

October 8th is Emergency Nurses Day.

Read on to find out this ER veteran's version of A Day in the Life of an Emergency Nurse!

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As I enter the hospital via the ER entrance, I find myself assessing the overall mood of the waiting room as an indicator of what kind of day it will be. Is everyone patient and quiet (not likely!), or is the anger of the frustrated masses palpable?

Is it broken or
just fractured?

I change into my comfy scrubs and secure my stethoscope around my neck as I mentally prepare for my day. I survey a work environment that only an ER nurse could consider normal: patients of all shapes, sizes, and colors in various states of undress, illness, and lucidity. There's a cacophony of sound and smell (Is it possible to have a cacophony of *smell*? If so, then only the ER would have it!): screaming, profanity, gurneys and people darting about in a frantic dance. Continuing through the ER hallway, I can easily hear the conversations of physicians behind the curtains with their patients...("You did this... *how?*", "How long have your teeth been itchy?", "With a *fork*...?!").

"What's the problem today?"

"You're the nurse, you tell ME!"

I reach the desk and update myself via the communication book. I read several new policies, memos, and the new pamphlet on how to leave your body to science. (Should we be passing these out in the waiting room?) The person listed to contact for more information was: 'THE HEAD, Department of Anatomy'. I stifle the reflex to scribble in "*If you want a quick response, you should instead write to the SPINAL CORD!*"

**"Why do you want to see
the doctor today?"**

"None of your *^&% business!*"**

I am incredibly relieved that I am *not* assigned to triage again today. Increased patient volumes and acuity, bed and nursing shortages, not to mention agonizingly long waiting times have made triage the bane of the ER nurse's existence. The triage nurse (aka 'The Bag in the Bubble') assumes the brunt of waiting room abuse and frustration, acts as detective, counsellor, organizer, diplomat, gatekeeper, interpreter, and sometimes magician too. No one taught us any of this in nursing school.

"What brings you to hospital today?"

"A cab."

I head to my assigned area – six beds already occupied by a potpourri of suffering humanity. I will be responsible for *everything* that happens here in my kingdom for the day. In 12 hours, I will assess and treat over 25 patients who suffer from seemingly *every* possible kind of illness or trauma. Two will go to the OR, one will lose her baby, and another will go to heaven. I will witness the effects of domestic abuse; I will calm a frightened child and his parents, then dodge a few punches and the occasional poorly-aimed spitball. I will peel off socks that haven't been removed for eight months and not be surprised by what I find beneath. I will start dozens of IV's, produce mounds of paperwork and fix at least one computer problem. I will give multiple medications, initiate a blood transfusion, assist with a lumbar puncture and a conscious sedation for a fracture reduction, and then arrange for Home Care. For 30 minutes, a man will insist, with almost religious fervor, that he is *unconscious*. I will tidy up after a herd of messy medical students. I will print labels, wipe brows and bums, collect blood samples, and educate new immigrants on the proper use of Tylenol. I will convince a teenager that her horoscope is not an effective method of birth control. I will give my infamous stop smoking lectures mostly to asthmatics. I will constantly reassess my patients' conditions, then change my priority

focus every few minutes, if not seconds, making sure to alert the physician to the deterioration of a patient's condition. Somehow, I will find time to lessen my patients' fears by telling a few jokes. I will encourage the use of helmets; teach crutch walking and proper wound care. And that is just TODAY.

"Tell me about your chest pain, Ma'm."

"Well, in 1963 Ernest and I were having lunch – grilled cheese sandwiches – and then..."

On break, several nurses join me at the cafeteria to secure some of the ER nurse's daily Vitamin 'C' (I take mine black). Are budget cuts making hospital gowns *appear* smaller, or are buttocks getting larger? I wouldn't be surprised if the volunteers suffered a pay cut, or if coffee portions might someday be substituted with med cups full of amphetamines! We carry our food back to our staff room seeking solitude from the masses and the freedom to discuss typical ER subjects (such as festering wounds) while we eat. There's almost always a plate of old, greasy 'share food' on the table which could easily double as a food poisoning lab. Why do health-care professionals eat this stuff?

My PROSTRATE is acting up again, I can't take SULPHUR medicines, and why do I keep getting diarrhea at the mall?

Having "ER" on television has helped in some ways; I can now communicate great thirst by ordering a STAT margarita. But sometimes patients think the *real* ER is like the TV one. Have you noticed that there really aren't any wildly good-looking doctors like George Clooney or Noah Wyle working there? And no physicians can be found smooching with model-thin, gorgeous nurses in the pee room next to the bedpans. And I've *never* seen a doctor rush out to the ambulance bay...that is unless it's to get a Coke out of the machine. And no patient's presenting medical condition can be fixed in just one hour – ever! At least there are no commercials here.

"And what's your fiancé's name?"

"Um... er, can I get back to you on that?"

Often the most difficult task of the day is not the tough IV start, but *plain old conversation!* Take for example, the theoretically straight-forward history taking; blend a bunch of languages, cultural and generational differences, mix in anxiety, fear,

missing teeth, intoxication, speech impediments, dementia, ignorance and embarrassment, then add a dash of medical jargon and soon everyone is confused beyond belief. Imagine the LOUD assessment of the severely hearing-impaired client; everyone within earshot cannot help but learn much more than they wanted to, including a play-by-play of a rectal examination.

"My daughter absolutely CANNOT be pregnant – she's only 16!!"

Now that I'm totally exhausted, my hands raw from washing, my voice hoarse, and my feet screaming in agony, the end of my shift finally arrives. When I stop at the grocery store on my way home, I notice the woman in front of me has ankles that literally *flow* over the sides of her shoes. I decide that her Lasix dose is sub-therapeutic. The clerk is an emaciated and jaundiced gentleman to whom I assign a tentative diagnosis of pancreatic cancer. I cannot seem to turn off this constant awareness and assessment of people around me.

What's the grossest thing you've ever seen?

Later that evening at a cocktail party, gore-curious guests who work 'normal' jobs, and whose trauma experience is likely limited to occasional mishaps with the office stapler, interrogate me about my work. Unlike the rest of the partiers, I cannot divulge what has transpired in *my* day, nor do they really want to know, even if they think they do. I can, however, share with them such generalities as the disturbing trend of acute MI among younger adults, amazing new developments in infectious disease care, and the miracle of Tylenol! One guest launches into the gory details of her recent surgical procedure, even offering to show me her abscess (I decline)!

Despite all of this, I am proud to be an Emergency Nurse. Now, *where's my STAT margarita?* **RN**



Beve Stevenson is an emergency nurse veteran with experience in the Caribbean, Calgary, and up in the STARS helicopter across southern Alberta. She is a successful, nationally recognized conference keynote speaker and entertainer. In her most recent stand-up comedy performance "The Funny Bone Comedy Night" hosted by the Calgary Health Trust, she starred with Greg Proops from "Whose Line Is It Anyway?" fame. She's insanely busy working shifts, writing articles, providing comedy relief, and delivering her full-day workshop entitled "Emergency Nurse: Thriving in Chaos" across Canada. You can contact her at beeproductions@shaw.ca.