



HDU

Esther Hughes shares the story of a patient's slow recovery that gave her a new insight into hope in trying circumstances

s a nurse or midwife, it's a privilege to walk alongside our patients in their journeys, which are sometimes long and painful. It's an honour to witness light break through into dark and difficult seasons. One of my patients on the High Dependencey Unit (HDU) had a long stay with us, and boy, it felt hopeless at times! By God's grace, over time, we began to see glimpses of hope in her

and from her. Even though being discharged to a care home was not what she wanted, she said goodbye to her temporary HDU home with much more hope than she came to us with.

Until her admission to hospital, Julie (pseudonym) was in full-time work and was able to do most of the things she wanted to. Over a few short weeks, she had become acutely unwell, was rushed into hospital, and

required emergency surgery and admission to intensive care. She was on multi-organ support with multiple teams assessing and treating her. Through many tests, scans, and reviews, shock and questions mounted for Julie and her family.

When she came to HDU, Julie was dependent on a non-invasive ventilation (NIV) mask 24-hours a day. She was anxious and withdrawn whilst we cared for her varying needs: ventilation, feeding, medications and personal care. Progress felt very slow and Julie was demotivated for rehab, whilst reticent to accept her current state. Our care had to be at Julie's pace, led by her.

Bit by bit, she let us into more of her thoughts and feelings as she processed loss and change. Gradually, we built-up trust with her and she accepted more input. Each day, she said a few more words to the clinical team, she managed a few more minutes off her mask, and a few more mouthfuls of food. The small steps of progress became ones of success and hope.

It was a momentous day when Julie sat in a chair for the first time in months! She had re-learnt how to use her hands in the ways she loved: to read, to connect with friends, to be independent with her meals.

We were finally able to talk about the hope of

going home, although it was clear this 'home' would look very different to what she'd come from. After a lot of discussion, a care home was allocated – not necessarily forever, but the best place for her next steps.

Emotions were bittersweet. Julie was apprehensive about learning to trust staff in a new environment. She was hopeful of progress and possibly being able to go outside, whilst grieving her previous life. She was thankful for the life-saving treatment she had received whilst being resentful of the care she still required. I was struck by Julie's hope for both getting stronger and for being able to accept this new chapter of her life. She reminded me that each of us can find blessings in the toughest situations.

I am so thankful that Jesus offers us a living, eternal hope that can never perish, spoil, or fade. That one day everything will be restored. There will be no more crying or mourning or care homes or hospitals. As nurses and midwives, we can witness glimpses of hope, and great strength, in the journeys of those we care for. We can hold onto Christ who gives us strength for today and bright hope for tomorrow.

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