

Jenni Byrnes – nurse

AFTER THE SECOND BALI BOMBING IN 2004, DARWIN NURSE JENNI BYRNES TREATED A BOMB BLAST VICTIM FOR EIGHT WEEKS. WHEN HE WAS ALL BUT HEALED, HE MENTIONED SOMETHING ON THE BACK OF HIS HEAD FEELING NOT QUITE RIGHT. JENNI FETCHED A PAIR FORCEPS, PARTED HIS HAIR AND PULLED A BALL BEARING OUT OF HIS HEAD.

"He'd been sitting at a restaurant at the beach with his wife and had turned to speak to her as the bomb went off," Jenni explained. He was blasted on the back of the head and all the way down his back and shoulders, which shielded his wife from the bomb's shrapnel. "Pulling a ball bearing out of the back of someone's head is probably the most confronting thing I've ever done," Jenni said, visibly affected by the memory. "All I can still think is, how lucky was he? How lucky was it that that ball bearing didn't penetrate his brain and kill him?" A 19-year veteran of nursing, Jenni has been in Darwin since 1999. Hers is a dual role at Royal Darwin Hospital - Wound Clinical Nurse Consultant and a Stomal Therapist. "My role is... the skin," she said. "It's the biggest organ of the body and my job is keeping that skin intact. If it gets broken, figuring out why it's broken and how to fix it." Jenni is a wound specialist and consults on everything from traumatic wounds such as stabbings, car crash injuries and gunshot injuries, to bacterial infections causing complex wounds and chronic wounds. She holds a Masters of Nursing (Nurse Practitioner) – Wound Management – and was awarded the coveted 2008 NT Nurse of the Year Award for her work in the acute sector. At about this time in our interview I was beginning to cotton on that this woman was no ordinary nurse, as Jenni's next sentence confirmed. "I'm also about to become a Nurse Practitioner," she said. The Northern Territory's first-ever

Nurse Practitioner, to be fully accurate. A nurse practitioner is a nurse that has an extended practice scope – the ability to diagnose, interpret, prescribe medications, order tests, x-rays and ultrasounds and many other things that nurses don't usually have the skills or authority to do. As of mid year, Jenni will be the first nurse in the Territory with diagnostic powers in her field of skin and wound management. In fact, there are only 10 wound management nurse practitioners Australia wide. "This is something I'm really excited about," Jenni said. "It's a bit terrifying because expectations are so high, but it's also a dream come true for me." There are quite a few other strings to modest Jenni's bow that I gradually managed to coax out. She's developed procedures on complex wounds unique to the Territory that are now referred to NT-wide for conditions such as Necrotising Fasciitis – colourfully referred to in the media as the 'flesh-eating bacteria', but what Jenni tells me is actually an infection in which toxins cause the tissue to die. She also conducts education sessions on wound management with various Darwin medical teams outside the hospital sector such as Robertson Barracks and Danila Dilba, and has developed a wound glossary that instructs when, how and why to use each wound product. Three times a year Jenni runs a two-day wound management course for people Territory-wide, has published five papers on her specialisation and shares her wound expertise as a conference

presenter all over Australia and the world. Jenni was also a member of the hospital's response to some high-profile incidents, including the Timor shootings in 2005 and the second Bali bombing, and she was the chief wound advisor when the assassination attempt was made on East Timorese President Ramos-Horta last year. When she's not peering at wounds, Jenni is also a stomal therapist – a specialist in the realm of the bowel. "A stoma is any artificial opening in the body. Any break in the skin, basically, is me," she said. "When patients have bowel cancer or problems and need a bag in their stomach, I do all the 'siting', to ensure the doctor puts the bag in the right place, and the follow-up education and advice to the person and family members after the procedure is completed." I suggested to Jenni that with this type of job description a strong stomach is probably a prerequisite. "Being a stomal therapist you're dealing with poo and pus and wee and all things manky, but it's just part of my day," she replies with a laugh. "There's no way I could go back to the wards and be a general nurse. I love the variety I get every day; it absorbs your whole life." By this time I'm convinced the Territory is very lucky to have Jenni and tell her so. "I'm just doing my job..." she replied modestly. "But you can't work in an environment like this and be an individual. It's always a team effort."