CARING COLLABORATIVE
By Elizabeth Galik, PhD, CRNP

Human-Animal Interaction and Intergenerational Programs:
Little Moments of Joy Can Transform the Day

T he past two years have brought plenty of challenges to post-acute and long-term care (PALT C) communities, and many of us feel the weight of dealing with a marathon of problems that never seems to end. Despite all obstacles, we continue to return to the PALT C settings that we love, and many of us have found some solace in the positive experiences that we have with residents, families, and one another. These little moments of joy are priceless and can truly transform the day.

One of the communities where I work recently adopted a pet rabbit. As it turns out, the new pet rabbit was pregnant, and a few weeks later five baby bunnies were born. While there was a lot of excitement when these new bunnies arrived, there was even more excitement when they opened their eyes and were sturdy enough to hold. I was lucky enough to be working the day that the recreation staff brought the bunnies out for their first resident and staff interaction. The sense of joy was palpable as residents and staff gathered to take turns admiring, holding, and caring for the baby bunnies. The residents even wanted to name their newfound friends and discussed several different names for the white-furred babies, including Snowball, Marshmallow, Ghost, and Diamond. The pleasure that those little rabbits provided helped to set the stage for the rest of the day, and residents and staff alike were a bit more at peace.

Later in the day when family members stopped by to visit, I overheard several residents, many of whom are living with dementia, recount their experiences with the baby bunnies. They even took family members to the rabbit hutch to admire the mother rabbit and her babies. The rabbit hutch remains a popular walking destination of choice and has helped to promote a little more physical activity in the community. The memories and smiles lasted into the next day for me as well, as I shared photos and stories of the special day with my friends and colleagues at the university.

Medication Errors and Homicide

Alan Horowitz eloquently describes how a nurse was scapegoated for the failings of a faulty system in his recent article “Medication Errors and Homicide: When Law and Medicine Collide” (Caring for the Ages, 23(5)). The one part of the system omitted from this analysis was the original order for midazolam (“Versed”). AMDA members are well-aware of the risks of such a medication, especially in older adults with dementia.

The FDA mandated midazolam package insert states, “Intravenous midazolam has been associated with respiratory depression and respiratory arrest, especially when used for sedation in noncritical care settings. In some cases, where this was not recognized promptly and treated effectively, death or hypoxic encephalopathy has resulted. Intravenous midazolam should be used only in hospital or ambulatory care settings, including physicians’ and dental offices, that provide for continuous monitoring of respiratory and cardiac function, i.e., pulse oximetry” (available at: https://bit.ly/3xB85kp).

Press accounts of this case raise questions about the judgment that led to the midazolam order. Was there a change in the neurologic exam indicating that a second brain imaging study may have demonstrated a new brain lesion? Was the possible benefit of the scan worth the risk of midazolam?

Letter to the Editor

Eric Reines, MD, FACP
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Alan Horowitz, Esq., RN, extends his thanks for this letter and appreciates that Dr. Reines underscores the systems nature of medication errors.