

Presentations: Nurses for Divine Mercy

Marie is a professional speaker and would be available to speak at your upcoming event. Here are speeches given around the world on Nurses for Divine Mercy:

Divine Mercy Sunday: April 18, 2005
Stockbridge, Massachusetts

Spiritual Emergency in the World Today... Antidote is Jesus, The Divine Mercy and Our Lady, The Immaculate Conception

“Speak to the whole world about My mercy.” (1190)

By Marie Romagnano, RN,BSN,CRC,CCM,CLCP

I love being a nurse!

I would like to share my thoughts today with all those who care for the sick, injured and dying. This includes professionals and everyone who takes care of Mom and Dad, brothers or sisters or our neighbors.

I am here as an spiritual nurse advocate for every sick or injured person in the world who needs your prayers through The Divine Mercy message and devotion. This is a critical appeal to everyone to focus their prayer life in the direction of using The Divine Mercy message and devotion specifically for the sick , injured and dying.

The spiritual care of the sick and injured should have first priority in conjunction with physical care. This is often overlooked by medical professionals, who may not be trained to call for a priest on a timely basis.

This is a spiritual emergency and it is everyone's business to make sure the sick and especially trauma patients receive the spiritual care that they need. It is up to YOU, I REPEAT YOU, who already have been blessed with The Divine Mercy message and devotion to reach the professional nurses, physicians, healthcare workers, or family caregivers and share The Divine Mercy message and devotion.

HOW MANY NURSES DO WE HAVE HERE TODAY?

One easy way to do this is by giving this person the new training manual that The Marian Helpers Center has printed for Nurses for Divine Mercy. In this pocket sized book you have everything you need to train healthcare providers in the Divine Mercy message and devotion as it applies to the sick, injured and dying.

When you rush to help the sick, you become the merciful presence of Jesus, The Divine Mercy as He transforms our hearts and hands into His merciful Heart and hands. So be excited and happy that Jesus, The Divine Mercy is using your hands and heart to reach the sick, injured and dying.

So YOU demand quality of care spiritually for the sick and YOU make the difference in that person's life....no one else can do it as Jesus has given each of us that job to spread the Divine Mercy message and devotion.

Founding and Purpose of Nurses for Divine Mercy

I founded Nurses for Divine Mercy as a direct result of the September 11th tragedy. Our St. Ann's parish nurse team that was mobilizing with the American Red Cross to go to help in New York City that day was in fact told to stay home—just as we were about to leave as there appeared to be few survivors. Even the medical centers in Boston who were frantically making room for patients they were expecting were left empty handed and again our medical team could not volunteer—almost 3,000 persons lost their lives that day.

I realized the best care we could give those trapped and dying was to pray The Divine Mercy Chaplet. I wanted to share this with other nurses and all healthcare workers as the tremendous answer to what

to do when you can “do nothing physically” in the middle of a tragedy or faced with a medical situation that is serious. What better help that spiritual help that Jesus gave to St. Faustina as outlined in her Diary-especially with the use of The Divine Mercy Chaplet.

JESUS IS WORTHY OF OUR TRUST, so sharing the promises Jesus gave to us with The Divine Mercy message and devotion in caring for the sick, injured and dying is an act of our own trust in the words of Jesus.

I am inviting and challenging all nurses and healthcare workers to allow Jesus, The Divine Mercy to transform their hearts into His merciful presence. It is the duty and responsibility of every nurse to incorporate the pastoral counseling team with your nursing duties-never delay in calling for a priest or the pastoral choice of your patient. Let your heart be the window that allows the rays of mercy to pass through you to your suffering patients.

Jesus told St. Faustina:

“These rays of mercy will pass through you, just as they have passed through this Host, and they will go out through all the world. “ (441)

If you take this message from Jesus personally, that includes all of us. Each nurse must realize the grave situation spiritually the world is in today. I urge every nurse to take control of each medical situation and insist on the spiritual care of the injured and dying, and be positively sure the patient receives the benefit of The Anointing of the Sick, The Sacrament of Reconciliation and Holy Communion whenever possible.

Everyone knows a medical person, share The Divine Mercy message and devotion with them-who knows-they may take care of YOUR loved on someday. If we do not take the time and make the effort to train the medical community, the continuation of medical ethics challenges will continue unbridled.

Last year, I gave a pack of the Divine Mercy Images to my spiritual director, Fr. Jim Montanaro, OMV as he was giving a parish mission. I was surprised when he called me from New Jersey and asked me to call a nurse who wanted to become a Nurse for Divine Mercy. Naturally, I was excited to talk to her...then in the next breath Fr. Jim told me “ By the way, she has a brain tumor”. Wow!!! A critically ill nurse wanting to help the sick? As an Intensive Care Nurse, Grace knew what to expect, but did not realize how this tumor would take a toll on her physically and emotionally. **When she told me she took that Image of The Divine Mercy into chemotherapy and radiation treatments I was profoundly affected by the grace of Jesus working through me as a nurse spiritual advocate. I had no idea how much hope this Image of Jesus gave Grace with the message of mercy. As we have become good friends, we pray together The Divine Mercy Chaplet over the phone together as well as other prayers.**

When a nurse takes on the physical care of the sick, there is just as much responsibility to render spiritual care-the two goes hand in hand. So receiving the correct spiritual training in The Divine Mercy message and devotion in the care of the sick, injured and dying is a part of your nursing vocation and spirituality.

Developing a Nursing Care Plan that includes the spiritual aspect of patient care is important, and in fact can enhance the recovery of the patient. The Sacrament of the Anointing of the Sick is utilized for this purpose and the nurse may be a key person in calling for the priest.

Jesus tells us through St. Faustina:

“My daughter, write that the greater the misery of a soul, the greater its right to My mercy; [urge] all souls to trust in the unfathomable abyss of My mercy, because I want to save them all. On the cross, the fountain of My mercy was opened wide by the lance for all souls - no one have I excluded!” (1182)

So do not be afraid to include non-Catholics in The Divine Mercy message and devotion.

Fr. Seraphim Michalenko, MIC, Postulator for the Canonization of St. Faustina taught me the following:

Nurses, when uniting their work with the passion of Jesus, become the merciful presence of Jesus.

Our Hands become His hands, our hearts His heart, our lives carry the message of mercy by our very actions. So, when we go to see a particular patient, we are humbly reminded that Jesus, The Divine Mercy is walking within us. We invoke Our Lady as the Heavenly Nurse, asking her to guide us in how to use The Divine Mercy message and devotion with our patients, near and far away.

The Marians: Teaching Me about The Divine Mercy Message and Devotion

In the early 1980's, I used to be one of the many volunteer's who assisted with pasting the picture of someone called "Sr. Faustina" on a newly printed book called *The Dairy, Divine Mercy in My Soul*. Fr. "Walter" Pelczynski, MIC used to sit with us and tell us about this Sister that had the most important revelations about Divine Mercy. Fr. Seraphim told us firsthand about being at Sr. Faustina's tomb with the Digan family and the miraculous cure that Maureen Digan received, the first miracle needed for her beatification and a partial cure for their son, Bobby.

Throughout these many years, Fr. Seraphim and Fr. Walter have unceasingly encouraged us lay apostles of Divine Mercy to spread the message of mercy in our work and families. They were always exceptionally interested in each persons work for mercy, no matter how small, and took the time and personal interest to teach and correct us in the use of The Divine Mercy message and devotion.

One of the last letters I received from Fr. Walter in July of 2000 he stated:

"We are extremely grateful to God for allowing us to spread the Diary of St. Maria Faustina and the devotion to Divine Mercy for almost 60 years."

He was always very, very pleased that the Marians were the key for the translation of the Diary of St. Faustina into English and The Marian Helpers that he founded was the major printing and

distribution center throughout the world for The Diary as well as millions of printed Divine Mercy images.

I guess I must be hard-headed, because it took 20 years to realize fully what I had my hands and heart on-the greatest and most significant revelations of the Mercy of God ever given to humanity. As a catastrophic injury nurse, I would use The Divine Mercy devotion in my work almost as second nature. I never dreamed of the impact it had on my patients and the outcome in their lives and the personal spiritual growth I would experience with the assistance of my Spiritual Director, Fr. Jim Montanaro, OMV. Fr. Jim encouraged me to continue with working to develop the book and coordinate closely with the Marians who are the recognized experts in The Divine Mercy message and devotion.

I bumped into Fr. Seraphim at the International Shrine of Divine Mercy in Poland and told him about the nurses book project I had started on in 2001 to write a book for nurses on how to use The Divine Mercy devotion with the sick and injured and he was instantly interested. Furthermore, I asked him for his help as an expert in The Divine Mercy message and devotion. **He was the first to point out that THE NURSE BECOMES THE MERCIFUL PRESENCE OF JESUS AT THE BEDSIDE OR PRAYING FOR THEIR PATIENTS.** He provided insight on exact use of The Divine Mercy message and devotion for the sick, injured and dying for the nurse's book.

Fr. Casmir Chwalek, MIC , was always available for discussions and assisted with the spiritual care of my soul. In addition, he worked "behind the scenes" coordinating many details to help me in my work and prayed for me.

Over the past years, I have had the wonderful opportunity to work closely with The Marian Helpers Center and have found many of the employees themselves going to daily Mass. With the help from the Marian Helpers Center, the printing and distribution of: ***Nursing with the Hands of Jesus: A Guide to Nurses for Divine Mercy*** has become a reality.

The extensive work of The Marian Helpers Center is fulfilling the request of Jesus, The Divine Mercy by printing hundreds of thousands of copies of books and literature on The Divine Mercy

message and devotion. I encourage you to call and order not only the new book for your favorite nurse, physician or friend, but obtain other materials on The Divine Mercy message and devotion to give to others to help spread the message.

The Immaculate Conception and Mercy

Our Lady has always been my confidant and guide in my work as a nurse. In the early 1990's I visited the shrine in northern Portugal of Our Lady the Heavenly Nurse-Our Lady of Balsamão that belongs to the Marians. Our Lady appeared in this area as the heavenly nurse, healing many wounded soldiers. It was there I realized Our Lady was a real nurse, helping us in our daily duties, showing us how to be merciful and compassionate with our patients.

