

We're All Sick Here

By Andrew Kingston

I hold her down easily. The elderly woman doesn't have much strength left in her body. She swings an arm at me, but I'm out of her reach.

"Roll her over more," says Rory.

Once I release her hand, she is going to have a better angle of attack at my face. My other hand is clamped over her mouth, so I can't move that hand. So, when I switch and grab her shoulder, I try to roll her completely on her side so her other arm is pinned, but she gets one good swipe in. She knocks the shield off my face.

She has slipped out of one of her mitts. She waves her free hand at me, human excrement under her fingernails. I can easily keep my head out of her striking distance now, but she discovers she can grab my arm. She tears a hole in my gown. I quickly pull back, releasing her mouth for a moment, and roll her over fully, so both her arms are trapped under her chest.

Rory asks, "Are you okay?"

"Yes," I say.

The woman fights, but she is so weak. She is powerless and confused.

She is scared.

I am scared.

She is scared because she doesn't know where she is or what's going on. I am scared because I know where we are. I know exactly what is going on.

"All done," Rory says.

We remove the dirty linens from under her and roll her back onto her back. We try to wipe off the fecal matter on her hands, but she pulls away in fear at every touch. We do our best, then we put the restraint mitts back on. We cover the mitts with socks. As soon as we let her go and start to leave the room, she tries to pull off the oxygen mask that I had been pressing into her face. But the bulky mitts do their job, she has no dexterity.

I pick up my face shield. Rory and I pull off the plastic gowns which tear apart easily. We wrap the plastic tightly within our gloves. We open the door and we leave Victoria. She will struggle alone for a couple hours, fearing for her life, but for all the wrong reasons.

I wash my arms up to my elbows. Then I use chemical wipes on my face shield and the table I leave it on.

Rory is waiting for me to finish. She asks me if I'm okay. I pause for a few moments. I can't make eye contact. I give the smallest shake of my head.

She says, "Take five."

I nod. She is a good charge nurse, always ready to help. Everyone has to step up these days, but it's not enough. Some health is just not cared for because there are so few of us left. Some is not cared for because some of us have stopped caring. We're tired. I don't know the numbers, but when the pandemic started, a lot of people took an early retirement. Honestly, it's hard to blame them. But I can't quit. It's just the start of my career, and I have student loans to pay back.

I step off the unit. The halls are empty. They've always been empty for me. Everyone was already universally masking when I got there. Normally there would be visitors, patient transporters, nurses, sanitation workers, and doctors. Not anymore. Visitors can't come. So many of us were laid off.

Five minutes pass quickly. I return to chart that Mrs. Victoria Miller had a bowel movement. I chart its consistency, color, and quantity. Then I prepare to pass trays. It's lunch time.

The gown sticks to my skin, so do the gloves. There is an inch of empty glove at the end of each finger, making it look like my fingertips are attached to deflated balloons. I bring John a meal of soggy vegetables, dry chicken, Ensure, and a protein shot. The cup of protein is thick, saccharine, and packed with 15 grams of protein. We want the patients' diets to mimic healthy eating. They're sick after all. John tips the medicine cup up, the protein oozes into his mouth.

I rip the gown off and leave the room. I wash my hands thoroughly. I sanitize the face shield and the table it's on.

I get another tray. I bring it to James. I take off James's mitts. He'll eat before he starts tearing at his nasal cannula or IVs. We are all so happy that he eats. He even takes the protein shot. He is getting better.

James makes us happy. He might live.

It doesn't help that at baseline, James doesn't recognize things like his daughter's face. We use Zoom on iPads to let family see the patients. James doesn't understand the technology. He watches the screen like it was playing a movie. His wife is on a video-call with him now, as she is for most meals. It has been a week since we've heard from the daughter. They distract him, at least. He doesn't speak. The mitts only last so long on him. He uses his teeth to take off the sock, then to rip apart the Velcro, then to pull off the mass of foam. Then he'll try to remove everything that is saving his life. We've had to order a lot more mitts recently. The virus tore through nursing homes and memory care units and all the dying elderly folks ended up here.

Rip gown. Wash hands. Sanitize.

The next room won't eat. She used to eat nothing that hadn't been cooked by her, her daughter, her daughter-in-law, or a real good BBQ joint. I guess that hasn't changed. Her daughters have begged to bring food. I have to say no. She thanks me for the meal without making eye contact. She has lost so much weight.

Rip. Clean.

Roger is dying. He doesn't get a tray. He gets purely parenteral food. All his food hangs from plastic bags and drips directly into his veins. Anything in his stomach will be regurgitated and aspirated which will send him to the ICU. They'll do all they can to save him, because some family member won't agree to a DNR/DNI. We will inflict massive pain upon this dying body trying to keep it alive as long as possible. Nurses my age have DNR/DNI orders. If they die, they don't want to be brought back.

Shed.

“Fuck,” says Rico. “I need help in eight!”

I run over. One other nurse, Morgan, responds to Rico’s shout. We don’t have enough staff. Room eight belongs to Miss Susan. She has terrible veins. It was impossible to get any sort of IV into arms, so we used her jugular. The triple lumen intra-jugular access is in her hand. She is bleeding profusely from her neck. I notice that the nasal cannula is behind her head in the same second that the desaturation alarm on the central monitor dings.

