

After Midnight

By Carol Scott-Conner

Bellevue Hospital, 1974

“Sirens, sirens. All night with the sirens. Most people are in bed, even the muggers, but yet with the sirens. I been working the night shift here for thirty years, maybe more. I heard every kind of sirens. I can tell you what’s coming. That siren there? That’s a fire truck, it’ll pass by. See? Was I right? Now, this siren, that’s an ambulance. Coming to us. Coming to Bellevue. That’s my cue. Gotta go.”

Rosa Gonzalez RN

Charge Nurse, Bellevue ER

Pain meds. IV fluids. Write the orders for hyperal for the next day. Check the preops. Check the postops. Rounds, rounds, rounds. God, please send me a trauma!

John Dawson MD

Surgical Resident, R1

It was around 2 am when I heard those sirens, baby, those loud bad cop car sirens. A couple of them. Screaming bloody murder to get here. Straight to the ER. Must have been a cop shot. Somewhere. Maybe the Bowery. Time to move!

Quick glance at the trauma slot. It’s ready, of course, I always make sure. IV bags hanging, ventilator ready, I look at the unit clerk. Her hand is on the phone, ready to page the trauma surgeons.

Those cops bust through those double doors, four of them with a fifth cop hanging off that old gurney we keep out by the side entrance just for them. Cops bringing in a shot cop. Lots of blood. Lots of adrenaline.

I nod to the unit clerk. She’s already paging the team.

I see those cops looking around the ward. They always look, they look for threats, they look for perps, maybe the guy who shot this cop, who knows? One hand near the gun, always. Looking for someone to shoot, to make up for their partner.

I run to the gurney. I say to the cops, “We’ve got him now.”

Rosa Gonzalez RN

I was writing an order for laxatives when I heard it. My deliverance. “Trauma team, 4344 STAT. Trauma team, 4344 STAT” over the overhead paging system. Extension 4344 is the ER and STAT doesn’t mean call, it means get your ass over there.

Glory Hallelujah, it’s about time! I’m outta here. Let the ward nurse pester somebody else for orders on that new admit.

I ran for the stairs, no time for the elevator, down the four flights to the main level, two steps at a time, I’m flying, my heart is racing. Point of pride, gotta get there before The Chief.

John Dawson MD

When I arrived, Dawson was already there and he had two large bore IV’s started and the nurses pumping fluids. He’s a good intern, even if he does want to do Plastics when he finishes.

Rosa was cutting off the cop’s uniform. Blood everywhere. A med student huddled in a corner. Clean white coat, and a stethoscope draped around her neck, the way the Fleas do it. Just started rotation yesterday.

The cop wasn’t breathing. Someone was bagging him, but I couldn’t see his chest move. The cubicle was starting to fill up. I muscled my way to the head of the bed like a sheep dog cutting through the herd.

JD Calhoun MD (AKA “The Chief”)

Chief Surgical Resident

The cop looked dead. I’ve never seen so much blood. Dr Calhoun was there, and he and Dr Dawson seemed to know what to do. I made myself small in the corner of the – well, it wasn’t really even a room, just a cubicle with half-walls and curtains dividing it from the rest of the ER. I started counting the people and gave up after I got to eight. That doesn’t count the four cops hovering just outside the door looking grim.

I’d been sitting with Dr Dawson watching him write orders and wondering what I was supposed to learn. Honestly, after Internal Medicine, Surgery was a bit of a let-down. At least

on Medicine, they sent me to get the labs. I got to see patients in clinic. And sometimes the residents pimped us about the patients. Even pimping is teaching, I guess. But here, I just watch. They yell at me if I even yawn. They won't teach me, and then they yell at me if I try to read the textbook.

Doesn't matter. I'm going to be a Cardiologist someday. Just get through this required clerkship and move on.

So, the usual stuff and then the page on the loudspeaker – how do patients ever sleep in this place? Big open wards, lights on, loudspeaker going – and Dawson yelled “Come ON!” at me and we dashed down those big stairs.

