How to decompress after a 12-hour shift

To decompress after a 12-hour shift, a nurse needs a door more than a bathtub. The shift does not end when the badge beeps. Tonight's door is short. The fix that holds starts before the next one, with ten minutes in the car and one question at the time clock.

Tonight: shoes off, phone face down for the length of one glass of water, then walk into the house. You are allowed to be bad at small talk for the first few minutes. That is clocking out.

Next shift, no ten minutes in the car because you parked late or got a call? Do water and food on the walk from the lot, and ask the one question at the clock. Water and food are two of the four below. Two still counts.

You get home and stand at the counter with a bowl, or with nothing. Sitting down would mean the shift is over, and some part of you does not believe that yet. So you eat standing, or you forget to eat, and you call that being tired.

You tell yourself you will shower and be a person. You open the charting app "for one look," and the shower happens at a time you would not admit to a friend.

Your back has opinions. You ignore them until you bend for a shoe, a lid, a kid's backpack, and the shift collects its fee in the kitchen.

You have a list of decompressing activities saved somewhere. A bath. A walk. A show you like. None of them have survived a 12 that ran to 13. The list is not a plan. It is a wish you wrote on a day off.

You sit in the car before the next one, not to meditate, but to delay the door. That car has a smaller job than the wish.

You have probably walked in the door still running the last hour, and called the people you love by the wrong name for the first ten minutes. The shift did not follow you because you failed to own a bathtub. It followed because nothing in the day had a door.

Why does the shift follow a nurse into the house?

Pam is 53. Med-surg, 29 years, and a mother at home who sometimes wakes and calls for the nurse. On a Thursday she comes home at 8:20 from another 13 hours. She gets her mother settled, eats cereal standing at the counter, and goes to bed in her clothes. That is not a failure of character. That is a body that never got a seam between the unit and the house.

That is the seam at the top of this page, and it is short on purpose. If you live with someone, tell them the seam in advance so they are not greeted with a report. You are allowed to be bad at small talk for a few minutes. That is clocking out. It is not a betrayal of the unit.

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Pam's back has already gone out once in the book, on her own kitchen floor at 2 a.m., because she bent the way she tells new aides not to bend. The seam will not rewind a back. It will sometimes keep the first bend of the evening from being the one that spends it.

Why does the long version never get scheduled?

The long version is real on a day off. A walk, a meal that requires a plate, a conversation that is not a report. Keep those. They are not the tool for the night you are describing when you search this.

The long version fails on a work night for a mechanical reason. It asks for an hour you do not have, from a nervous system that is still in the building. The alarm hears "relax" as a loss of vigilance. It will spend the hour reopening the chart, because reopening the chart feels like the job, and a bath feels like leaving a patient. You will call yourself bad at rest. You are not bad at rest. You aimed a Sunday practice at a Tuesday body.

Some nights you are clinging to the shift. Some nights the assignment was 6 patients and one of you, and the clinging is what the math did to your attention. Decompressing is not a confession that the building was fine.

Staffing, the length of the shift, the census: Circle 3. The ten minutes are not a substitute for a safe assignment. They are what you can still do on the assignment you were given.

What are the ten minutes in the car for?

They are before the next shift on purpose. After a 12, "go home and decompress" competes with dinner, homework, a parent, a commute, and the chart you are still arguing with. Before the shift, the car is already yours. You are sitting in it. The practice uses a room you have.

In the chapter called Ten Minutes in the Car, the daily practice is smaller than the advice industry, and it is ruder, which is why it can happen. Ten minutes in the car before you badge in. A card folded behind the report sheet, or behind the badge. And four things, in an order that is not poetic: water, food, a bathroom, your back.

Water. The cup you did not finish at 10:00, finished now, before the badge. If you walk in already behind on this, the shift will not pause for it.

Food. Something you can eat in the car. Noon happened, or it did not, and you are not going to find out at 8:20 over a dry bowl. Pam's cereal, standing at the counter at 8:20, is what this step moves earlier. Anything you can eat with one hand counts, if you eat it before you scan in.

On one of the workshop Tuesdays, Pam eats at the library table for the first time since noon. Nobody says a word. Every nurse at that table skipped noon too.

A bathroom. Go before you badge in. The shift turns "I'll go in a minute" into a philosophy.

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Your back. One minute of not heroically bending. Shoulders, the way you will lift, the shoe you retie now so you do not retie it beside a bed. The ten minutes are not a cure for a back. They are a refusal to donate the first injury of the day to a rush.