I just never realized how much Our Lady guided me until I started using The Divine Mercy message of mercy and devotion with my critically injured patients and their families and watched the impact on their recovery. **I ask Our Lady to guide me in the use of The Divine Mercy message and devotion and how to care for them spiritually as well as physically.**

By her Immaculate Conception, the fullness of God's infinite and incomprehensible mercy was bestowed upon the Blessed Virgin Mary. She is God's masterpiece of mercy. By her own example of her life, perfectly following God's will, she shows us how to be merciful in our daily life.

As nurses, we pray to Our Lady, The Heavenly Nurse to guide us in using The Divine Mercy message in our work and to show us how to tenderly deliver God's mercy to our patients. Our Lady is mother to all of us; she is the Mother of Mercy and shows us how to guide our patients in their suffering to Jesus, The Divine Mercy.

- † Our Lady of Confidence will give you the strength and conviction to act on behalf of your patients and care for their spiritual needs.
- † Our Lady of the Rosary will bring you into the deepest, intimate understanding of the life of Jesus and Mary, assisting you in your spiritual life.
- † Our Lady Arch of Peace the “Madonna del’ Arco” brings peace and happiness into your homes.
- † Our Lady of Mercy will teach you how to be merciful and compassionate.
- † Our Lady of Guadalupe will show you how to protect the unborn and preserve life in God’s plan.
- † Our Lady of Lourdes shows us how to render loving care to the sick, injured and dying and instill hope in their hearts.
- † Our Lady of Czestochowa will teach us the interior life with Jesus, her son.
- † Our Lady of Loreto protects our medical teams in flight to injured patients.
- † Our Lady of Perpetual Help is always interceding for us with our every need.
- † Our Lady’s Immaculate Heart is our refuge, our help and our protection.
- † Our Lady the Heavenly Nurse–Our Lady of Balsamão – shows us how to be merciful in our patient care and guides us to be the best possible nurses.
- † Our Lady of Miracles (Basilica of San Andrea Delle Fratte) by her powerful intercession obtains all graces of body, soul and conversion of our hearts to Jesus.
- † Our Lady of the Rosary in Fatima shows us the deep Eucharistic interior life with Jesus and the value of prayers and sacrifices.

The Sudden Death of a Loved One is always traumatic for not only the family can also be for the medical team rendering care. We look to Psalms 12: 6

**Lord, your mercy is my hope,
my heart rejoices in your saving power.
I will sing to the Lord for his goodness to me.**

Jesus tells us through St. Faustina:

***“Pray as much as you can for the dying. By your entreaties, obtain for them trust in My mercy, because they have most need of trust, and have it the least. Be assured that the grace of eternal salvation for certain souls in their final moment depends on your prayer.”
(1777)***

Everyone can render spiritual care of the dying in catastrophic world events by praying **THE DIVINE MERCY CHAPLET**. Your own prayers and including **THE DIVINE MERCY CHAPLET** daily in your own life can be used for these patients that die suddenly each day. As a nurse, you must take a leadership role in coordinating the pastoral care team and in training the family members how to be supportive spiritually during a time of personal tragedy.

For all those who were left to grieve on 9/11, and other families that have tragedy in their lives, I have great words of comfort for you from St. Faustina on God’s powerful final grace:

“I often attend upon the dying and through entreaties obtain for them trust in God’s mercy, and I implore God for an abundance of divine grace, which is always victorious. God’s mercy sometimes touches the sinner at the last moment in a wondrous and mysterious way. Outwardly, it seems as if everything were lost, but it is not so.

The soul, illumined by a ray of God’s powerful final grace, turns to God in the last moment with such a power of love that, in an instant, it receives from God forgiveness of sin and punishment, while outwardly it shows no sign either of repentance or of contrition, because souls [at that stage] no longer react to external things. Oh, how beyond comprehension is God’s mercy!

Although a person is at the point of death, the merciful God gives the soul that interior vivid moment, so that if the soul is willing, it has the possibility of returning to God.” (1698)

Realizing God’s Mercy is infinite and incomprehensible, what St. Faustina is telling us is that God **DIRECTLY INTERVENES WITH THE SOUL, GIVING THE SOUL THE LAST CHANCE FOR TRUE**

CONTRITION and SALVATION, despite the fact that no sacramental Confession or The Anointing of the Sick was possible.

Jesus, The Divine Mercy is our Divine Physician, healing our hearts and providing for every need, sustaining us in suffering, sickness and our journey to Eternal Life. Imagine that your patients can experience the cascade of graces pouring from The Divine Mercy! In fact, the nurse who gently and tenderly gives each patient hope in The Divine Mercy brings the tenderness of The Merciful Jesus to the bedside of each patient.

In most instances, you will find the spiritual care of the seriously injured and dying is lacking in the medical centers. **Each patient has the right to spiritual care, most especially trauma victims who have no chance to speak for themselves.** It is up to the nurse to make a stand for Jesus, use His authority within your heart, and not be intimidated by the apparent lack of concern for the dying or lack of cooperation from co-workers.

Divine Mercy Spiritual Team Formation

Every person knows a nurse, physician, healthcare worker or renders care to another –making them a nurse! All of us as professionals or family members, take care of our loved one’s during their time of need.

“Let no one who approaches you go away without that trust in My mercy which I so ardently desire for souls.” (1777)

I would like to share the promises of Jesus that are to be taken seriously:

“All those souls who will glorify My mercy and spread its worship, encouraging others to trust in My mercy, will not experience terror at the hour of death. My mercy will shield them in that final battle...” (1540)

“Tell the world about my mercy and my love. The flames of mercy are burning Me. I desire to pour them out upon human souls. Oh, what pain they cause Me when they do not want to accept them!” (1074)

“Souls who will spread the honor of My mercy I shield through their entire life as a tender mother her infant, and at the hour of death I will not be a Judge for them, but the Merciful Savior.” (1075)

Nurses and Healthcare workers Training Program

I encourage each person to **GIVE this new book, the first on how to use The Divine Mercy devotion for the sick and injured:**

Nursing with the Hands of Jesus: A Guide to Nurses for Divine Mercy

to the nurses and other healthcare workers they know and keep a copy for yourself. Everyone knows a nurse! In this way, you can be helping to spread the message of mercy where it is needed most: where those who are sick or injured have spiritual comfort of Jesus, The Divine Mercy.

I wrote this concise manual in response to the tremendous need that I could see for nurses and other healthcare workers to teach and guide them in using The Divine Mercy message and devotion for the sick, injured, and dying.

Jesus tells us:

“...I am Love and Mercy itself. When a soul approaches me with trust, I fill it with such an abundance of graces that it cannot contain them within itself, but radiates them to other souls.” (1074)

You can be that nurse to radiate the message of mercy to your patients and other healthcare workers. If you are not sure how to use The Divine Mercy message and devotion, ask Our Lady to guide you. Our Lady will take care of every problem you may encounter.

I am only one small nurse, I cannot do anything by myself. If all of us help as a team approach, to get the message to the medical field and those caring for the sick and dying, the goal of spreading Divine

Mercy to those who need it most will warm the heart of Jesus, The Divine Mercy.

I would often say to Fr. Seraphim: What can one nurse do? His response: What does one mosquito do in a room full of people? He creates a lot of racket! Well that's your answer so everybody needs to help get The Divine Mercy message and devotion out worldwide.

***“Do not tire of proclaiming My mercy. In this way you will refresh this Heart of Mine, which burns with a flame of pity for sinners.”
(1521)***

In conclusion, always show mercy, and if you have to speak, you can pray: **“Jesus I Trust in You!”**.

Lewis Millender Occupational Medicine Conference, Boston, MA
April 2002

Multiple Dimensions of
**Catastrophic Injury Management in Trauma
...The Essential Guide.**

-Marie F. Romagnano, R.N., B.S.N., C.R.C., C.C.M., C.L.C.P.

Comprehensive catastrophic medical case management encompasses a multitude of medical specialties that are orchestrated by the expert nurse case manager. Recognition that a diligent effort to coordinate the care of individuals with massive injuries requires dedication and expert medical knowledge to interface with the various medical teams working with the patient.

Assessment of the injuries of the catastrophically injured patient from the moment my pager goes off until I actually meet the patient involves a complex set of events leading up to the ultimate success in management of a new catastrophic injury referral. **This is a very serious and responsible moment when the entire medical picture can be affected by the initial care the patient receives.**

The specialized catastrophic nurse case manager must be a specially trained advocate in the coordination of the emergency treatment of the patient. Assisting the medical team with the history and nature of the injury and discussing the choice of physician specialists that will be the most effective in treating the catastrophically injured individual is essential to medical case management. As a liaison for the family members, comprehensive knowledge of the medical picture as well as the family and employment situation will enhance the understanding of the entire situation.

Multiple management events occur simultaneously during the initial management phase of the catastrophic injury. I will describe in steps the initial 4-12 hours of management below but kindly keep in mind this may all happen within an hour!! If there are numerous injuries from one facility such as a carbon monoxide poisoning that could affect an entire facility, **it is important that the back up team of specially trained catastrophic injury nurses are also on call to assist the primary catastrophic injury nurse case manager.**

Step 1 Location of the Patient and Emergency Room Contact

I advise the emergency medical team member:

1. I am the catastrophic injury nurse patient advocate and attempt to locate a family member to coordinate immediate needs of the PATIENT and the FAMILY.
2. Upon locating the patient in the medical facility, I determine if the patient is going to be immediately transferred to another major trauma center or gather the information on what the medical treatment plan is at that facility and if the patient's family has agreed to keep the patient at that facility.
3. I advise the medical team that I am authorized by the insurer to approve any medical treatment that will facilitate or optimize the patient's care.
4. I inquire if they have an adequate **history of the accident**-if they do not have adequate information I immediately contact the employer for the exact description of the accident. I also find out if chemicals were involved and any other factors in the method of the injury. A degloving injury may actually be a burn injury the way it presents as the skin is actually burned off the extremity due to high friction of the rollers in many types of machinery. If chemicals are being used request the employer fax you the MSDS sheets to facilitate the emergency room treatment.

