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For St. Paul nurse, little brother's mysterious illness highlighted importance of her profession

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Katie Houle, 38, decided to become a nurse at Gillette Children's Specialty Healthcare after watching a team of nurses and doctors there diagnose and treat her little brother Jesse's life-threatening medical mystery when she was in college. *(Courtesy of Gillette Children's Specialty Healthcare)*

Editor's note: In celebration of National Nurses Week (May 6-12, 2015), we profile a St. Paul nurse.

Katie Houle was a first-year nursing student at Bethel College in the spring of 1999 when she got an unexpected tutorial at the bedside of an 8-year-old patient in the pediatric intensive care unit at Gillette Children's Specialty Healthcare in St. Paul.

This lesson came not as a nursing student but as a big sister.

Houle, now 38, was 14 when her brother Jesse was born.

“I’m the second oldest of nine and he’s number seven,” says Houle of Chisago City. “So I did a lot of baby-sitting. Jesse was a happy, mellow kid. Adventurous. Pretty much like my other brothers, building forts and climbing things. We grew up on a hobby farm out in Scandia. Horse riding, 4H, chickens.”

The crisis began on the farm.

“Jesse had been out in the barn,” says Houle. “He came in and said, ‘My hands hurt.’ He couldn’t articulate it beyond that. He was irritable, not himself, distressed, sobbing. My mom thought maybe a virus had settled into his joints.”

The pain moved into the boy’s feet, too. That night, the family sought answers in the emergency room.

“They said it was behavioral,” Houle says. “They didn’t even try to figure it out.”

The pediatrician couldn’t diagnose it out, either.

“There were questions but no answers,” says Houle.

Tests revealed nothing.

“All the while, the pain was progressing,” Houle says. “He was not sleeping and he was anxious. He was so upset.”

Medication didn’t help.

“Narcotics didn’t even touch the pain,” Houle says. “The only thing that helped him tolerate it was ice — buckets of ice.”

FRONT-ROW SEAT

Out of ideas, the pediatrician referred the family to the chronic pain clinic at Gillette.

“First thing, they checked his height and his weight and his vitals,” Houle says. “When they took his blood pressure, they said, ‘That can’t be right.’ It was extraordinarily high, higher than it should ever be. He was crying and upset, though. When he was able to be calmed down, they took it again. This time, it was even higher.

“He was directly admitted into the pediatric intensive care unit,” Houle says. “They said, ‘First we need to manage the blood pressure, then the pain, then the disease process.’ ”

As a family, it was a terrible time.

“Jesse was hospitalized for several weeks as they tried to figure out what this possibly could be,” Houle says. “My mom and I took turns at his bedside — there was no way you could leave him alone because he was in so much pain.

“Buckets of ice were his only comfort, so we’d have to hold the ice in place at all times. We began to worry about frostbite. Would he lose his extremities? There was a sense of

urgency to figure out what it was. He was delirious from a lack of sleep. We felt like we were going crazy, too.”

As a nursing student, it was an educational time.

“It was my first exposure to health care,” Houle says. “My mom had had babies in the hospital, but I had never noticed the nursing care. We were just there to hold the baby.”

Houle was impressed.

“It was hard,” she says. “I was frustrated with my little brother — and I loved him!

“But the nurses were so good with him — and they were so good with my mom, who was stressed and tired and scared. This was her baby — and he could be dying. They were taking care of her, too. They made sure she got food and got answers. They were advocating for what was needed.

“Doctors would ask them questions and look to them for answers. I have never seen nursing embodied like that. It was super impressive. I was so impressed at every level.”

Eventually, a resident on the team solved the mystery: The boy was suffering from a rare condition called erythromelalgia, which is a neurovascular peripheral pain disorder in which blood vessels are episodically blocked.

“The case studies mirrored his, down to the buckets of ice,” Houle says.

With a diagnosis, the treatment could begin.

“His blood pressure went down first,” says Houle. “The pain was last to go. He was almost hypersensitive at first. If you’d lightly touch his finger, he would scream.

“He wasn’t even walking when he left the hospital. But a couple of weeks later, he was able to ride the bike we got him for his birthday. It was the best day ever. My mom and I were in tears. It was absolutely a miracle.”

HANDS-ON EXPERIENCE

That summer, Houle returned to Gillette — as an employee.

“During my time at the hospital, I would ask the nurses a lot of questions about how they ended up doing what they were doing,” Houle says. “When they found out I was in nursing school, they told me, ‘We need you here, too.’ They walked me down to get an application to be a PCT (patient care technician).”

It was another educational opportunity.

“Sometimes, I would sit at the desk and answer phones,” Houle says. “Other times, I’d be an extra set of hands at the bedside, helping with bed changes or however the nurses directed me.

“Hearing the nurses talk to the families who experienced traumas, hearing them educate the families, it helped me learn, too. I also learned what kind of nurse I wanted to be. They were asking questions, participating on rounds; they were well-rounded and smart and empathetic. When pediatric patients died, I got to see how the nurses handled those families.

“I was just a college kid; those were really big things to see and understand. It was a whole new world view. I realized that not everyone got to go home, like my brother did.”

It was heartbreaking; it was life-changing.

“Pediatrics was amazing,” Houle says. “Kids are good patients — easy to motivate, quick to heal. It’s such a powerful place to be in medicine. In that type of arena, you can make a huge difference in people’s lives.”

After graduating from nursing school, Houle moved from serving as a patient care technician to working as an overnight nurse in Gillette’s pediatric intensive care unit.

After five years as a nurse on that unit, Houle transitioned to Gillette’s perianesthesia department, where she cared for patients before and after complex surgeries. She also went back to school for her masters of science in nursing. Today, she has a dual role of nursing and clinical educator.

“I get to help patients at the bedside and take part in education, simulation training and patient-safety projects,” Houle says. “It’s the best of both worlds.”

And Jesse?

He’s the college student now. He’s healthy, and he’s following his sister’s path into the medical field.

“He’s pre-med at UMD (University of Minnesota-Duluth),” Houle says. “He’s going to be a doctor.”