytoin to Epilim. I recognised him but could not remember his name. I knew what he did, knew how long I had known him, understood what he was talking about, but had no idea why he was sitting on my bed talking to me! Putting it simply, I did not realise that I was in hospital.
- A visit to my home ward. I do not know who took me there in a wheel-chair but I do remember seeing a couple of the staff.
- I remember a visit by a colleague who had a serious head injury about 7 years before me. I found out several weeks later that this visit lasted about 20 minutes, yet I remember only one sentence from the conversation. This being "You will get better Colin"

The first time I remember being told I was in hospital with a head injury was on 15<sup>th</sup> February. I asked Helen if I had been knocked off my bike on the way in to work. She said no. I

then thought that I must have been assaulted. The idea of having a seizure certainly didn't pop into my mind.

I transferred to the Rehabilitation Unit at Burwood Hospital. I thought that I didn't need to go to rehab as I was safely mobile and able to dress myself. I could also put on the eye patch which was helping me cope with the dreadful diplopia I had developed.

On arrival in rehab, I recognised five of the patients. They had been on my ward over the previous couple of months. Generally I could remember what had happened to them but not their names. In fact the only name I had been getting right up to then was Helen - my wife's name. I had been calling our son 'Alex'. Our son's name is Tom. Alex is my nephew, 13 years older than Tom and was at university in Scotland.

On my first morning in rehab, I had a supervised shower. The nurse who watched me was someone I had spoken with on the phone many times prior to ending up there as a patient. My second day made me recognise I needed rehabilitation. I had my first Speech and Language Therapy session. I was given a difficult test to do. The therapist gave me a piece of paper and a pen and asked me to write my name. I misspelt my surname for the first time in 40 years.

Looking back, I recognise that really I was illiterate at that time. I think I could read individual words but I couldn't put them together to understand sentences. On day 3, I wrote something (Figure 1). It is legible but if anyone can explain to me what I meant I will be most grateful.

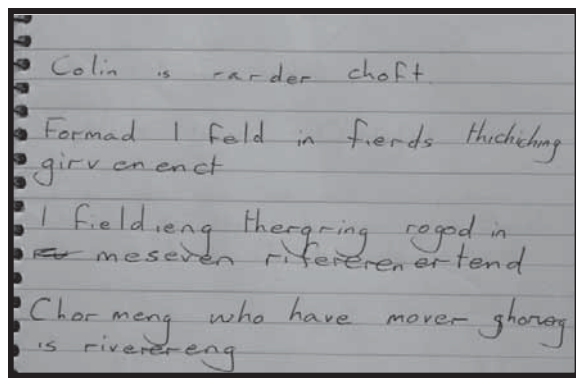


Figure 1: (Above) My first writing.

Remembering names was a real challenge. Prior to the injury I had been good at this

skill. I knew I had to remember names for the post-traumatic amnesia test. I was cheating a bit by writing the names in my note book and doing a bit of revision before seeing the Occupational Therapist (OT).

Physiotherapy was generally straight forward as, by the time I was at rehab, I did not have any limb weakness or balance problems. The physio looking after me often took me for walks outside.

Another big issue was fatigue. I could sleep after any therapy session. Most nights I was asleep shortly after 9pm and would sleep for about 10 hours.

### Christchurch Earthquake

February 22<sup>nd</sup> 2011, was the day of the fatal Christchurch earthquake. My wife was at work in the city centre. She didn't get through on the phone until 6pm. I cried openly when we finally got to speak. I am more emotional since my head injury. A week after the earthquake was the formal 2 minutes silence which I watched on TV. This showed film from the hospital. I got very upset and cried thinking I should be there, at work, helping. Eventually I got a grip as I knew I couldn't do anything for 45 minutes without needing a sleep!

I was doing the neuropsychology tests and thinking I was doing quite well ... which I wasn't. Once again remembering names was an issue. Quite often, when shown a picture, I could say what something did, or what letter its name began with, but not name the object. One of the tests involved moving discs around on wooden pegs. The discs are different sizes. The therapist sets the discs up and gives you a picture of what she would like you to replicate. You can move one disc at a time and bigger discs can't go on top of smaller ones. These tests progressively get harder and include more discs. The last test was very difficult. In fact I gave up - convinced that it was impossible. A year later I re-sat all the tests to see if I had improved. When I repeated the "impossible test" I completed it correctly in under a minute. I had improved a lot.

Getting better is a long, slow process. It needs to be. I think there is real risk involved in trying to take big steps forward. This could easily end up with a patient taking steps backwards and feeling as if they were getting nowhere. I kept wondering how much I would recover before I plateaued.

I began going back to work in late June. I started doing 2 hours, 2 days per week. The plan was to build this up gradually. I spent some time as a staff nurse on another ward. This was partly to prove that I was safe to do things such as give patients paracetamol. I then worked parallel to a charge nurse in another area to get used to that role again.

About 2 years after my head injury I was back on my home ward working alongside the acting charge nurse. I was all but back in my position. However, I decided that I didn't want to be doing paperwork most of the time. I wanted to look after patients, so I reverted to being a staff nurse. When I first chose to be a staff nurse I spent a couple of weeks thinking I had made a big mistake. I then knew I had made a great decision. I was asked by one of the consultants if I felt I had taken a load off my shoulders. I told him I felt I had taken off a rucksack full of rocks.

### **Conclusion**

I do have what can be described as a degree of paranoia. It is widely believed that anyone can make a mistake but I am concerned that if I made a mistake that a question would be raised. Was it a mistake or was it because I'd had a head injury? The odd thing is looking after head injury patients. I knew early in my career that we can't say how well the patient will get. You definitely can't say "been there, done that".

The last 3 ½ years have been hard at times. I certainly feel that I lost 2 ½ weeks of my life. I can have word finding difficulties – especially when I am tired. As far as fatigue is concerned I think there are two aspects. I do get tired more easily but I also think that I am better at recognising when I am tired and doing the right thing – going to have a sleep.

Overall I am enjoying working as a staff nurse. I still cannot think that any other area would be more interesting and varied to work in than the neurosciences. I'm not just saying that because I had a smack on the head!

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