5. I re-contact the emergency room with the exact accident details and speak to a member of the medical team to clarify any questions regarding the method of the injury and answer any other questions or find out further information if needed.
6. This has proved over the years to be critically helpful to the medical team in deciding method of treatment for specific types of injuries, especially with moving machinery and molding machines that can produce a burn, crush and degloving injury with one accident plus determine if there were chemicals involved that could further impact treatment.

Step 2 Employer Contact

1. Initial contact of the employer to find out the method of the accident and contact phone numbers of family members if they cannot be reached at the hospital is an initial link that will provide critical information for the medical team as well as facilitate the nurse case managers job.
2. The employer typically will assist through the personnel office coordinating logistics of the patient's car and personal belonging left on the job site for family members to retrieve at a later time.
3. Utilize the employer as a contact point for the patient and family if there is no other way to contact family members to meet with them at the medical facility.

Step 3 Family Contact Information

This information can usually be obtained immediately from the employer:

1. Did the patient have small children and are they waiting to be picked up somewhere?
2. Has the spouse or immediate family member been notified of the situation?

3. Does the immediate family live out of town especially if the patient has been on a medical flight transport away from their home town?
4. Do immediate family members need hotel accommodation and is the insurer willing to pay for a limited period of time? If this is a head trauma especially it is important to have a family member nearby to assist with orientation of the patient at times.
5. Which family member has the past medical history of the client and obtain the names of the physicians and phone numbers for coordination of the medical records for the medical facility?
6. DOES THE PATIENT HAVE ANY KNOWN DRUG ALLERGIES?

Emergency Facility

After determining the location of the patient and verifying that the patient will not be transported to another facility, depart immediately to meet with the family in the emergency room area (outside the treatment area) to assess and identify the patient needs and family needs.

1. Be sure to follow the regulations of the specific medical facility regarding sign-in procedures with appropriate credentials identifying yourself and the company you are working with on the patient's behalf.
2. Identify the appropriate contact person on the medical team and advise them of your nurse advocate role in coordination of all services the family and patient may require.
3. Make sure the medical team staff member knows how to contact you after the patient is transferred out of the emergency room to surgery or the Intensive Care Unit.

Step 5 Assessment of the Magnitude of the Injury

- a. Initial evaluation of multiple injuries is necessary to assess if an adequate treatment plan is in place and to determine if the patient is in the best medical facility for treatment.

- b. Initially, the patient may have been admitted to a medical facility but in fact when stable could be transferred to a facility that has more advanced treatment of a medical condition such as a major burn center.
- c. Meet with family members and discuss other medical options that are available for the patient such as a possible transfer immediately to another medical facility where adequate treatment (such as finger re-implantation) may be identified.
- d. Work closely with the medical team and be an excellent resource for the emergency room medical team. Getting the details of the accident for the physicians, obtaining medical records from the patient's family physician with a medical consent from a family member are a few examples.
- e. Many times, medical facilities will NOT have staffing necessary to perform these functions or will be delayed in obtaining this information due to other medical emergencies that must be attended.

Once the patient has been located in the correct medical facility for the type of injury, immediate consideration of the psychological status of the patient and the family must be recognized and the appropriate referrals rendered.

Psychological and Pastoral Counseling Referrals:

Patient assessment of multiple factors in adjustment and coping with initial injury need to take place as early as the ICU stage. Some patients are in the ICU for 3-4 months, living on the edge of life and death. Many of these patients are oriented but have no way of verbalizing their feelings or fears due to the vent or their own severity of illness.

Nightmares, replay of the accident mentally, depression or overt happiness and avoidance of viewing the injury site are clues that the psychological recovery process needs assistance. Family members over an extended period of time may also need psychological assistance especially in cases of extended ICU stages of recovery. **Recognition of symptoms of severe stress and decreased coping skills in severe catastrophic injuries with prolonged intensive care admission needs to be addressed.** It is important to recognize the medical support role of the family member and the impact it will have on the overall recovery of the patient.

1. Psychological Patient Treatment Plan

Recognition that there are multiple stressful factors in a major trauma setting for the patient with significant loss of function compels us to assess the psychological status of the patient.

1. Begin treatment immediately with request for referral for Pastoral & Psychological counseling evaluation within a few days of admission.
2. The patient may need Psychiatry referral for medications on a short-term basis. LICSW referral initially and then transition to long term counseling on an outpatient basis.

2. Psychological Family Treatment Plan

The status of the family is critical to assess the psychological impact the injury has had and the ability of the main caregiver to cope with the situation.

1. Nurse Case Manager spends considerable amount of time with primary caregiver to assess situation of home, family life and employment.
2. Contact insurer and request counseling for wife/husband or significant caregiver to ultimately assist the patient.
3. The patient needs the primary caregiver as part of the Rehabilitation Team and recovery process.
4. Caregiver may need to go to family MD for short-term anti-anxiety medication.

Rehabilitation Plan

Discharge planning from the day of the acute care admission is not too early to consider where the best rehabilitation program may be for the patient. The complete assessment of the patient in the areas of functional limitations and the exact rehabilitation needs will dictate the best facilities for the type of injury.

Planning for Rehabilitation should include:

1. Identification of all areas of injury.
2. Assessment of where the best rehabilitation program is located for the specific injuries of the client. If out of state provide a family member to go with the client.

3. Total family involvement in the decision making process of a rehabilitation facility. This can be discussed at a family team meeting at the acute care facility.
4. In certain situations such as Traumatic Brain Injury and Spinal Cord Injury if they occur together decision for rehabilitation facility must contain adequate programs in both areas.

In-Patient Rehabilitation Program

At times, the best rehabilitation facility is not the closest one to home. This is especially true with spinal cord, major burns and traumatic head injuries. After the patient has been placed in an in-patient facility the catastrophic injury nurse case manager is actively involved with the entire rehabilitation team.

Focus on the following elements:

1. Identify specific rehabilitation goals after first week of admission with estimated date of discharge. Plan to attend the first team meeting and introduce yourself and let it be known that you are highly involved in the coordination of care of the patient.
2. Attend weekly team meetings at the facility with the attending physician and other therapies and skilled nursing.
3. Schedule a family team meeting within two weeks of admission.
4. Begin the discharge planning process immediately with family and medical team. Be sure there is a home for the injured client.

Community Out-Patient Resources

For each injury, there are specific community resources that specialize in the type of injury specific to the patient. I will mention a few here as well as recommend the following:

1. Identify all community resources specific to the injury.
2. Local VNA and out-patient therapy providers.
3. National Head Injury Foundation.

4. **Spinal Cord Injury Foundation.**
5. Local community resources at church, school and the employer.
6. Foundation for the Blind.
7. Religious charities as well as other charitable organizations.

Community Re-Entry

This phase is addressed initially by the in-patient rehabilitation facility in recreational therapy and an initial evaluation by a Certified Vocational Rehabilitation Counselor (C.R.C.). It is critical to the recovery of the catastrophically injured patient to identify or begin thinking about future job goals and vocational re-training during this stage of the recovery to avoid major psychological complications. The establishment of hope and a future that can be reconstructed with appropriate assistance is crucial to the recovery process to alleviate the many fears these individuals have about their future both in economics and family life.

Considerations for evaluation process:

1. Vocational Rehabilitation.
2. Identification of Transferable Skills.
3. Job Re-Training.
4. Direct Job Placement.
5. Return to work with same employer modified job.
6. Social Integration into family life.
7. Recreation Therapy for identification of new recreational activities.
8. Family involvement in all aspects of community re-entry.

Company or Self-Insured Preparation for Catastrophic Injuries

1. Outline a catastrophic injury protocol to be used by staff in event of serious injury.
2. First Responders that are American Red Cross trained in First Aid.
3. Identify a local medical facility for triage treatment and eventual transfer to major medical center.
4. Contract with expert Catastrophic Injury Medical Case Management Company for 24/7 response.

Catastrophic Injury Management Company Identification

1. Identification of qualified Catastrophic Injury Company with Nurse Case Manager Specialists
2. On-Call 24/7

3. Specialists in areas of major catastrophic injuries:
 - a. Multiple traumas.
 - b. Spinal cord injuries.
 - c. Major Burns
 - d. Blindness or hearing loss as result of explosion or other accident.
 - e. Traumatic brain injuries.
 - f. Reflex sympathetic dystrophy with trauma.
 - g. Major Orthopedic Upper and Lower Extremity Hand Injuries and other major injuries.

Spiritual Preparation for the Terminally Injured Trauma Patient

There are many industrial injuries that do not result in recovery. You have a unique role as a catastrophic injury manager to have an overview of the entire medical picture and assist the family and staff in making arrangements for the spiritual needs of the patient.

Major points to remember in this delicate role:

1. Consider the Mercy of God in allowing you to witness the transition between life and death.
2. Recognition of the responsibility to provide pastoral counseling assistance.
3. Identify the religion of the patient.
4. Request pastoral counseling in conjunction with the family members.
5. In the absence of the family make the request on behalf of the patient.
6. Identify impending death of patient.
7. Decide among medical team who will be informing the family.
8. Discuss end of life issues such as preference for extent of care.

Assessment of Injuries for Pastoral Counseling

As healthcare practitioners, I believe it is critically important to recognize that the treatment of the spiritual aspects of the whole patient is as important as the physical aspects of treatment. The initial treatment of life threatening injuries of any patient brings all of us to the ultimate realization that participation in life ultimately results in our death.

Immediate assessment of the life-threatening injuries may result in adequate treatment to postpone or delay death, but the practitioner needs to recognize that death may be eminent. **Decisive action** to contact the family members and honestly discuss with them the medical situation that the physician has already discussed will facilitate the family's ability to make decisions affecting the medical treatment of the patient.

Spiritual Rehabilitation for the Dying: When to Call for Pastoral Counseling?

At times, families are reluctant to contact their pastoral counselor and think they must only call on the specific certainty of death. **In fact, pastoral assistance at the beginning of the trauma can facilitate critical medical decisions that need to be made by family members in conjunction with the physician and medical team.**

The concept of a spiritual rehabilitation team is a refreshing approach to comforting the seriously ill that are dying. It is important to consider the feelings of this individual as the ideal of dying and death is new and very frightening and traumatic on top of a serious catastrophic injury. NEBH has a spiritual team that is paged upon realization of the eminent death of a patient. This is NOT the case in many facilities and it may ultimately be up to the catastrophic injury nurse case manager to make the call for pastoral counseling in conjunction with or without the family on behalf of the patient.

