You could smell the stench even before you entered the room. This poor woman, I thought, how could she stand the smell? It was the fall of my third year of nursing school. I was still very much a novice, but the odor radiating from her room alerted me that something was not right. It was one of those gut feelings that nurses talk about. This woman had metastatic ovarian cancer and had just recently undergone an exploratory abdominal surgery that had left her with part of her colon resected and a wound vacuum currently in place. She was also deaf. So, as I began my morning assessment and vital signs, I tried my best to communicate with her. I asked about the surgery and the wound. She shared that when she stood up earlier to go to the bathroom a bunch of liquid drained from her wound. That was strange, I thought. Based on my understanding, the wound vacuum should have been collecting all of the drainage. I lifted up her gown and immediately knew where the odor was coming from – the wound. Brown-yellow secretions were oozing around the wound vacuum. I asked the woman if the doctors have come on rounds already. Her husband explained that they did and that everything looked great. That’s strange, I thought to myself again. I am no expert, but I am pretty sure that wounds are not suppose to have such strong odors and that they should not be leaking around the wound vacuum. I proceeded to finish the assessment, vital signs, and clean her up. After making sure that she was comfortable, clean, and stable, I began searching the doctors’ notes. In fact, they had been in earlier that morning, and yes they believed that everything looked good and she would be set to go home as soon as they set up home health to come and care for the wound vacuum.
Maybe it is my inquisitiveness, my stubborn nature, or my curiosity, but something just did not seem right. I text paged the on-call wound ostomy nurse, briefly describing the situation, background, my assessment, and asked if he would come and look at the wound. When he came he decided it would be best to remove the dressing and clean the wound. He agreed that typically wound vacuums do not leak. I assisted him in cleaning the wound and repacking it. As the wound was opened it quickly became evident that her abdomen was filled with some sort of brown-yellow fluid. The wound ostomy nurse asked for the surgeon to be called. Before 1100, this woman was sent to surgery. The section of her colon that had been reanastomosed was leaking. Stool was moving from her bowel into her abdominal cavity, infecting every orifice.

That clinical day, I realized for the first time in my nursing career, how vital the nurse is in assessing, monitoring, and advocating for the patients. Had I not said anything, the woman could have very well been sent home, become septic, and died. The beautiful thing about health care, is that we are a team. I was uncertain about the clinical situation at hand, but I was not alone. I had resources and fellow health care providers with whom I could collaborate. I will always remember this story and that gut feeling in the pit of my stomach that something was just not right.