

to bee or not to bee



BY BEV STEVENSON, RN, BN

The code room patient is a normally healthy 33-year-old female, with no unusual history, suffering from an acute anaphylactoid reaction caused by an insect sting. Medics have given a huge amount of epinephrine and a fluid bolus with little effect. She is critically ill; hypotensive, tachycardic, and dyspneic. **The patient is me.**

It all started in my backyard garden on a pleasantly hot day in June of 1994. While mowing my lawn, I accidentally disturbed a wasp nest, inciting one of its angry residents to sting my right elbow. An avid gardener, I'd been stung before so thought nothing of it. However, as I stepped into a steamy shower to clean up, I began to feel a swarm of strange sensations: I couldn't raise my arms to rinse the shampoo from my hair, the top of my head felt like it was missing, and my brain felt fuzzy. I began to get short of breath, weak, and dizzy. Thinking I had that 'up-early-mowing-the-grass-in-the-hot-sun-without-breakfast-after-the-night-out-at-a-party-now-in-the-hot-shower' feeling, I opened the bathroom door and lay down on the floor where perhaps the cooling cross breeze from the window would help. Instead, things quickly got worse as I was overcome by feelings of doom. Nauseated and crampy, I crawled out and my roommate suggested a non-work visit to the ER. Suddenly gripped with more severe abdominal cramping, I made a bee-line (sorry!) to the bathroom – an idea the roommate liked as we were to take her car to the hospital. Moments later, she heard a loud thunk, and rushed into the bathroom to find me pale, unconscious, diaphoretic, and lying in a most unflattering position cross-ways in the bathtub.

I woke to a paramedic named Gary whom I vaguely recognized from my job in the emergency department, except I was more used to seeing his face across the triage desk, not slapping my face (just like in the movies)! "Cover me up, wouldja?" I croaked before my chin fell to my chest. Everything went

black until I became aware that I was lying on the hallway floor staring up at my legs propped up against the wall... and they were blue. The hallway suddenly seemed crowded with medics and firemen. *When did all these people get here? Have they all seen me half naked? What's going on here?* I was shaking like a leaf and unable to breathe properly despite high flow oxygen. I sensed urgency and fear in my caregivers, and it upped my anxiety a hundredfold. *How sick was I?*

When I asked the medic about my blood pressure, he averted his eyes slightly and replied "Um, very low." "**Gary, what the *^&% is my blood pressure???**" I demanded. The answer was a frighteningly suboptimal **38/0**. After so many years as an emerg nurse, I knew enough to be afraid for my life. It slowly dawned on me that I was probably experiencing anaphylaxis (a systemic allergic reaction of such severity as to be potentially fatal¹). I had all but forgotten about the seemingly innocent wasp encounter. After all, a lot had happened since then. I'd been a bit busy. I had absolutely NO control over this situation. I was not in charge here. *How could this be happening to me?*

Finally, on Gary's third attempt at my horribly flaccid veins, I was now sporting a stylish if painful #16 gauge IV in my left arm – OW! *How many IV's have I started on others? Do they always hurt like that?* I heard the other medic patching to a physician at my ER for orders as they prepared me for transport. A slight upward tilt of my torso on their stretcher made me temporarily pass out again. Gary prepared to administer epinephrine. I knew the usual dosage for a serious allergic reaction to be .3 to .5 mg

subcutaneously, so I was surprised to see him administer dose after dose of the sympathetic nervous system equivalent of dynamite over the next few minutes with a cycle of blood pressure checks and frowns in between. The total dosage was four milligrams or roughly eight times the usual dose, and intravenously to boot.

The ambulance journey was bumpy and uncomfortable, the siren deafening... *Why is this trip taking so long? Will I make it to the ER alive? Hurry!* I felt absolutely miserable as we lurched towards the hospital. My heart hammered crazily in my chest and I imagined my pericardium ready to explode right out of my thorax. *Is this what a heart attack feels like?* Still short of breath, I became riddled with stabbing pains in my chest and low back as my aorta walls clamped tighter.