“Go get a sand bag, and call a rapid,” I tell Morgan. She dashes off.

Rico is ready and double gloved. He waits a few seconds so I can join him.

I say, “I’ll get the bleed and the right arm, you go left and head.”

“Alright,” Rico replies.

We rush into the room together. I grab the hand still wearing a mitt. It’s soaked in blood. Rico gets her other blood-covered hand, and puts one hand on her forehead. I grab the nasal cannula. I have to loop Susan’s nasal cannula tubing behind her ears before I can hold the wound, because she will shake it out with little movements. Susan struggles. It’s a challenge getting elastic tubing into her nose with one hand, but the other option is a mitt full of blood to the face. I get the nasal cannula applied. Her oxygen saturation reached a low of 86. I finally press my hand hard against her bloody neck. She tries to bite me. Rico controls her head.

The three lines that were connected to the IJ are dripping on the floor, mingling with her blood. I warn people as they trickle into the room. The first person to arrive is a resident with no additional equipment. He asks what the situation is, I tell him.

Next, an advanced practice nurse shows up with an IV kit.

“If you pull this off you’ll be my hero,” I tell her. “She pulled out her IJ line.”

“Well, I’ll see what I can find,” she says.

Two more people arrive with an AED kit and an assisted ventilation bag. Morgan returns with the sandbag. I apply the heavy sandbag to the bleed and ask Morgan if she minds cleaning the blood and water off the floor. The rapid response team is discussing amongst themselves. A couple of them laugh, but I can’t hear what they’re saying. Another doctor and nurse get to the party late.

The advanced practice nurse gets an IV line established. “What labs do we need to draw?” she asks no one in particular.

“Let’s get a VBG, CBC, and CMP,” responds a doctor. “Anything else?” he looks at his colleagues.

“Get a CRP as well,” suggests one.

Blood came through initially, but the vein soon collapsed when the nurse tried to draw through the new IV.

“I can’t get enough blood,” she says.

“We need to get her to vascular,” a doctor replies.

Soon I am replaced as the patient is rushed off the unit in her bed. I stand there next to Morgan.

“I think she figured out how to take off the mitts,” I say.

A smile spreads across Morgan’s face, then she starts laughing, I laugh with her.

We laugh. We laugh. Susan is going to die.

We laugh. We laugh.

We laugh. We sigh.

“Fuck,” I say.

“Fucking right,” Morgan agrees.

It’s time to wipe butts again. I chart Susan’s deterioration and I write a note. I chart every bowel movement. The gowns stick to my body. My fingers don’t slide into gloves. There are three dementia-impaired patients who itch their asshole when they shit and they all try to hit staff. I go to lunch.

I haven’t had water or a bathroom break in seven hours. It’s strategic. No water means no pee. I try to guzzle water at the beginning of my break. I eat quickly. I try to go to the bathroom. I succeed, and I stop drinking water. I go back to the unit.

James has his mitt off again. He has taken his oxygen off and his IV line out. I call for assistance. Rory comes to my aid. I take a moment staring at an empty nurses’ station. There is no backup. We have four nurses and four patient care techs. No one is available. That is strictly against policy, but here we are.

The first woman is being a problem again. I try to remember her name. She only just got here, but I know it. Victoria. I go to Victoria. Her right hand is covered in shit. She has wiped it everywhere. She has removed her IV line and the oxygen mask from her face. We don’t go in immediately. She needs a fresh oxygen mask, IV, linens, gown, wipes, and mitts. We are prepared when we have two nurses and one tech. We rush inside.

First we hold her down. Then we wipe the excrement off her face. We apply an oxygen mask at 15 liters per minute. We clean her hands and wipe her butt. We begin a full linen change. As we take off the fitted sheet, we use bleach wipes on the bed. We hold the patient half rolled over for 30 seconds before we roll her the other way. We’re supposed to wait three minutes. My hand is pressing on her mouth again.

I chart mindlessly, until an alarm sounds. Someone’s oxygen has dropped. Bed ‘B’ in Room 14 is desaturating. I’m the first to arrive to the door. I see a young women slowly inching her butt toward the edge of the bed. Her oxygen masks rests on her bed. I start putting on my PPE. Rory arrives next.

Rory opens the door and yells, “Sit down! We’ll be there soon!”

I slide my shield over my face and open the door. I think I’m a moment late. The patient gets both of her feet on the ground. When she tries to stand, her body collapses. I’m just in time. I dodge around the medical equipment and set myself up to catch her. She falls into my arms. I scream for help. I know my back isn’t broken, but the pain is getting worse every time I carry a patient’s weight.

Rory arrives first. She helps me lower the patient to the ground. We pull out the portable oxygen and apply 15 liters. In the end, we get the hover-jack, and inflate the patient up to bed height. We slide the patient back onto her bed and get her a bedpan.

I clean up patients. I gown. I glove. I hope I don't get sick.

I handoff my patients to the night nurse. I tell her, "Almost everyone is dying. We might be able to save bed eleven."

I say, "See you soon."

I'll be back in twelve hours.

Andrew Kingston is a nurse who currently specializes in pediatric/adolescent psychiatry. Kingston started working as a nurse in March of 2020. His inpatient unit became a Covid-19 unit before the first wave.

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