Significance of Pastoral Counseling and Spiritual Care of the Patient

Especially in the setting of the Emergency Room or Critical Care Units, the medical team must be able to recognize that the patient and family members may need the spiritual support and guidance to make critical medical decisions that will have far-reaching psychological emotional effects well into the future after the patient expires. Every patient has the right to die with adequate spiritual care and especially in the sudden death situation of industrial injuries.

In certain situations, the spiritual care of the patient is the only comfort and consolation of the spouse and family members. The timely discussion openly of the catastrophic medical situation and assisting the family in obtaining the appropriate resources to assist the family member with the process of dying also allows each individual in the family to say goodbye in his or her own way.

Providing the openness in communication for discussion of death and allowing the family members to choose or request pastoral counseling also invites consideration of the deeper aspects of how we individually handle the thought of death and dying.

Nurses for Divine Mercy: Spiritual Support of the Dying

As a nurse your prayers to support the patient at the time of death may be all you can do to assist your patient. In response to the September 11, 2001 tragedy, the Nurses for Divine Mercy was formed to specifically minister to catastrophically injured individuals

and families with specific prayers for spiritual intervention prior to or at the time of death. These nurses are trained in specialized prayers for the dying as well as being highly skilled nurses in a variety of catastrophic injuries or terminal illnesses.

Specifically, for the Nurses for Divine Mercy, the **Chaplet of the Divine Mercy and the Divine Mercy Image** is utilized as one of the most powerful prayers to be said for the dying patient. It may be you as the healthcare practitioner who has a better overview of the entire medical situation to stop all the “activity” around planning for death and in fact suggest to the family that they spend needed time at the bedside spiritually supporting the patient with the pastoral counseling team of their choice.

How Do I Feel About Death and Dying?

Examine your own thoughts and feelings about this topic. If we are emotionally biased against talking about death, our patients will eventually as we will be unable to give this family the opportunity to obtain pastoral counseling or appropriate individual spiritual guidance from the religious person of their designation when making life and death decisions for loved one’s who are critically and fatally injured.

Becoming actively involved in the prayer process for your patients is an individual decision that every practitioner must make for himself or herself. In fact, if your intention is to pray for all of your patients and to ask God to give you the ability to face each day and each new trauma with love and concern for the entire person, it will be easier to bring up the subject of death and dying and how to handle the situation.

Blessing of the Sick and Religious Rites of the Patient

Many times, these patients are better after the religious blessing and prayers and careful consideration of including pastoral counseling on the medical team as part of the acute medical care could facilitate patient recovery.

Each culture and religion treats death differently with respect to prayers and blessings for the dying. Typically, there are specific prayers that each religion embraces to assist the person with dying and making the transition to eternal life. **When you as the healthcare leader are knowledgeable about these religious requirements that will assist the patient in dying and take a leadership position by assisting the family to**

call for pastoral counseling is definitive action in the spiritual rehabilitation of the patient.

Nurse Advocate for Spiritual Care of the Trauma Patient

Pastoral counseling in many circumstances is only started when the physician or other health professional recognizes that the injured individual may not make it and calls for spiritual assistance, recognizing this important aspect of death. **If the healthcare professional is unwilling to acknowledge the impending death event due to their own inability to cope with death, they deprive the family and injured individual the valuable time needed to prepare for death.** Please give these individuals adequate time to prepare and discuss honestly and openly the probable death and dying process that will put their minds at ease with the transition period.

Case Study-Lupus

As an ICU Nurse early in my career, I witnessed a scenario that I hope I never see again. A 27 year old patient with five children was dying of Lupus. She was on full life support yet awake, alert, oriented and knew she was very ill. She wrote in my hand and asked if she was dying. I did not know what to say, and did not know if it was my place or the physician's to discuss this but certainly knew this was up to the physician to make the medical determination. I immediately contacted the physician who was not available but sent the resident. He proceeded to answer the question by telling her the statistics on who dies on a vent with Lupus, who recovers statistically –you get the idea-he avoided the subject entirely.

After hearing this, when the resident left the room the woman looked to me for an answer. I pulled up a chair beside her and told her she was dying and did she want me to call her husband so they would have time to plan for their five children as also she may want to say something to each of them. She agreed, I called the husband and they had approximately 12 hours or less left for her to write a letter to each child and for them to plan as best as possible the future for this family without a mother. She also wanted the Mormon bishop called for prayers. She died the next day, very peacefully.

So, who really informed the patient? Why was the resident not taught how to discuss death realistically? That's one reason we are here today.

Informing the Patient and Family of Impending Death

In catastrophic medical case management, **assess the status of the injured patient and if it appears that the patient's condition is extremely grave and may continue not to improve, find out from the medical team who is responsible to contact assistance from pastoral counseling.** If there is no one, coordinate with the medical team and identify immediately who is responsible for telling the patient (if possible) and the family that death is very near so that the appropriate pastoral counselor may be called.

IT IS NOT THE RESPONSIBILITY OF THE NURSE CASE MANAGER TO ADVISE THE PATIENT OR THE FAMILY THAT THE INJURY IS TERMINAL. COORDINATE WITH THE ATTENDING PHYSICIAN, SOCIAL WORKER AND PASTORAL COUNSELOR for a family discussion of the impending event.

Clear communication on the part of the medical team and identification of the responsible staff person to tell the family of the patient's eminent death is a realistic goal in every medical setting. Keeping the focus on the fact that your patient is transitioning to the final stage of their life allows us to act on the patient's behalf despite very difficult situations.

Until we start recognizing the real impact of spiritual rehabilitation and calling on the spiritual rehabilitation team that INCLUDES all of us, we will not be meeting one of the most basic needs of our patients-assisting them to transition from life to death.

Case Study: Farm Tractor Rollover

Date of Injury: 1997

This client is a 39-year-old married family farm owner who was pinned for an unknown period of time underneath his farm tractor at his orchard. The client sustained critical injuries that resulted in massive multiple trauma with the end result of the disarticulation of the left leg.

Multiple Trauma Diagnoses and Procedures:

1) Left leg compartment syndrome with resulting:

High guillotine amputation of left leg with a disarticulation of the left hip.

2) Right leg compartment syndrome.

- 3) Left leg four compartment fasciotomies.
- 4) Right leg four compartment fasciotomies.
- 5) Left hip abscess.
- 6) Myoglobinuric renal failure.
- 7) Acute rhabdomyolysis with associated renal failure.
- 8) Bilateral pneumothoraces .
- 9) Exploratory laparotomy for compartment syndrome of the abdomen.
- 10) Disseminated intravascular coagulation (DIC).
- 11) Right leg peroneal nerve injury with severe footdrop.
- 12) Right leg partial paralysis secondary to lower motor neuron injury.
- 13) Neurogenic bowel and Neurogenic bladder.
- 14) Abdominal reconstruction.
- 15) Left Chest reconstruction.
- 16) Erective Dysfunction.
- 17) Severe crush injury to left leg, abdomen, left anterior chest.
- 18) Fractured pelvis with left acetabular fracture, left hemipelvis fracture noted, multiple fractures of left hemipelvis including the left sacral ala fracture, left inferior pubic ramus fracture.
- 17) Cardiac involvement with dilated right ventricle.

The client's medical history is extremely complex and on the date of injury, the client was admitted via Life-Flight to a major University Hospital with a crush injury to the left chest, left abdomen, left pelvis, and left leg. When the medical team arrived on the scene at the orchard the client was complaining of left hip pain, and could not feel or move his lower extremities. Abrasions and ecchymoses were noted on the lower chest, abdomen, and hips. Further records indicate he was lying in a Trendelenburg position on the hill,

and was conversant, with no apparent loss of consciousness, Glasgow Coma Scale 14. He had shallow respirations with decreased breath sounds at the bases bilaterally. The client's cardiac status was tachycardic, and the medical staff was unable to palpate peripheral pulses. Diagnosis was multiple trauma and shock. The Med-Flight liftoff was at 2050 hours, and he was taken immediately to a University Hospital with a major trauma center, with a pulse rate of 140, blood pressure 60/0, respirations 40. Pupils at 5 mm equal and reactive to light.

The client was admitted in critical condition. Emergency room records showed a blood pressure 130/60, heart rate 136. Head and eyes: Unremarkable. Ears: No hemotympanum bilaterally. Lungs: Good breath sounds bilaterally. Cardiovascular status stable. Chest: Left chest contusion and abrasion. Abdomen: Distended, with lower abdominal quadrant contusion and abrasion. Rectal: Guaiac negative. Extremities: Left lower extremity externally rotated. Mottling was noted bilaterally. There was no abrasion or contusion on the lower extremities. On his back there were no contusions present. Neurologically the patient was confused on arrival; however, was moving all extremities. Both lower extremities mottled per emergency room records.

The initial first day diagnosis were as follows:

1. Left leg compartment syndrome.
2. Right leg compartment syndrome.
3. Surgical procedure, left leg fasciotomies.
4. Surgical procedure, right leg fasciotomies.
5. Myoglobinuric renal failure.
6. Acute rhabdomyolysis with associated renal failure.
7. Bilateral chest tubes for bilateral pneumothoraces (collapsed lungs).

8. Surgical procedure, exploratory laparotomy for compartment syndrome of the abdomen that resulted in an open abdomen to relieve pressure.
9. Disseminated intravascular coagulation (DIC).
10. Fractured pelvis with left acetabular fracture, left hemipelvis fracture noted, multiple fractures of left hemipelvis including the left sacral ala fracture, and left inferior pubic ramus fracture.

The client was in critical condition in the Intensive Care Unit, unconscious, and on full life support. The client had an arterial line, Swan-Ganz line, CVP line, and multiple I.V.s, as well as a nasogastric tube, endotracheal tube with respiratory support on a ventilator, with a specialized bed.