Oh joy! We made it to the hospital! Inside the ER, we were met by a throng of my co-workers who had been informed by the patch doctor that "Our Bev" would be arriving via ambulance in 'critical condition'. I was rushed to the code room. *This can't be right; I'm a nurse here. Nurses don't get treated in the code room; that's where we take care of OTHER people.*

Remembering the shower scene that morning, I began to worry that I'd soon be minus my bathrobe in front of my co-workers. Embarrassed, I called out, "Um, could we not have a lot of nudity in here?" The emergency physician called back, "OK, I'll try to keep my pants on!!" followed by a burst of nervous laughter from the staff. Most employees of a 9-5 job might not think twice about availing themselves of services from their workplace. However, in my line of work, a complimentary stay in the code room is rarely a good thing. I felt small and helpless, my plight apparent to my co-workers as they performed their duties. How many times I had stood where my co-workers were, to witness the heart-wrenching struggle against death by the patients lying in this very stretcher. *I wish they wouldn't all look at me like I'm on my way out.*

My initial ER vital signs were still awful at **HR 158, BP 60/20**; lousy but much improved thanks to two litres of IV fluid, 50 mgs of Benadryl and the miracle of epinephrine! My relief to be alive was soon tempered by a reminder from an internist that the anaphylactic effects of a wasp sting can reoccur without warning anytime within the first 12 hours and be just as severe. *Wow - it's the gift that keeps on giving.* Slowly, so slowly I improved, and several hours later I was transferred away from the safety, security and familiarity of my ER to a medical unit of strangers for observation overnight. I don't know the nurses here. *Will they see me if something happens? Will they know what to do if it does? Will they check on me often enough? Will they know what to look for?* I exerted control over the only thing in my power - I decreased the rate on the IV pump from 250 ccs/hour to avoid spending the entire night on the toilet. I don't remember if it worked because to this day I am missing all memory spanning from my ward admission to the following afternoon at my house.

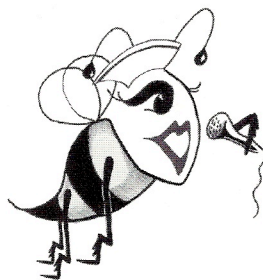
When I returned to my beloved bungalow the following afternoon, it didn't feel like home and worse, *I didn't feel like me.*

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I peered at my reflection in the mirror and saw a blank-eyed, pale, unfamiliar ghost of the tanned and confident person I had been just 24 hours before. The wasp had literally *scared the hemoglobin out of me*. I had no physical proof of my ordeal; no bruises, scars or even a cast. *Was it all just an incredibly bad dream?* I tentatively explored the ramifications of what I would eventually come to call my Sting Thing and began to realize how uncomfortably close I had come to losing my life.

There is absolutely no doubt in my mind that the strange and unforeseeable series of events of that sunny summer day cast me on a most extraordinary journey toward inner reflection and illumination of what is truly important. I now try to live life to the fullest and embrace what scares me most. While I am still unable to face brussels sprouts, I did manage to broaden my horizons, become a writer and stand-up comedian, decreased my ER hours to part time, and have deepened my relationships with the important people in my life. Whatever I do and wherever I go, I carry the effects of that day (and several epi pens) with me always. I even kind of enjoy watching those flying black and yellow critters... but from a safer distance.

My role as a nurse changed radically. I am much more empathetic, drawing from my first-hand understanding of what it is like to be on the *receiving* end of care: the anxiety, the helplessness, the dependence on others, the fear. I try to make a personal connection with each and every patient and do everything I can to protect their dignity. Even in a trauma situation where the victim's entire body must be available for assessment and procedures, I ALWAYS insist on some kind of covering even if that can only be a facecloth over the genitals. I understand serious illness and have faced my own mortality, and like to think I could help others face theirs. My practice is more patient-based and less about what is most convenient for the system. Most of all, nursing is not a job, it is all about the human experience. **RN**



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1. Robert Ferrari, *Medical Emergency Guidebook, 2001 British/Canadian Edition*, 2001, page 2.

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