

A Bunker in the Storm

*Anonymous**

One-thirty in the morning.
 No seats were without bodies in the waiting room.
 ER Treatment One was smoking.
 Three ambulances arrive back to back,
 And the red phone rings again—two more coming in.
 One bringing an asthmatic, another with an MVA.
 “Sorry, Queens is closed,” they say.
 I collide with the day shift Team Coordinator—“You still here?”
 “Can’t leave now,” she says, “look at the board.”
 No one else could stay late to help.
 “We need sub-Q epi, solumedrol, and albuterol for the allergic reaction in F1.”
 The elderly man in Trauma C has EKG changes. “I need his old chart please.”
 “DOD needs an ICU bed.”
 The seizure patient in Trauma E pulls out his IV and attempts to get up, albeit intoxicated.
 “Why is the Tylenol OD in the GYN room?”
 “No other beds, Doc.”
 “Move him to the hallway, Psych can talk to him there...”
 “Doc, EPRP on the line...”
 “Get it out, get it out, oh my God, get it out!” introduced us to the woman hosting a frantically misguided bug in her ear canal.
 “Do we have a room?”
 “No—empty gurney against the back wall only.”
 “Put her there and get me some two percent lidocaine.”
 The ultrasound result handed to me shows acute cholecystitis.
 “Call the surgeon on call for me please.”
 “Doc, you may want to take a look at the allergic reaction—he’s getting worse...”

Suddenly, everything stopped. The lady in Trauma D dismissed the curtain like a strong wind through an open window. In slow motion, she led her well-appearing child with a probable viral syndrome past the ER Nurses’ Station. She used his arm as a leash. He was being towed with embarrassment. With agility and disgust, she used her free arm to wave me off, demanding that her card be returned to her from the chart rack, as the wait was intolerable. It was clearly an outrage. Her soliloquy continued but faded as she walked down the ER hall and turned right to the waiting room exit. She was gone, and as she had assured us, would not be back soon. A pause of bewilderment and self-doubt ensued, interrupted only by disbelief and bitterness. Surely she had heard the same ruckus, witnessed the same fray, and felt the same storm I had. After all, wasn’t the ER Treatment One area just one big room? Or was the thin curtain enclosing Trauma Room D an adequate barrier to the atmosphere of urgency surrounding it? The chaotic winds stirred by the sick and injured seemingly spared Trauma Room D. It was like a bunker in the storm.

Next time, maybe we ought to send a bulletin to the bunker to update its occupants regarding the danger outside, and advise them to please wait for a calm. ❖

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