Then the card. In the book it lives behind the badge, where your hand already goes. You do not need a new object. You need the question where the badge is.

What do you ask at the time clock?

The ten minutes are the body. The minute at the clock is the sort.

Before you badge in, one question, the same one from the first card: *is this mine, and who is it for?*

You are not re-charting. You are deciding what you are walking in carrying. The argument with yesterday's note. The text you owe. The fear that this shift will be the one that proves you are behind. Most of that is not the patient's. Some of it is yours to set down in one line, so it is not in your mouth at the first bedside.

If you keep one thing from this minute, keep the question. Five steps sit underneath it for the day you have the minute and not a surge:

Pause the pattern. You notice you are about to walk in already mid-argument.

Identify the intent. You ask what the argument is trying to do. Usually it is trying to keep you from being caught unprepared.

Verify the alignment: does this live in Circle 1 today? Is this minute for the patients you are about to meet, or for yesterday's argument?

Open a new option. One line on the scrap, or nothing. Not a new system.

Take the next step. Badge in. The minute is over.

About 60 seconds on an ordinary day. It is not the tool for the moment your body has already left the chair. That one is shorter, and it has its own page. You can run the question even when you do not recite the five steps. The five steps are there so the question does not become another way to prosecute yourself.

What do you control after a 12-hour shift?

You do not control the 12. You do not control the admission at 6:40. You do not control whether the house is quiet when you open the door. Circle 3 is allowed to be unfair. Naming it keeps you from using the ten minutes as a moral score.

You influence the handoff you give on the way out, and whether you eat before you are useless. Influence is Circle 2. It can fail. The next shift can still call. Your mother can still be awake.

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You control the ten minutes, the seam at the door, and the question. Circle 1. Not that the shift gets smaller. That the door between the shift and the rest of you gets a hinge. Worth lives in Circle 1. Nowhere else.

Pam's finish is one whole shift with a real lunch, and a no to a staffing text. The ten minutes are how a body learns that the shift has edges.

What is the drive home for, once the chart is closed?

Nurses talk about the car as if it were one room. It is two.

The car before the badge is the practice above. You are still a private citizen for those ten minutes, even in scrubs. If you spend them rehearsing every patient you might get, you have turned the hinge into a pre-game. One line of sort, then the four things. You do not have the assignment yet. Inventing it is the alarm, arriving early.

The car after, with the chart still open, is the shift hiring overtime from your own pocket. If that is the car you recognize, the question on Post-shift anxiety comes before any breathing exercise. The chart has to close first. Then the drive can be a drive.

If you only have the energy for one of the two, do tonight's seam. The before-car is boring. Boring is the point. A boring door is a door you can find when you are already tired.

What do you do tonight, and before the next shift?

After the shift, one seam and then the house. Shoes off, phone face down for the length of a glass of water, then you walk in. Not a ritual with 14 steps. If you live with someone, they already know the seam, because you told them.

Put the four things in order, in the car, before the next badge. Water, food, bathroom, back. If you only do two, do water and food. The card can be a sticky note behind the badge for now. The book has a card. The sticky note is the same question.

One line at the clock. Is this mine, and who is it for? Write the answer only if a sentence is riding in with you that the patients did not ask for. Then badge in. Lingering to reopen a finished chart is the other pattern, and it has its own page: post-shift anxiety.

If the ten minutes keep getting eaten by dread before you even park, start with the ten-second catch on Dreading your next shift. The breath is for the surge. This page is for the ordinary long day that does not end.

The opening, with the garage and the badge, is on the nurses page. The book is the Tuesday Pam eats at the library table for the first time since noon, and every nurse there knows why nobody says a word.

Be first to know when *Leave the Shift at the Door* is out

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More reasons

- Post-shift anxiety
- Saying no to extra shifts
- Made a mistake at work
- Dreading your next shift
- Burned out on bedside nursing
- The patient you still carry

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Tonight's move

Tonight: shoes off, phone face down for the length of one glass of water, then walk into the house. You are allowed to be bad at small talk for the first few minutes. That is clocking out.

What to do

After the shift, one seam and then the house. Shoes off, phone face down for the length of a glass of water, then you walk in. Not a ritual with 14 steps. If you live with someone, they already know the seam, because you told them.

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When the book is out.

Leave the Shift at the Door

Clock out and mean it

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Send it to a friend

The person still in the car after the badge has beeped. Send this page. They can read it without an account.

circle1living.com/nurses/why/decompress-after-12-hour-shift

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