Spiritual Care during the ICU Stage of the Injury

The client's wife was supported with pastoral counseling as well as community resources. In addition, psychological support counseling was arranged by the catastrophic injury nurse case manager. Recognizing the impact of the injury and the state of stress affecting the client's wife was an important assessment by the nurse case manager and obtaining immediate assistance through pastoral counseling and psychological support counseling was critical in the recovery process of the husband and wife as a team.

After 3 months in the intensive care unit, one month in the acute care hospital and two months in a rehabilitation hospital this patient finally went home. The client was in the process of leaving Physical Therapy, where he was an outpatient, when he fell and sustained a spiral fracture to the right femur. He sustained a spiral and comminuted

femoral fracture that was extremely serious. After surgery on the femur, he client was transferred home, and continued on an outpatient rehabilitation program.

At the present time the client has significant pain when sitting for long periods of time, in his low back. Since he basically does not get up to walk, this presents a difficulty, and he goes to physical therapy for brief periods of time in order to ease his low back pain.

The client continues to need an AFO on the right lower extremity on a limited basis, when he is using his crutches, due to the peroneal nerve branches that are compromised. He has foot drop, and this is a problem as he can catch his foot and have further danger of falling with ambulation, unless he has the AFO.

Recreational therapy: The client currently owns a 24-foot boat that he purchased just prior to his injury. A provision was made for a physical therapist to go to the dock site and a home visit at the boat, so that the client would have recommendations for access. To date he has been unable to use the boat.

Education: The client attended the University of Massachusetts and the client's major was Agricultural Economics. He completed three years, and has approximately one year to obtain his Bachelors of Science in Agriculture. The job goal at the time was to be the on-site consultant on farms or cooperatives. At the present time the client would not have the required functional capacity to complete this job, even if he finished the one year to complete the Bachelors of Science in Agriculture. The client graduated from High School in 1995. He has no U.S. Service history.

Current employment situation: The client's current employment situation combines a variety part-time small tasks that in general help out the farm. The client reports that physically he is very tired after performing these duties, that include supervising staff at the farm store, supervising part time in the packing house, doing light computer work for the record keeping for the farm, including purchase and sale of various materials for operation.

Mobility: As part of the vocational plan to have the client reincorporated into the family farm, a Polaris Ranger was purchased for the client, that he is able to operate. This vehicle is an all-terrain vehicle that is low to the ground and easy for the client to transfer into. It allows the client to transport himself between his current home across the orchard fields and to the farm store.

Current family situation: They have had many challenges during the injury process of recovery and his wife had taken her first leave of absence under short-term disability and second leaves under the family leave act. She resigned her job because she realized she needed to be with the client for his appointments and to assist with the coordination of his medical care. She currently works flextime part time at a local company so she can be with her husband.

The insurance carrier provided funding for a 100% wheelchair level home adjacent to the family farm and this has been very beneficial for a limited return to work within his functional capacity.

Overall, this remains the most serious catastrophic injury case of my career. All facets of catastrophic injury management were combined in this medically complex case with a

successful outcome. Ongoing treatment for life is expected however a reasonable level of return to rewarding activities of daily living had been accomplished.

What unites us all in caring for our patients loves them through their catastrophic injury or severe illness. It is the hand of the **Mercy and Goodness of God** that springs forth from our hearts and creates a bond with those we care for bringing the light and love of God into their lives among tragic situations. Our hands become God's hands in doing this work of love.

In conclusion, catastrophic injury management is not for everyone. I hope you take up the challenge and define your life by the care and happiness you can bring to these critically injured individuals recognizing the multiple aspects of catastrophic injury management.

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Speech given at International Shrine of Divine Mercy,
Poland February 2003

Nursing With
the
Hands of Jesus
An Introduction to

Nurses for Divine M

“My hands are your hands” is what Jesus conveys specifically to nurses in The Divine Mercy Devotion in the care of the sick or injured. When each nurse unites his or her actions with the passion of Jesus, the heart of the nurse is transformed by the grace of Jesus, into The Divine Mercy. The nurse’s heart takes on the love, tenderness and compassion of Jesus. In caring for their patients, the nurse’s hands, which are full of love and mercy, administer the mercy of God. It is Jesus who is using the hands of the nurse to do the work of the nurse, carefully caring for their patients.

“Proclaim that mercy is the greatest attribute of God. All of the works of My Hands are crowned with mercy (301).”

The main purpose of the Nurses for Divine Mercy is to serve Jesus at the bedside of our patients with spiritual care through devotion to Him as The Divine Mercy. Bringing Jesus in the Divine Mercy to the bedside of the sick, injured and dying is what is at the heart of becoming a “Nurse for Divine Mercy”.

Spiritual Work of the Nurses for Divine Mercy

Nurses for Divine Mercy are called to do a *different work* in serving our patients and to include the *spiritual needs*, not only their physical needs. The unique aspects of a volunteer nurse in the Nurses for Divine Mercy is that the spiritual elements of The Divine Mercy devotion are the common thread in Nursing that allow our hands to do the work of Jesus and bring hope and mercy spiritually to those in need.

The Nurses for Divine Mercy was organized on September 11, 2001 as nurses who wanted to assist with expert medical assistance could do nothing to help the victims of the terrorist attack at the World Trade Towers in the United States of America. The nurses realized that praying The Chaplet of Divine Mercy was the most effective assistance spiritually for the injured, dying and the dead since many of the injured and dying could not be reached. This spiritual support as an act of mercy had infinite value and is the main mission of the Nurses for Divine Mercy.

The spiritual care and support of the dying in emergency situations, catastrophic injuries, or in serious or terminal illness is

the major objective of the Nurses for Divine Mercy. By prayer and using their hands and their hearts, the nurses bring the unfathomable mercy of God to the suffering, sick, dying and injured and consolation to those in need. Today the mission remains the same, that the nurses spiritually support patients and families through devotion to Jesus, The Divine Mercy.

The Tenderness and Mercy of Jesus

Imagine that your patients experience the cascade of graces pouring from The Divine Mercy. The nurse, who gently and tenderly gives each patient the hope of the Divine Mercy, brings the tenderness and mercy of the Divine Mercy to the bedside of each patient.

As nurses, by performing our duties for our patients out of love for Jesus and for them, we become His very merciful presence ministering His healing spiritually as well as caring for their physical needs. Nurturing a spirit of trust, prayer and mercy towards our patients and their families allows the divine physician to work through us, inspiring those who are suffering to trust in His mercy. This is the essence of the attitude that God needs from us for His healing work. We carry Jesus always present with us in our heart,

taking the tenderness and compassion of Jesus right to the souls of our patients.

“Be always merciful as I am merciful. Love everyone out of love for Me, even your greatest enemies, so that My mercy may be fully reflected in your heart (1695).”

Jesus, as the mercy of God in the flesh, is the source, motive and model for exercising mercy. The same way a nurse brings the lifeline of medication to a patient, Jesus brings us His Divine merciful heart in The Divine Mercy Devotion and heals our heart of whatever needs healing. This is unseen by the nurse as this is an operation of God in the soul for whom they are caring.

MT 25:40 ... “In truth I tell you, in so far as you did this to one of the least of these brothers of mine, you did it to me.

The tenderness and mercy of God is rendered through the hands of the nurse. **Though the nurse is nothing themselves, united with the passion of Jesus makes this action merciful and takes on infinite value.** During this action, the hearts of the nurses are transformed by the grace of Jesus through The Divine Mercy, which gives the nurses the love, tenderness and compassion that is essential for transmitting the love and mercy of God to their patients. This

gives the nurse inner strength to continue with caring for patients in a Christian manner full of love and mercy.

Bringing Mercy to the Dying by Praying

The Chaplet of Divine Mercy

Praying The Chaplet of Divine Mercy that Jesus gave St. Faustina is specifically for dying and terminally ill or injured patients. By uniting our work as nurses with Jesus in The Divine Mercy with His Passion, they take on the value of His works. Assisting our patients spiritually at the hour of their death is an act of mercy. None of us know how God works at that moment is further motivation to teach this devotion and proclaim God's infinite and unfathomable mercy.

Jesus tells us through St. Faustina:

“Pray as much as you can for the dying. By your entreaties, obtain for them trust in My mercy, because they have most need of trust, and have it the least. Be assured that the grace of eternal salvation for certain souls in their final moment depend on your prayer (1777).”

“At the hour of their death, I defend as My own glory every soul that will say this chaplet; or when others say it for a

dying person, the indulgence is the same. When this chaplet is said by the bedside of a dying person, God's anger is placated, an unfathomable mercy envelops the soul, and the very depths of My tender mercy will be moved for the sake of the sorrowful Passion of My Son (811)."

"Write that when they say this chaplet in the presence of the dying, I will stand between My Father and the dying person, not as the just Judge but as the merciful Savior (1543)."

St. Faustina tells us:

" I often attend upon the dying and through entreaties obtain for them trust in God's mercy, and I implore God for an abundance of divine grace, which is always victorious. God's mercy sometimes touches the sinner at the last moment in a wondrous and mysterious way. Outwardly, it seems as if everything were lost, but it is no so. The soul, illumined by a ray of God's powerful final grace, turns to God in the last moment with such a power of love that, in an instant, it receives from God forgiveness of sin and punishment, while outwardly it shows no sign either of repentance or of contrition, because souls [at that stage] no longer react to

external things. Oh, how beyond comprehension is God's mercy! (1698) “

Trust

A nurse's response to The Divine Mercy is an essential relationship of trust that we have towards God. Each nurse must have the attitude and conviction of trust in the mercy of God to convey this meaningfully to each patient. This is a way of life permanently embedded in the heart of every nurse in the service of The Divine Mercy. Encourage our patients to trust in God's mercy and goodness bringing them the hope and light of faith in The Divine Mercy devotion.

“Tell souls that from this fount of mercy souls draw graces solely with the vessel of trust. If their trust is great, there is no limit to My generosity. The torrents of grace inundate humble souls. The proud remain always in poverty and misery, because My grace turns away from them to humble souls (1602).”

“Jesus I Trust in You” is the confidence in God's mercy and is the essence of the Divine Mercy devotion. It is also the condition

necessary for obtaining graces. Life with Jesus is a sacramental life and remembering the presence of God in our soul. Trust means to do the Will of God in our lives, realizing that God will give us what is good for us. True trust requires us to come to know the mercy of God. It is only then that the nurse will arouse trust in the heart of his or her patients.

