

Delusion, what delusion?

We were taught as student nurses not to try and force a patient to deal with reality by challenging their delusions. However, my curiosity got the better of me one day when I decided to test this out with a geriatric patient. She looked frail and harmless enough, sitting alone, calmly looking out the windows of the day room at the puffy, white clouds drifting by.

When I sat down beside her, Gertrude began telling me a very unusual story of how the previous week she had caused a cloud like the one outside the window to grow into a giant thunderstorm, by simply staring at it. Lightning had struck the fence surrounding the hospital and opened the front gate, she said.

I recognized that she was most likely experiencing “delusions of grandeur”, which caused her to believe she had supernatural power. These can be experienced in schizophrenias or manic episodes sometimes, even with dementia. More common are the “delusions of persecution” seen in paranoid schizophrenia or psychosis, from drugs and even in post-partum depression

When I questioned her, asking, “Are you sure that's what really happened?” she gave me a look of disbelief, suddenly picked up a chair, and forcefully throw it at the window. Fortunately, the window had bars that prevented the it from breaking. But, I never tried that again, at least not as a student.

In more recent years I have worked with many other geriatric patients and soon learned not to turn my back on one that is combative or delusional. They have been known to bite, kick, scratch, pull hair, and throw whatever is loose nearby. I also try to keep a safe distance between them and me and “expect the unexpected.”

I learned another very clear lesson one day when a colleague and I were attempting to insert a feeding tube in a very confused, elderly woman. She obviously didn't want the tube inserted and, even though her wrists were restrained to keep her from climbing out of bed, she succeeded in digging her dirty fingernails into the other nurse's wrist. I was shocked and horrified when blood spurted forcefully out of a ruptured artery on my friend's wrist. My instinct took over and immediately after applying pressure on the site of the puncture, I rushed my coworker to the emergency room in a wheelchair, where she was treated and sent home. She ended up missing several weeks of work and fighting off an

infection, because of the patient's dirty fingernails. Since that incident, I have been extra careful to keep the nails clean and clipped on elderly patients under my care.

None of us know how we may behave if dementia or delusions set in, but hopefully, we will have vigilant and compassionate care givers, who will care for us despite bad language and less than kind behavior. I try to think of what the person was like when they were coherent before the loss of memory. Many patients previously were professionals, raised families, contributed to other's welfare, and deserve our respect and kindness. Regardless of their background and current condition, everyone deserves to be treated with dignity.

(The names in this story are fictional)