

Trauma Bay: Day to Night

When I think back on my patient encounters, my recollections feel like a supercut of events interrupted by moments of stillness and picture-like clarity. During one such moment, I was on my trauma surgery rotation, midway through a 24-hour shift. Somewhere in the transition from day to night, an elderly woman presented to the trauma bay after an unwitnessed fall, announced by her screams as she was wheeled through the ED. Her diminutive body writhed on the stretcher as the EMS crew gave their handoff report: basic demographics, vitals, incomprehensible speech at baseline, a history of severe dementia, found down at her nursing home after an unspecified amount of time. On a three-count, we slid her onto our trauma bed. Her eyes searched the room yet did not find anyone. She screamed again and again, that piercing sound repeating with clocklike regularity. As I helped roll her, she looked at me and screamed louder yet. Here was a moment of stillness: an emaciated and weathered face, thin, messy hair, grey eyes open wide, mouth agape in terror. She screamed, and then coughed through a hoarse and exhausted throat. The trauma team discussed her plan as I guided her hands away from the bed railing; she'd contort and reach out until her fingers brushed against something, then, she'd grasp and pull. As we rolled her to CT, I felt her grasp on my arm. The team reconvened by a computer to await her images and run the patient list. Already past the end of their shift, and now in a moment of relative calm, the day team transferred their patients to the night team and said their goodbyes. I transferred as well. Leaning against a desk, I sipped on some ED tap water and enjoyed this moment of rest. Soon her images were up and we saw no obvious injuries from her fall. Instead, we found a volvulus, and suddenly her screaming, her writhing, her pulling toward the edge of the bed, the likely cause of her fall, it all made sense. I tried to remember if one of her screams had occurred during abdominal palpation. There were so many.

Intensive Care Unit

The night wore on and I soon saw her again in the ICU. She was somewhat calmer; sedated at least. The night team had contacted her son, her legal decision-maker, and a treatment plan was confirmed. A colonoscopy was in order, but the next step was an NG tube, and I stepped up when asked. A friendly, older nurse offered to help—I had placed a few by that point, though those patients were lucid, and a combination of well-timed swallowing and grit had helped get the job done. This was different. I couldn't prepare her for what was coming, and as soon as I began, she batted my hands and twisted her head. Lubricant jelly smeared across her face with each movement. Another nurse came to hold her and, with someone else's palms pressed to her temples, the patient's eyes sprang open and searched wildly against this truly unwelcome disturbance. This was another moment of clarity, one without much dignity. Not for her. Not for me. My first attempts hardly grazed a nostril. A few more just gave her a coughing fit. Finally, the tube went down with a confirmatory "whoosh" of air to confirm correct placement. She calmed and began to drift to off. I stepped back drenched in sweaty relief, thanked the nurses, helped to clean, and went to my team to report.

Floor Unit

Some hours later, as I was helping the intern put in orders and check on patients, we received an urgent page. We rushed to a room on the recovery floor, crowded with staff, and I saw her once more. Her oxygen saturations were tanking. Moments later a chest X-ray confirmed a right-sided pneumothorax. The team hastily prepped for a needle aspiration as thoughts began to whisper in my head: *How did this happen? Was I the last to check on her? Was this because of the NG tube placement?* My mind was racing when suddenly, amidst the chaos, an order came to stop. The whole room, ready to move quickly and assertively to save her life, was taken aback. Her son had been contacted and did not wish to proceed with treatment. Mutterings of frustration were audible. Without this, she was surely going to asphyxiate. My heart sank. I asked to speak to the senior resident.

Resident Room

Around 2 AM, and past my 21st hour, we met in the resident room. The intern had brought soup for the team. Another resident had brought bread. Without much appetite but knowing it had been a long time since that cup of water in the ED, I sipped and munched on what felt like necessary calories. The senior resident could tell I was shaken—when invited to speak I confessed my suspicion that the NG attempts had caused the pneumothorax. I felt responsible for her situation. Bracing for their scorn, I raised my head to see the team staring back at me. Their faces wore no judgment. They seemed to know I might be feeling this way, and together we began to discuss why.

I had focused only on my role and not the greater picture. The truth was, yes, perhaps the coughing fit from when I tried to place the NG tube had caused a small but expanding pneumothorax. Or perhaps it was one of the many earlier coughs. Or perhaps she had suffered it during her fall back at the nursing home and it had gone unnoticed during her initial workup. None of that changed the reality that she needed the NG tube. None of that changed the fact that her son had the right to deny the needle decompression and let his mother finally pass after years of declining health, progressive dementia, and recurring trips to the hospital. The whole event was much bigger than me, and they helped me see that. We finished our food and went back out into the night. There was still a lot to do.

Meeting Room: Night to Day

As we wound our way through the hospital the low light of morning slowly crept in. Eventually we reached her again but this time she wasn't alone. A window's glow silhouetted the figures of her family around her. A few sat by the head of her bed, the others by the foot. At the center of it all she slept and for the first time since we met, she rested comfortably in the embrace of those who loved her. A final moment of stillness and clarity.

After checking on the family we moved quickly to give them privacy and finish our remaining tasks. By 6 AM we were hunched against the wall of a meeting room, awaiting the morning hand-off. The day team arrived looking refreshed and ready. I, in contrast, wore those 24 hours visibly. I reported on my patients and leaned deeper into the wall as fatigue began to set in. Behind my heavy eyes, that final moment lingered. Our shift came to an end and as I made my way homeward, I could still feel the energies from her room. Reunion. Remorse. Remembrance. Resolution.