“Encourage souls to place great trust in My fathomless mercy. Let the weak, sinful soul have no fear to approach Me, for even if it had more sins than grains of sand in the world, all would be drowned in the un-measurable depths of My mercy (1059).”

Mercy

As nurses, all of us daily have the exceptional opportunity to show mercy to our patients and their families. The act of caring for another is an act of mercy and nurses, by uniting their actions with the passion of Jesus, cares for the patient’s soul spiritually through sharing The Divine Mercy devotion. Mercy expresses the disposition we should have towards every human being as Jesus told St.

Faustina:

“Tell the world about my mercy and my love. The flames of mercy are burning Me.

I desire to pour them out upon human souls. Oh, what pain they cause Me when they do not want to accept them! (1074)”

Nurses for Divine Mercy: How to Use The Divine Mercy Devotion in the Care of the Sick and Dying

The nurses in general need an overview of the spiritual life in order to deepen and reflect on their relationship with God. Many have no focus in life, show up for work and do their job for the patient physically, but spiritually have left the patient in the desert.

Although many would say this is “not their job” in fact, spiritual nursing is a critical core part to healing the heart and opening the soul of the patient to God. Our compassionate presence with this person, unknown to us, is an operation of God working through us to reach that person and in turn, opening the door of their hearts to begin to accept their illness or injury. The spiritual peace that results interiorly in the patient facilitates and enhances their physical recovery.

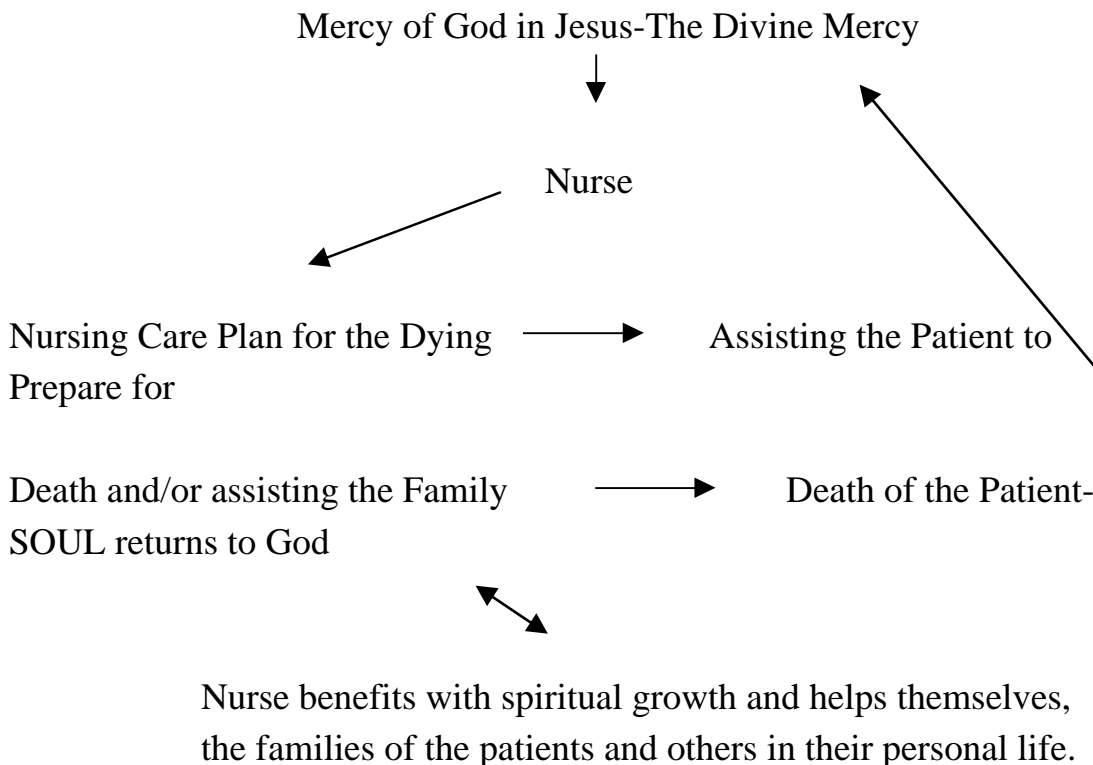
Using the framework of the Divine Mercy Devotion as a base to begin the spiritual life of the nurse is a very simple, yet a very deep solution to the hundreds of thousands of nurses who intuitively know they need to reach this patient spiritually, yet do **NOT KNOW HOW TO DO IT**. So this guidebook of “*Nursing With the Hands of Jesus: A Guide to Nurses for Divine Mercy*” is essential in capturing the heart of the nurse with a concrete and objective solution to this problem of not knowing what to do spiritually at the bedside of a dying patient or for one who needs to be prepared spiritually for their journey home to God.

Why is this important in the overall economy of salvation? Because everyone has to die at some point to finish their journey through life to eternal life. If you are not able to reach a person spiritually in their lifetime, the mercy of God, through the hands of the nurse, will permit reaching this person spiritually at the end of their life. At times, it seems that the good God uses an illness or injury to “get the attention” of that person and turn them back to God. So the nurse who has a perception of God’s plan for the

salvation of each soul can use The Divine Mercy devotion as a springboard to opening heaven for this patient and include the family in praying for this patient.

THE NURSE MUST BE PREPARED TO MEET THE SPIRITUAL NEEDS OF THE PATIENT AND THE CHALLENGE OF IDENTIFYING THE SPIRITUALITY THAT EXISTS WITHIN THEMSELVES. THE MOTTO: “JESUS I TRUST IN YOU” is a great start.

Having a **specific spiritual nursing care plan to assist a dying patient** is a concept that is not readily recognized as being important in today’s world. Why? This is a question each person will have to ask themselves: “Why is the end of life suddenly an “issue”? What about accepting the natural process of birth, life and death as a continuum in God’s plan with our lives hopefully preparing us for our death? By training the nurse in assisting the dying spiritually these skills spill over into their personal lives, transmitting mercy again to those around them.



If we ignore our own spirituality as an individual, we are shutting out one of the richest parts of our experience with God and discovering our relationship with Him, the entire purpose of our very existence. Experiencing Him as a loving and merciful God who cares for us at each moment is very different than a just God.

This is the entire point of the Message of Divine Mercy: to trust in the mercy of God in our lives and walk the path of the **spirit of mercy**, experiencing this mercy from God ourselves and sharing this compassionate mercy with others. In the case of the nurse bringing this message of mercy to a patient there is a twofold benefit: For the patient and to the nurses' individual spiritual growth.

Why do nurses need to grow spiritually or have a basic understanding of the spiritual life? Why train nurses who are not Catholic?

This gives them an awareness of why their physical work is so important and deepens and instructs them in the spiritual realm to reach the "total person in total patient care". So this point ecumenically INCLUDES EACH NURSE CARING FOR ANOTHER, giving them the opportunity to share the Divine Mercy Devotion regardless of their religion if the nurse and the patient is open to receiving this message of mercy.

The Divine Mercy message is for everyone as Jesus told St. Faustina:

"....no one is excluded from My mercy". (Diary....)

Furthermore, you have non-Catholic nurses taking care of Catholic patients, so from this standpoint having a basic understanding of the message of mercy and the basic elements of The Divine Mercy devotion will enrich patient care for the Catholic and / or Christian patient.

When will the nurse use this spiritual training? In their everyday lives and also for patient care. One never knows when Jesus will call this nurse into spiritual action - we only have to remember September 11th to realize we must all be spiritually prepared to “go home” at any time or to be ready to help others “go home”.

Many times in the Diary of St. Faustina, she describes experiences of praying for persons she did not know that were requesting her help spiritually at the hour of death. We can do the same act of charity for others when we incorporate The Divine Mercy Chaplet into our daily prayer life-if only for that brief time that it takes to pray The Chaplet for ourselves and for those that will die in the next 24 hours. This spiritual act of mercy has incomprehensible value to the dying and specifically assists the person dying in a supernatural way unknown to the nurse or bystanders around the person.

MARK 9:38-48

“For whoever is not against us is for us. Anyone who give you a cup of water to drink because you belong to Christ, amen, I say to you, will surely not lose his reward.”

So nurses, stand up for Jesus and fight for the spiritual rights of your patients. They deserve the same care as if they were dying at home with all their loved one’s around the bed. **You have just become their loved one by representing Jesus at THE BEDSIDE as Jesus has transformed you into His merciful presence.**

It is difficult to teach a person that has not been enlightened by the grace of wisdom, so pray for the nurses and other healthcare workers.

Mary, Mother of Mercy

“Mary is also the one who obtained mercy in a particular and exceptional way, as no other person has. At the same time, still in an exceptional way, she made possible with the sacrifice of her heart her own sharing in revealing God's mercy.”

“Mary, then, is the one who has the deepest knowledge of the mystery of God's mercy. She knows its price, she knows how great it is. In this sense, we call her the Mother of mercy: our Lady of mercy, or Mother of divine mercy; in each one of these titles there is a deep theological meaning, for they express the special preparation of her soul, of her whole personality, so that she was able to perceive, through the complex events, first of Israel, then of every individual and of the whole of humanity, that mercy of which "from generation to generation"[105](#) people become sharers according to the eternal design of the most Holy Trinity.”

“...in the Mother of God it is based upon the unique tact of her maternal heart, on her particular sensitivity, on her particular fitness to reach all those who most easily accept the merciful love of a mother. This is one of the great life-giving mysteries of Christianity, a mystery intimately connected with the mystery of the Incarnation.”

(Dives in misericordia **Ioannes Paulus PP. II**)

If your service to the sick is good, your participation in this mystery of loving your patients into heaven will be for your edification and for many others. If you do not care for the sick appropriately, your grace is lost and each time you will become more and more detached from your patients.

Your love and concern for your patients reflects the tenderness in the Heart of my Son, Jesus. Your care of the patients is your particular sanctification and is meant to be an example for many. You cannot give away your

patients to another nurse until the appropriate time has passed and they are well stabilized. Jesus-The Divine Mercy has many lessons to instruct us on patient care and to show us the many errors that occur in hospitalization. These are many times preventable and they can be addressed by more attention to detail and adequate staffing among many other problems.

