

# Emergency room

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The emergency room is equipped to handle unpredictable medical situations and often very traumatic. This is the case of a 22-year-old woman who reached the level I trauma room when she suffered an accident at LaGuardia Airport, NYC where she used to work.

The woman is aided by paramedics at the scene, but on the way to the hospital, her condition deteriorates. She is intubated and resuscitated, but she does not respond. At the hospital, the emergency team is prepared for the situation, waiting for her arrival. She finally reaches the trauma room fighting for her life in a very critical situation.

Her young body vulnerable and unconscious, with little chance of survival is connected to the monitors and ventilator, while listening to the version of the paramedics.

Dr. Weingart, attending doctor calls red trauma meaning emergent situation. He gives different medical orders to team members of Red Code. Bilateral lung auscultation, fluctuating vital signs, injuries checked, blood tests and blood transfusion in progress are the first and last interventions due to the poor response of the post traumatic event. She does not show any progress. The head CT scan is not done because she becomes unresponsive and enters in asystole. Resuscitation is not effective, the young woman does not respond and after 45 minutes of CPR, she is declared dead. There is nothing else to do.

Dr. Weingart contacts her family. Its 630 am, my shift is almost over and the family of the young woman arrived being directed to the family room where they received the cold news. The truth is, no family is prepared to lose a loved one without causing a deep pain. It is really sad to see a young person die.

Eternal silence tarnishes the lives of people passing by the emergency room while others celebrate a triumph, as mocking death.

Nights in an emergency room are chaotic with demand of high speed interventions to be done. The room is cool and quite full of drunks, motor vehicle accidents, gunshot wounds, knife wounds, strokes, sick prisoners, pregnant women, heart disease, complications of cancer treatments, diabetes, neurological problems, seizures, among others which makes this place loud and bizarre. Screams, tears and loud alarms accompany our daily routine, always seeking to save lives and provide relief to those who need it. The human side and professional side are from physician and nurses, full saline poles, monitors on,

ventilators on and all high-tech equipment fail to return a smile to the family that suffers for their loved one.

We as members of the medical profession face situations full of challenges while pursuing the welfare of our community. To achieve this, we have the light of Almighty God, excellent training, our commitment to service and desire to improve our capacities in order to serve our community and able to show the human side by empathizing with painful situations families goes through.

The medical staff constantly rotates between different medical specialties, depending on PGY (post graduate year) they belong to.

This is how residents are trained and gain experience applying their knowledge to save lives and avoid mistakes to keep a patient alive and provide the opportunity to recover. Nurses are the constant body that works closely with physicians, not excluding relatives, who are a key tool in a patient's recovery. Every night shift there is a variety of patients with unimaginable health conditions. All instruments are ready and our team is alert because at any moment you may have one or several simultaneous situations like expected on holiday celebration.

Halloween is celebrated on October 31st, usually a cold night that becomes a nightmare to the medical staff because we received an X number of intoxicated people, drug overdose, motor vehicle accidents, gunshot wounds, stabbed wounds and physical assault victims. Bizarre, amazing situations are faced such as a young man bleeding from head to toe without knowing the origin, a drunk stabbed on right upper back with knife visible in the affected area, a man with intentional lacerations forming squares on his face, a man cut in half by his torso when thrown onto the train tracks, a young woman overdosed with an intracranial hemorrhage on CT scan. These situations may be seen as an exaggeration, but this is what is seen in an emergency room. Human beings can overact while under hallucinating drugs and alcohol that shows misbehavior with sad and unexpected endings

It is difficult to get under your care a family member of a colleague or a known person. Shocking scene when at the beginning of the shift 19 00, a middle-aged man, with a witnessed faint by a paramedic right outside the hospital, was rush into the cardiac room in a critical condition requiring immediate interventions. At arrival his identity was unknown but after searching for an identification to register on the computer system we realized it was a hospital police officer that works on night shift. On the other side of the room, we heard the ring, ring coming from the red phone announcing an emergent notification (28 year old man on cardiac arrest, endotracheal tube, ventricular fibrillation, first aid in progress), suddenly paramedics show up at the door with no previous notice bringing a 20-year-old injured in motorcycle accident needing resuscitation.

He presented severe head trauma, fractured right leg, several lacerations, abrasions, and extensive bruising. It is very sad and hard to perceive someone you know can suddenly become a patient of yours. The middle-aged man is diagnosed with coronary artery disease intervened with open heart surgery and ending with a good prognosis.

The 28-year-old was being registered by Paula when she realized he was a family member and its then when the situations gets more complicated. The young man dies due to his critical condition. On the other hand, the young man involved in a motor vehicle accident was a friend of mine, so I had to control my emotions and continue to act professionally trying my best to save him but it was impossible. It was out of our hands.

As we can see, these emergency room, receives all type of sick and injured patients that requires an immediate attention and interventions that pleased us when we see progression on their condition. We feel sad and helpless when we lose a patient perhaps all the attempts to save their live. On the mentioned clinical cases, we were able to closely interact with patients' families that were in a painful situation. We always seek the best for our patients and saving lives are a priority taking in consideration our knowledge, physical capacity, skills and resources available in the emergency room.

In conclusion, emergency room service requires team work focus to individual patient needs. Furthermore, it is of importance the patients' physical status, desire to live, and family support for the recovery period during hospitalization. The medical and nursing staff always available allows us to maintain a high quality attention that is kept by maintaining the standards of constant training, updates of protocols and monitoring equipment.

It is necessary to highlight safety measures to be taken into account by staff working in an emergency room. We fight for the welfare of the community but as humans we can make mistakes that can cost the life of a vulnerable person. First of all, our training should include continuous learning and updates because taking the right decisions at the right time requires self confidence but must always be aware of errors. Many of the drugs used are similar in packaging and name therefore is necessary to check several times expiration dates, dosage, inconsistencies and label them before administering to a patient and not to cause any harm. Once a medication is drawn up, should be administer personally to avoid mistakes that can cause irreversible injury to a patient and a revoked professional license when involved on a court case.