

Life and Death Choices

The worlds of good and bad choices collide nightly in the trauma bay.

By KEVIN HIGH

I WAS TIRED. IT WAS 2 IN THE MORNING on a hot July night. We responded to a motor-vehicle accident in a nearby rural county. I was inside the car with a young man. He was pinned by the dashboard and steering wheel. As I leaned over him trying to gain access to his airway, I smelled beer and bad body odor. I was sweating, and as the rivulets of sweat came off my forehead, they made little splotches in the white powder that covered the inside of the car. The powder had come from the deployment of his airbag. That was about the only thing this guy had going for him. No seat belt, drunk, and in a bad wreck.

As I look up I see the volunteer firefighters working hard to cut him out. After a few minutes, one of them passes out from exhaustion. The firefighter is taken to an ambulance and treated; I stay with my patient. Shortly thereafter we get him out. He is combative and attempts to spit at one of the paramedics helping us. I smile inwardly because I know that shortly we will overcome all his brain-injured and alcohol-induced behavior with drugs.

We move him to the running helicopter. My partner and I begin the flogging we both know so well. She and I have worked together many years; no need to talk. I know what she is thinking and anticipate her needs by making eye contact. Simple hand gestures and mouthing a few words make the complex and dangerous task of securing his airway almost effortless. Giving him drugs to sedate and chemically paralyze him, inserting an airway, and ventilating him take two

or three minutes. We accomplish this with less than 10 words between us, insert a central IV line into his groin and start infusing blood. Tubes and lines are quickly inserted into almost every orifice of his body.

Our pilot lets us know we have an eight-minute ETA to the trauma center helipad as we continue to polish, buff and “massage up” our patient. Our goal is to have him packaged well and ready to meet the awaiting trauma team. We land at the trauma center, and I exit the aircraft to get our stretcher. As we unload him I quickly glance back at the interior of our aircraft. It is covered in trash and looks like the floor of a butcher shop. After unloading we ride the elevator 14 floors to the ER. It takes about 90 seconds. In that time we don’t talk; we know what to do. She is pulling off equipment, and I’m doing a quick reassessment. When the elevator doors open downstairs, we are out and moving quickly to the ER.

We pass by an administrator, nicely dressed, carrying a clipboard. She frowns as she smells the beer and sweat and sees blood dripping on the floor. As we move closer she backs up as if some invisible “trauma patient force field” is pressing her against the wall. We pass quickly without speaking. Her look follows us through the doors of the Emergency Department.

As we approach the trauma bay, I guide the head of the stretcher into the room and give a brief report to the awaiting trauma team. The trauma attending physician is there along with the junior and senior residents. This is a familiar place with familiar faces. Several of them I’ve known since they were



PHOTO ILLUSTRATION BY NEIL BRAKE

in medical school. The attending physician has been here even longer. All of them look tired but attentive to what is going on.

The nurses move into action. One looks up and smiles at me with her eyes. Everything else is covered up with gowns, gloves and masks to prevent body-fluid exposure. The trauma bay can be a dangerous place. I’ve had colleagues suffer needle sticks and blood splashes that can cause hepatitis, AIDS and other nasty illnesses.

For those of us in this business, the repetition, sense of team integrity and familiarity are comforting. The resuscitation follows a specific order with everyone using a systematic approach. The patient is very sick, his blood pressure dangerously low and his brain swelling. There is a great chance he will die.

I step outside and go to find his family. My partner does some quick cleaning of equipment while our pilot refuels the aircraft.

I find his mother in the waiting room. I tell her what happened, and a few details about the wreck and his condition. I try to soothe her nerves. She weeps; I sense it is not just for this time but for all the times she has bailed

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him out of jail, watched him come home drunk, and generally make bad choices. I leave her with one of the social workers and go back to restock our aircraft. On my way to the helipad I pass the trauma bay. As I look around the room, one word comes to mind: choice.

Years ago I made decisions and set goals that have led me to this point. I wanted to work in this arena. I went to school, took the right courses, did the work, paid my dues busting my ass working as an ER nurse, doing EMS work, fighting drunks, having HIV-positive prostitutes spitting at me, enduring endless screaming children and mindless medical bureaucracy all to get here.

I made that choice. I also make the choice to stay. I work long hours in a job that carries a certain amount of risk to my life and health, but that is my choice. I work with outstanding professionals who, for better or worse, chose to do this type of work. It is a calling and what we are supposed to be doing. No regrets.

My partner has charted much the same course. We have done a lot of this stuff together and endured the same hardships. Her personal life has taken some hits over the years because of her choice.

The nurses are there for various reasons: money, seniority, and the chance to work in the arena. A few have been here more than 15 years. Their job is critical and revolves around constantly anticipating the needs of the patient. At times their job is thankless, physically demanding and highly stressful. They all choose to stay, though.

The hospital administrator made her choices, too. She did her time as a clinician and chose a path as an administrator. She hates night shifts, wants time with her kids, and is only here tonight because someone called in sick.

We arrive on the pad as our pilot is finishing his paperwork. He is a quiet professional. He has several years' experience as an EMS pilot and was in the military before that. When I was in first grade, concerned about whether or not I was going to get to see "Batman" on TV, he chose to enlist in the army. He opted to go to flight school and became

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a pilot in command of a UH-1 helicopter. He went to Vietnam where his job was to kill communists. He has lots of interesting stories; some he tells, some he doesn't. He chooses this work for many reasons, most involving the people and quality of life. He is grossly underpaid and often taken for granted.

The trauma attending physician isn't young anymore. He's still on call every fourth or fifth night and endures long nights, lots of stress, not-so-great pay, and bureaucracy that is biblical in proportion. He has leadership presence like no other and, if asked, wouldn't have it any other way.

At this moment we are all here because of the *patient's* choice. Choosing to drink and drive will ultimately cause mayhem. I've never met anyone who intentionally had a car wreck, even after a 12-pack of beer. If he could tell you, he would say it was an accident. He is covered in tattoos—some professionally done and some that are jailhouse art. His chronological age is 24 but he looks 40; he has made

some bad choices and done some hard living. He doesn't have a steady job; he tends a patch of marijuana on some paper-company land not far from his house. He drinks beer every day.

As my partner and I finish our chores, we receive a request to respond to another car accident. We lift and get en route as the sun breaks over the eastern horizon. I look down on the people and houses below me and think about the whole choice thing. We choose to do this type of work for better or worse. If you have a choice, you want us here, taking care of you and your family.

Vanderbilt flight nurse Kevin High's essay originally appeared in the Vanderbilt University Medical Center publication House Organ, where it won the nonfiction category in the magazine's annual writing contest. It has been adapted for publication here.