Imagine Jesus-The Divine Mercy saying to us:

Your life is my life, your hands are my hands, your heart is my Heart and remember that your example is very important to the life and happiness of many patients. The reason nurses enjoy patient care so much is that this is a God given mission in their life. Their thoughts will expand and their prayer life encompass the many problems facing these individuals.

The specific, concrete help you can give these patients so dear to the Heart of Jesus-The Divine Mercy is YOUR PRESENCE THERE FOR THEM. THIS IS THE MOST IMPORTANT PART OF NURSING.

Yes, technical skills are very important, but when it gets down to the real **spiritual care of the sick it is your heart that is communicating with their heart and your love of Jesus is transmitted by the grace of the moment in loving them.** Love activates grace, and love will be deeply transmitted in a mysterious way unknown to the nurse, but the grace of this moment will deeply impress the hearts of patients. So being there for them, even if it seems trivial, deeply affect their impression of God and what it means to be a Christian.

So each nurse when caring for their patients, will grow spiritually in their hearts as they communicate their love in a particular Christian manner as Jesus and His holy mother did when they were on the earth with their fellow human beings, made in the image and likeness of God. **So if you remember that each person is in the image and likeness of God, then everyone is important and the life of Christ is reflected in each one of you-loving and caring for one another.**

Jesus loved the sick, the suffering and the dying. He cured many that were hurt and injured as well as many that were extremely ill. On earth, His mission was to announce to the world the good news of the Kingdom of God; no earthly news can contain the magnitude of this announcement that had long been awaited by the Hebrew people. Accepting my Son as their personal Savior is a decision that each individual has to make and the best way to do so is with the prayer:

The Divine Mercy devotion when used with the care of the sick and dying is like walking up to a patient and having Jesus and Mary right at

the bedside to care for the sick. They inspire the nurse what to do in the care of the patient and truly the care is heaven sent. Your heart in Nursing will be defined by the love and concern you have for your patients and your growth in the spirituality of the Divine Mercy devotion will encompass many elements of the spiritual life. Do not try to understand this now, but be aware that you will be learning a lot that is unfamiliar to you. If you keep your heart and mind open to Jesus and I, you will learn more quickly and have the grace and light of the Holy Spirit to guide you entirely.

Praying the Rosary

The Rosary is a prayer of silence of the heart, with you being willing to surrender your will constantly to God the Father through my Immaculate Heart. Your surrender and abandonment to me continues to provide grace for you to sustain and uphold and learn more about your spiritual life through my Immaculate Heart. There are no prayers, and I repeat, no prayers that go unanswered. The answer may come immediately or be very delayed or prolonged over time-but your prayers in particular will be answered in a very special way.

The Divine Mercy devotion when used in the care of the sick and dying is entirely Sacramental.

If you consider the nurse calling the priest to administer the Sacraments; the mission of the nurse is very critical and special to the pastoral care of the patient. There are five possible sacraments that can be administered:

- 1. Baptism**
- 2. Confirmation**
- 3. Penance**
- 4. First Holy Communion or Viaticum**
- 5. Anointing of the Sick.**

Nurses must be trained in these areas to realize the gravity of calling for a priest to assist before the moment of death. If the priest is not available then the nurse needs to know exactly what to do for the patient. If the patient needs to be baptized then do so and the use of the Cross at the bedside in anticipation of the moment of death is recommended.

Listen to what Jesus -The Divine Mercy is telling you in The Divine Mercy devotion. For many patients, the last hope of salvation rests in the hands of the nurse who has the ability to evaluate the situation,

determine that the patient is in danger of death and call immediately for the priest.

Nurses and healthcare workers need training to be a part of this organization that will bring the awareness of the necessity to plan for death-do not let it take you by surprise spiritually. Your thoughts and words that convey this message will be far reaching as all persons will die-the question is will they die with the sacraments if possible? For some the answer is no-but for others that are in a situation where help is available through Pastoral Counseling then the nurse is actually **OBLIGATED TO CALL FOR COMPLETION OF THE NURSING CARE PLAN OF ACTION.** This is **NOT OPTIONAL.** It is also the responsibility of the nurse to know the actual religion of the patient and make sure the documentation on the chart is correct.

Nurses and healthcare workers who take the spiritual care of the patient seriously have a special place in the Immaculate Heart of Mary and the Heart of Jesus-The Divine Mercy. Their work is a part of salvation and gives life to the desolate and those too sick to ask for this spiritual assistance. This work is so important that the nurses will need to be instructed on the best possible way to have a plan of action as part of the Nursing Care Plan to be aware of the religion of the patient and ensure that appropriate Pastoral Counseling is contacted on their behalf.

The action of the nurse is critical to the care of the patient and will have the effects of eternal life emblazoned on the soul of the patient who will pass from this life to the next with the grace of the sacraments. Do not be afraid to ask for the Sacrament of the Sick and to call the priest for assistance.

Jesus knows what each person can take for suffering and in the mystery of suffering is union with Jesus Crucified. Each person's Faith is increased with each suffering they willingly take on for themselves as given by God. You cannot understand the value of suffering in this life, only in the next life will you fully appreciate this form of sanctification.

So, unite your heart with Jesus-The Divine Mercy and his mother in her Immaculate Heart and render the most blessed patient care available here on earth.

May each nurse always do the will of God and may each heart be touched to love their patient and bring Jesus to their bedside .

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Workshop Time

1. How do you speak to a patient who is dying immediately?

2. How do you prepare a patient to die?
3. How do you interact with the family and members?
4. How do you interact with the medical team?
5. Who is actually telling the patient they are dying?
6. Who is responsible for calling the priest or verifying the correct religion of the patient?

In conclusion, each person as a caregiver of a family member or friend in illness or trauma is in truth a nurse. This opens the door for each person to invite Jesus as The Divine Mercy into our hearts and let Him act through our hands with deeds of mercy. I invite you to take this message of mercy and love to professional nurses so they may learn more about Nurses for Divine Mercy. Share the devotion to The Divine Mercy as well with non-professionals and illustrate the riches of The Divine Mercy Devotion in the care of the sick.

Thank you and may you have every blessing of the Divine Mercy and may Jesus' hands become your hands and heart.

Polish Translation of the Speech by : Fr. Tomasz Adamczyk

Speech Written By: Marie Romagnano, RN, BSN, CRC,CCM,CLCP.

International Director, Nurses for Divine Mercy

Nursing With The Hands of Jesus

An Introduction to:

Nurses for Divine Mercy

PIEL_GNOWANIE R_KOMA JEZUSA

Wprowadzenie dla piel_gniarzy i piel_gniarek do Bo_ego Mi_osierdzia.

”Moje r_ce s_ Twoimi r_koma”

To jest to, co Pan Jezus w trosce o chorych i cierpi_cych powierza szczególnie piel_gniarkom w nabo_e_stwie do Bo_ego Mi_osierdzia. Kiedy piel_gniarka __czy swoje dzia_ania z

m_k_Chrystusa, jej serce jest przemienione _ask_ Jezusa w Bo_e Mi_osierdzie. Serce piel_gniarki podejmuje si_mi_o_ci, delikatno_ci I wspó_czucia Jezusa. W trosce o pacjentów piel_gniarskie r_ce, które pe_ne s_mi_o_ci i mi_osierdzia,

przekazuj_ Bo_e mi_osierdzie. To Jezus, który pos_uguje si_r_koma piel_gniarki dok_adnie troszczy si_o ich pacjentów.

"G_os, _e mi_osierdzie jest najwi_kszym atrybutem Boga .Wszystkie dzie_a moich r_k s_ ukoronowane mi_osierdziem (301)".

G_ównym celem piel_gniarek Bo_ego Mi_osierdzia jest s_u_enie Jezusowi przy _ó_ku naszych pacjentów z duchow_trosk_ poprzez nabo_e_stwo do niego jako Bo_ego Mi_osierdzia. Przynoszenie Jezusa w Bo_ym Mi_osierdziu do _ó_ka chorego, rannego i umieraj_cego jest istot_ stawania si_piel_gniark_ dla Bo_ego Mi_osierdzia.

Duchowe dzie_o piel_gniarek Bo_ego Mi_osierdzia

Piel_gniarki dla Bo_ego mi_osierdzia s_powo_ane do ró_nej pracy w pos_udze naszym pacjentom. Obejmuje to zarówno potrzeby duchowe jak i potrzeby fizyczne. Specyficzn_ cech_wolontariuszki pe_ni_cej pos_ug_piel_gniarki w apostołacie Bo_ego Mi_osierdzia jest powierzenie siebie, swoich d_oni Chrystusowej pracy, która przynosi nadziej_i mi_osierdzie potrzebuj_cym.

Ruch piel_gniarek dla Bo_ego Mi_osierdzia zosta_ za_o_ony 11 wrze_nia 2001 roku kiedy to piel_gniarki, które chcia_y wspiera_zawodowy personel medyczny nie mog_y pomóc ofiarom zamachów na World Trade Towers w Stanach Zjednoczonych. Piel_gniarki u_wiadomi_y sobie, _e odmawianie koronki do Mi_osierdzia Bo_ego by_o ogromnym duchowym wsparciem. Ta duchowa obecno__ jako akt Bo_ego Mi_osierdzia mia_a szczególnie znaczenie zarówno dla samych piel_gniarek jak i zmar_ych. Duchowa opieka i wsparcie dla nagle umieraj_cych w ró_nych tragicznych sytuacjach oraz nieuleczalnie chorych jest wa_nym zadaniem dla piel_gniarek Bo_ego Mi_osierdzia. Poprzez modlitw_ oraz u_ycie ich serc i r_k, piel_gniarki udost_pniaj_niezg__bione Mi_osierdzie Bo_e cierpi_cym, chorym, umieraj_cym i rannym, a tak_e nios_pociech_potrzebuj_cym. Dzisiaj to zadanie pozostaje takie samo. Piel_gniarki duchowo wspieraj_pacjentów i ich rodziny poprzez nabo_e_stwo do Mi_osierdzia Bo_ego.