The cop looked so dead. I saw dead people during my Medicine rotation. The cop looked dead. When they're dead, you declare the time of death and fill out the death certificate. They taught me how to do that on Medicine.

Rachel Goldstein

Third Year Medical Student

I tried to get that uniform cut off him before the docs started to go to work, but no time, no time. The Chief yelling, “Come ON, come ON, let's go, let's go!” Like I could move faster if I wanted to.

Nobody could feel a pulse, so Dawson started CPR. Blood on his hands, must be a GSW to that chest. Wonder how many shots? They have these automatic pistols, we get guys shot 5, 6 times now, even more.

The Chief yells at me to cut off the clothes, what does he think I've been trying to do? But I try to move faster. We have to find all the bullet wounds. Two to the chest, one to the abdomen, another – maybe an exit wound? – to the left flank.

No blood pressure. No pulse. I open the slash thoracotomy tray.

Rosa Gonzalez RN

“You!” Somebody yells.

“Me?”

“Yeah, you! You know CPR?”

I nod.

“Come over here, you. Student. What’s your name? Dawson, I need you to help me crack his chest.” It’s the Chief.

“Me?” But there’s blood. I don’t say it. They don’t want to hear it.

“Get up, get on top of him, come on!”

“Up on the gurney?” I feel hands on my butt, pushing me up, so up I go.

“Yes, you’re too small, can’t pump hard enough, up on the gurney. Take over pumping from Dawson. You got him?”

“Yes, I’ve got him.”

“Harder, harder. That’s more like it.”

Chest slippery with blood. I’m kneeling facing the cop, one knee on each side of him, straddling his pelvis, pumping his chest. They pour on Betadine on his chest, slop it all over everything, my hands too.

Someone laughs, says, “That’ll clean off the blood Rachel, you are Rachel aren’t you, that’s your name, isn’t it?”

“Yes, I’m Rachel.”

“Harder, Rachel, Harder.” I straighten and lock my elbows, find my rhythm.

Then Dr Calhoun takes the scalpel, I pull my fingers back just in time, and one long cut along the ribs all the way through into more blood, how can there be more blood, and with both hands he spreads the ribs. Dawson puts some kind of ratcheting thing in there, holds the ribs open. Another cut. I’m looking at the cop’s heart.

Dr Calhoun cradles it in his hands, gives it a gentle squeeze.

“Rachel, Rachel, stop, stop! I’ve got him now.”

Rachel Goldstein

I wanted to let Dawson crack the chest, but with all those cops, I had to do it myself. At least he got to help. Itty bitty little med student did good CPR, once she got on top of him. Blood on her white coat. She’s blooded now!

Heart was empty.

“Come on, heart’s empty, pump in that Ringers. Needs blood! Get me O-neg, both IV’s. Tell the OR we’re coming. Two amps of bicarb. Give me some epi. Where else is he shot?”

“We haven’t rolled him yet.”

“Heart’s still empty. Where’s that O neg? Give me the cross-clamp. Somebody mark the time.”

I didn’t really think we’d get him back. Odds against it. But I shot that epi straight into the ventricle and the damn heart started to quiver a little, right in my hands. Heart wants to live. More epi and I flick the heart with my index finger and it starts to beat. Damn!

Still half-empty. Needs blood, needs fluid, needs us to get him to the OR and stop the bleeding...okay, cross-clamp on, let’s roll him. Better in the OR. It’s always better in the OR. Just get him to the OR alive we have a chance.

Rosa says, “Looks like just four holes – two chest, two abdomen. Maybe entrance and exit wounds, who knows.”

“Thanks, Rosa, call the OR, chest and abdomen, vascular trays, we’ve got him now. Let’s go, let’s go, let’s go!”

JD Calhoun MD

I was hoping to crack a chest, but all those cops, I can’t blame The Chief. Still, he let me help. I saw the whole thing, I know I could do it. The Chief’s barking orders – wants the guy in the OR now. Tells me to put a Foley catheter in as we go. Rosa throws me a Foley catheter and collecting bag as we careen out of the cubicle.

