Carper's Ways of Knowing in the Clinical Setting

Think of a clinical encounter from your nursing experiences. Apply the Ways of Knowing to that patient encounter.

This is a recent patient encounter I had in September 2019. The patient was a 29 y/o male who was diagnosed with gastric cancer 2 years ago. His cancer had metastasized to his liver, bone, and now possibly his lungs. He is coming to my unit via RRT call for tachypnea and tachycardia from the oncology unit. He is a partial code; he wants all measures taken except no chest compressions. He is in route with the RRT nurse, the resident, and the patient's wife and mother.

Carper's four ways of knowing:

Empirics: (science, facts, what can be seen). When the patient arrives, he is in respiratory distress. I take his vital signs, his respirations are 34, his heart rate 135 sinus tachycardia. He's on 6 liters nasal cannula and his oxygen saturation is 85%. I listen to his lungs, they sound wet, crackles at the bases. I see his blood gas results, Co2 is 47 and his Pao2 is only 58 with a normal PH. I also see his chest x-ray and read the report, large plural effusion on the right lung. I observe his chest, he's using all of his accessory muscles. I look into his face and he looks distressed and scared.

Esthetics: (the art of nursing). I calmly welcome the patient and his family to our unit by placing my hand on his shoulder and introduce myself. I tell my patient that, "I'm here to help you". I ask him if he has any chest pain he nods no, I say, "that's great news." I look him in the eyes and I ask him if he's scared and he nods yes. I say, "that's ok, I understand it's hard to breath but we know how to help you with that." I know time is of the essence so I call the Respiratory Therapist stat to bring a Bipap machine. I take the patient's hand and explain to him and his family what's going to happen to help him breath better.

Personal Knowledge: (my knowledge and experience). I gently escort my patients' shocked family to the other side of the bed knowing I need to make room for the Bipap. I look at the shape of my patient's face and know that the most comfortable mask for him is the Respironics Fit Life full face mask. I call the RT and make sure she brings it. I know that most of my Bipap patients get apprehensive when I put the mask on them so I fully explain how the Bipap will feel and help put my patient at ease. I also call the resident and get an order for Ativan knowing from past experiences that this often makes the transition to Bipap easier.

Ethics: (morals, right from wrong). The RT arrives and places the patient on Bipap. I give him 1mg of Ativan IVP. After 15 minutes the patient's respirations are 20 and his pulse is 104. Now I have time to further read his chart. I see that a month ago the patient was told by his oncologist that he only had months to live. The cancer had spread and the chemo wasn't working, in fact he was to sick to continue taking it. Knowing that if the Bipap fails the patient will be intubated, I ask the patient's wife and mother if this is truly what the patient wants

given his very poor prognosis. The mother says she's not sure anymore what her son wants. She tells me her husband died of a heart attack at the age of 44 and she can't bear to lose her only son. I tell her this is a difficult decision best made when all members of the family are present and the patient is feeling better. I call the resident and ask for a palliative care consult to discuss end of life and hospice.

References

Carper, B.A. (1978) *Fundamental Patterns of Knowing in Nursing*. Retrieved from Downloads/Carpers%20Ways%20of%20Knowing%20(2).pdf