Wra_liwo__ i mi_osierdzie Jezusa

Wyobra_cie sobie, _e pacjenci otrzymuj_strumienie_ask_p_yn_cych z Bo_ego Mi_osierdzia. Piel_gniarka, która delikatnie daje ka_demu pacjentowi nadziej_ Bo_ego mi_osierdzia zanos_i wraliwo__ i mi_osierdzie Bo_e do ó_ka ka_dego pacjenta. Jako piel_gniarki wype_niamy swoje obow_i_zki wobec pacjentów z mi_o_ci do Jezusa i do nich samych. Stajemy si_Jego mi_osiern_ obecno_ci_ poprzez pos_ug_duchowego uzdrawiania jak równie_troski si_o ich potrzeby fizyczne. Kszta_tuj_c ducha zaufania, modlitwy i mi_osierdzia wobec naszych pacjentów i ich rodzin pozwalamy Bo_emu Mi_osierdziu dzia_a_przez nas inspiruj_c cierpi_cych do zaufania Bo_emu Mi_osierdziu. Zawsze nosimy Jezusa obecnego w naszych sercach. Zanosimy wraliwo__ i wspó_czucie Jezusa prosto do dusz naszych pacjentów.

"B_d_cie zawsze mi_osierni jak ja jestem mi_osierny. Mi_ujcie ka_dego z mi_o_ci do mnie nawet waszych najwi_kszych wrogów, tak aby Bo_e Mi_osierdzie mog_o ca_kowicie odbi_si_w waszych sercach (1695)".

Jezus, jako Bo_e Mi_osierdzie jest _ród_em i wzorem czynienia mi_osierdzia. Jezus przynosi nam swoje mi_osierdzie w Nabo_e_stwie do Bo_ego Mi_osierdzia i leczy nasze serca stosownie do potrzeby uleczenia. W ten sam sposób piel_gniarka przynosi uzdrawiaj_ce_ycie. To leczenie Jezusa jest niewidzialne przez piel_gniark_, poniewa_

jest to dzia_anie Bo_e w duszy osoby, o któr_si_ troszczymy.

Mt 25, 40; Zaprawd_ powiadam wam
cokolwiek uczynili_cie jednemu z tych braci
najmniejszych mnie_cie to uczynili.

Wra_liwo__ i mi_osierdzie Boga s_
udzielane przez r_ce piel_gniarki. Chocia_
piel_gniarka jest niczym wobec samej siebie,
b_d_c zjednoczon_ z m_k_ Chrystusa czyni
t_ dzia_alno__ mi_osiern_ i nadaje jej
niesko_czon_ warto__. W czasie tej
dzia_alno_ci, serca piel_gniarek s_
przemienione przez Bo_e Mi_osierdzie, które
daje im mi_o__, wra_liwo__ i współ_czucie.
Te cechy s_ konieczne, aby mi_o__ i
mi_osierdzie przekaza_ pacjentom. Równie_
te cechy s_ _ród_em wewn_trznej si_y dla
piel_gniarek.

**Przynoszenie mi_osierdzia do umieraj_cych poprzez modlitw_ koronk_
do Bo_ego Mi_osierdzia.**

Odmawianie Koronki do Bo_ego
Mi_osierdzia, któr_ Jezus przekaza_ siostrze
Faustynie jest szczególnie wa_ne dla
umieraj_cych, nieuleczalnie chorych i
rannych pacjentów. Poprzez __czenie
pos_ugi z cierpi_cym Chrystusem,
piel_gniarki otrzymuj_ duchowe owoce Jego
m_ki. Wspieranie duchowe naszych

pacjentów w godzinie _mierci jest aktem mi_osierdzia chocia_ nikt z nas nie wie jak w takich momentach dzia_a Bo_e mi_osierdzia. Jest to dla nas dodatkowa motywacja, aby g_osi_ Bo_e Mi_osierdzie.

Jezus mówi poprzez _w. Faustun_:

„Módlcie si_ jak tylko mo_ecie za umieraj_cych. Poprzez wasze b_aganie uzyskacie dla nich ufno__ w moje Mi_osierdzie, poniewa_ bardzo potrzebuj_ ufno_ci i mog_j_ przynajmniej mie_. B_d_cie pewni, _e _aska wiecznego zbawienia dla pewnych dusz jej ko_cowym momencie zale_y od waszej modlitwy (1777).

W godzin_ich _mierci, broni_jako w_asnej chwa_y ka_d_dusz_, która odmówi t_koronk_lub nawet inni odmówi_j_za umieraj_ca osob_. Dotyczy to te_odpustu, kiedy koronka jest odmawiana przy_ó_ku umieraj_cego. Bo_ygniew jest _agodzony i niezg_bione mi_osierdzie ogarnia_dusz_i g_bia mojego delikatnego mi_osierdzia porusza_si_dla bolesnej M_ki Mojego Syna. Napisz, _e kiedy b_d_odmawia_t_koronk_wobec umieraj_cych ja b_d_sta_mi_dzy moim ojcem a umieraj_cym, nie jako s_dzia, ale jako mi_osierny zbawiciel (1543).

_w. Faustyna mówi nam:

Cz_sto jestem obecna przy umieraj_cych i poprzez b_aganie uzyskuje dla nich ufno__ w Bo_e Mi_osierdzie i b_agam Boga o obfito__ Bo_ej _aski, która zawsze jest zwyci_ska. Bo_e mi_osierdzie czasami dotyka grzesznika w ostatnim momencie w zdumiewaj_cy i mistyczny sposób. Pozornie mo_e wszystko wydawa_si_stracone, ale tak nie jest. Dusza o_wiecona promieniem mocnej ko_cowej _aski zwraca_si_do Boga w ostatnim momencie z tak_moc_mi_o_ci, _e cz_sto otrzymuje od Boga przebaczenie grzechów i kary. Na zewn_trz nie pokazuje ani_alu ani skruchy, poniewa_dusza w tym stanie nie reaguje na rzeczy zewn_trzne. O jakie niezrozumiale jest Bo_e Mi_osierdzie”(1698).

Ufno__

Odpowied_ piel_gniarki wobec mi_osierdzia Bo_ego jest istotn_relacj_ ufno_ci, jak_mamy wobec Boga. Ka_da piel_gniarka musi mie_usposobienie i pewno__ ufno_ci wobec Bo_ego mi_osierdzia, aby je przekaza_ ka_demu pacjentowi. To jest sposób_ycia wryty w serce ka_dego piel_gniarza w s_u_bie Bo_emu mi_osierdziu. Zach_ca_naszyc pacjentów do ufno_ci Bo_emu mi_osierdziu i dobroci przynosz_c im nadzieje i_wiat_o wiary w nabo_e_stwie do Bo_ego Mi_osierdzia.

Powiedz duszy, _e z tego _ród_a mi_osierdzia dusze czerpi__aski wy__cznie naczyniem ufno_ci. Je_eli ufno__ich jest wielka, to nie ma granic mojej hojno_ci. Strumienie _aski zalewaj_moj_dusz_. Pyszni pozostaj_zawsze w biedzie i n_dzy, poniewa_moja_aska odwraca si_od nich ku pokornym duszom (1602).

”Jezu ufam Tobie” jest zaufaniem i istot_nabo_e_stwa do Bo_ego Mi_osierdzia. Jest te_warunkiem koniecznym do osi_gni_cia_aski. _ycie jest zawsze sakramentalne i przypomina o obecno_ci Boga w naszej duszy. Ufno__oznacza czynienie woli Bo_ej w naszym_yciu, zdaj_c sobie spraw_,_e Bóg daje nam to, co jest dobre dla nas. Prawdziwa ufno__da od nas znajomo_ci mi_osierdzia Boga. Ma to miejsce tylko wtedy, gdy piel_gniarka b_dzie budzi_ufno__w sercu pacjentów.

”Dodawaj odwagi duszom do pok_adania wielkiej ufno_ci w moje nieogarnione mi_osierdzie. Niech s_aba grzeszna dusza nie boi si_przyst_pi_do mnie, bo nawet, gdyby mia_a wi_cej grzechów ni_ jest ziarenek piasku na_wiecie wszystkie zatopione zostan_w niesko_czonej g__bi Bo_ego Mi_osierdzia.”(1059).

Mi_osierdzie.

Jako piel_gniarki mamy codziennie wyj_tkow_sposobno__okazywania mi_osierdzia naszym pacjentom i ich rodzinom. Akt troski o innych jest aktemmi_osierdzia i piel_gniarka __cz_c swoje dzia_anie z m_k_Jezusa troszczy si_o dusz_pacjenta poprzez dzielenie si_nabo_e_stwem do

**mi_osierdzia Bo_ego. Obecno__ mi_osierdzia w sercu
piel_gniarki uzewn_trznia si_ w dyspozycji wobec pacjenta.
Tak jak Jezus powiedzia_ siostrze Faustynie:**

”Powiedz _wiatu o moim mi_osierdziu i mojej mi_o_ci.
P_omienie mi_osierdzia spalaj_ mnie. Pragn_ przela_ je na dusze
ludzkie. O co za ból mi sprawiaj_, gdy nie chc_ ich przyj_!”
(1074).

**Podsumowuj_c, w przypadku choroby kogo_ bliskiego
ka_dy z nas jest szafarzem Bo_ego Mi_osierdzia, tak jak
piel_gniarka. To otwiera drzwi, ka_dej osobie, aby zaprosi_
Jezusa jako Bo_e Mi_osierdzie do naszych serc i pozwoli_ mu
dzia_a_ poprzez nasze r_ce uczynkami mi_osierdzia.
Zapraszam do zabrania tego przes_ania mi_osierdzia i mi_o_ci
do zawodowych piel_gniarek, aby mogli stawa_ si_
piel_gniarkami Bo_ego Mi_osierdzia. Staj_c si_ aposto_em
Bo_ego Mi_osierdzia po_ród wszystkich ludzi jest doskona_ym
_wiadectwem mi_o_ci mi_osiernej w s_u_bie choremu.**

**Dzi_kuje wam i _ycz_ obfito_ci b_ogos_awie_stwa Bo_ego
Mi_osierdzia Niech r_ce Jezusa stan_ si_ waszymi r_kami i
sercami.**

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