Med student’s still straddling the guy. Probably scared to dismount. Leave her there, she can hold pressure. I threw a sterile towel onto the open chest and a sterile towel and told her to keep gentle pressure, don’t let anything happen to the big clamp, guard it with your life.

Her eyes are huge, pupils dilated, looks like one of those lemur things they have in the zoo.

John Dawson MD

Blood. So much blood. The floors, yes, and even the walls. And see, here the doctors step in it and then they walk around. Blood tracks into the hallway. I get my special mop.

Get things clean. Must be ready for the next one.

So much blood. They say it was a cop. I say a prayer for him.

Juanita Rodriguez

Janitorial Staff

I faced backwards, looking into the cop's blue eyes as I rode that bloody stretcher. I held the dressings in place, I kept my right hand on that big clamp. I could feel his heart beating under my hands. The gurney jolted as the team pushed it through the double doors into the OR without stopping to open them first.

"You can get down now. We have him."

I was stiff.

"Move, move, move, get off! Now!" Someone yelled.

I climbed down and looked for a corner to hide in.

The OR was big and very white and shiny, brilliantly lit, and cold as a crypt. It was my second time in the OR. I'd scrubbed with the team that very morning, the morning before, the morning of this endless day, almost 24 hours earlier. They yelled at me then. They always yell at me, except when they ignore me.

"Rachel! Go to the blood bank. Get me all the O neg you can get."

"Blood bank. Where's that?"

"Second floor. Follow the signs. Make them give you the blood. Run, run, run!"

I ran.

Rachel Goldstein

They had the chest open already when he got to us. Cross-clamp on the aorta, 15 minutes already. The Chief had the belly open before I had all my instruments counted. I was glad it was The Chief, he's the best. I tried to keep ahead of him.

Big hole in the vena cava. I loaded up some vascular Prolene, wet it for him before he had to ask, put it in his hand just the way he likes it, that long-handled needle-holder. Loaded up another. Kept up with him.

Cross clamp came off at about an hour. Bad, bad, bad. But he has a pulse and a pressure and he's alive. Technically.

Mary O'Donnell

Scrub tech, Bellevue OR

They didn't ask me to scrub. Two more residents and an attending surgeon had materialized from somewhere. They didn't need me. Dawson looked over his shoulder and jerked his head at me, gesturing for me to come closer.

Muttered to me, "Go get the numbers for rounds. Labs and vital signs."

"Is he going to live?"

"How the hell would I know? Go get the labs! Go!"

"I'm going, I'm going!"

Around 5 am, one of the residents from the other team met me on the ward and we rounded together on both sets of patients. He had me keep the scut list so our resident would know what needed to be done.

When we finished on the wards, he took me up onto the roof, using a forbidden shortcut from one building to another over a flimsy wire mesh catwalk little wider than a ladder. It was still dark, but the red ball of the sun was rising over the East River.

Red sky at morning, sailors take warning, they say. Behind us, the Empire State and Chrysler Buildings would be catching the sun. Don't look. Concentrate on each step, ignore the steeply pitched roof. Railing on each side barely two feet high. Don't think about falling.

We threaded our way to the next building and squeezed into a trapdoor that was always propped open. Down two flights of stairs and into the Recovery Room.

One of the nurses in Recovery was setting up a bed for a critically ill patient. Ventilator, IV's, warming blanket.

The nurse glances at us.

"We're getting one soon. Some cop. Shot." Warm Caribbean voice.

"He's alive?" I blurt out, "He's alive!"

"Honey, they don't usually bring us the dead ones."

Rachel Goldstein

Carol Scott-Conner MD PhD is Professor Emeritus of Surgery at the University of Iowa Carver College of Medicine. She writes memoir in the form of fiction, exploring the world of women in surgery. Her stories have been published in multiple literary journals ranging from “The Healing Muse” through “North Dakota Quarterly,” and nominated for a Pushcart Prize. A collection of her short stories was published as “A Few Small Moments.” She is past editor-in-chief of “The Examined Life Journal: A Literary Journal of the Carver College of Medicine” and currently serves as its fiction editor. The present piece is homage to the night shift, when everything extraneous seems to fade away and only life and death remain.

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