



Tales From the ER (or is it ED?)

BY GENEVIÈVE M. CLAVREUL, RN, PHD

SHELTERED IN HAVRE DE GRACE, Maryland, as a new wife, a recent immigrant to the United States, and on my way to becoming a Registered Nurse, I had my first encounter with emergency medicine.

It was in the wee hours of the morning, and I had been assigned to the Emergency Room (back when it was a “room” and not a “department”). An inebriated man staggered in, and as I took his history, I tried to make sense of his heavily slurred words while simultaneously reminding myself

that I was listening to American English, not the Queen’s English I had learned as a school girl in France. Nevertheless, I quickly went through the required assessment protocols, and since the man was rather large and the ER was going through a quiet spell, several other nurses joined me to offer their assistance.

When the doctor arrived I quickly provided him with the report and highlighted the patient’s chief complaint—he’d been bitten by someone.

Emergency nurses know that anything can happen.

Who had bitten him? He couldn't remember. When? Not sure of that either. But he *was* sure it was a person. After delivering this somewhat strange news, I'm sure the physician was wondering if I had misunderstood the patient, or if he had misunderstood me (I had a much heavier accent in those days and still had a hard time grasping the American idioms I came across on a daily basis)—but then he simply muttered under his breath that this was the ER after all and, with a shrug, went to the bay where his patient was waiting.

After a cursory exam, the physician seemed to be in agreement and decided that the drunk man, stumbling home in the dark and lonely early morning, had decided to make a stop at the local ER for some solace. The physician gave his orders, suggesting that we hold the man for a brief observational period and then release him when he was suitably sober.

As a nurse and I prepared him to be transferred to a bed in the adult ward, we noticed something very unusual: One of his upper arms appeared to be nearly twice the size of the other. (Remember that this was long before the days of pumping iron and steroids.) We struggled to help him remove his shirt, and as we pulled it from his back, we saw a festering wound and unsightly red lines snaking down the length of his arm. To this day, I remember the sudden frenzy, orders being yelled, and in seconds we were in the throes of battle; what had been a mundane matter was now a fight with a serious infection to save this drunken man's arm. In the end, the surgical team decided to perform a fasciotomy and the battle was won.

MOST EMERGENCY NURSES have at least one such story, and those who grace the ED for a while will have enough to fill a book. This specialty is in many ways a very distinct animal. During a shift, nurses might see a plethora of illnesses, injuries and diseases presented to them as people stream in. Most of us grew up in a time when the ED was referred to as the ER and shouldn't be confused with Trauma Center (a very different animal altogether); and many people still refer to the ED as the ER, including the media and many healthcare professionals. However, the use of ER changed some 15 or more years ago to the more encompassing term "Emergency Department," but the challenges and often eyebrow-raising experiences haven't changed, making the emergency nurse somewhat of a jack-of-all-trades.

After I received my licensure, I returned to the ER (before the evolution to ED) and found my years there very satisfying. I have always felt that this experience afforded me an opportunity to stretch my nursing skills on a daily basis, not to mention my imagination. I particularly remember the day a young boy came through the ER and then into the Pediatric Intensive Care Unit (PICU). While we waited for a PICU bed to open, we began some initial tests and assessments that would hopefully provide some medical insight for that team.

We asked the standard questions: What are the symptoms? When did the onset begin? And so on. The boy, a loquacious third-grader, had quick responses to our questions. His parents were convinced his answers were fabricated, so they told us what they believed ailed their son.

Ever the diplomat, I informed both the parents and the patient that I would listen to each version, knowing full well that I would get a more complete picture than if I heard only one. The parents seemed more distressed, so I let them speak first, jotting down the appropriate notes in the patient's chart as they talked.

Then I asked my young patient for his version of the tale, and though feverish and coughing, he was happy to tell me the following story: "I was in the lunch line talking with my friends, the teacher slapped me on the back, and I swallowed a screw." I looked at the parents, who shrugged and said that the teacher had admitted to tapping their son on the back, but they didn't understand where a screw came into the story.

If it weren't for the confidence with which the young patient told his tale, I'm not sure how long it would've taken to solve the puzzle. But it motivated us to suggest to the attending physician that maybe some X-rays would shed light on both the boy's symptoms and story. When the films came back, they revealed a large encapsulated cyst that turned out to be a small screw he had aspirated. Lesson learned? The next time your child tells you a seemingly outrageous tale, hold off on being skeptical, because maybe, just maybe, he did "swallow a screw" after all.

THOUGH THESE STORIES MAY PALE in comparison to others in the field, I think all nurses know that if unique and mind-bending events are what you want, then the ED is definitely the place to be. These nurses have the unenviable position of being on the front line, answering to the angry patient who has waited 12 hours to see a doctor about a summer cold; trying for the umpteenth time to find a bed for a patient in dire need of hospitalization; all while juggling patients from a multi-car collision who have already begun to flood in, stretching the already tight seams of the ED.

My emergency nurse experience lasted only five years before I found that my love for PICU and NICU outweighed the hurly-burly world of the ER. In some ways I enjoyed the adrenaline-charged experiences, but not the full-on daily rollercoaster ride that the emergency nurse often faced. So I tip my Cherry Ames nursing cap to my Emergency Room, I mean *Emergency Department*, sisters and brothers—you're the ones with the good stories. **WW**



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