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On Call

By Lainie Holman

"Is Danny going to die tonight?" his mother asked.

I looked at him. His skin, mossy with the green of a bad liver, was dappled with bruises of various ages. The fresh ones were eggplant purple, the blood pooled there with nowhere to go. The older ones were fading to green and yellow, disappearing into the underlying jaundice. The skin was stretched tight over his collarbones like nylon across the ribs of an umbrella. His belly was distended, rising from his skinny body to tent the sheet. His eyes were closed. I watched his thin chest expand and fall, his breathing shallow.

I did not know the answer to the question. I bought some time by glancing at the monitor. Families tend to believe that there is some wealth of knowledge on the monitor, but it tells little in these situations. We look at it because it's flashing and colorful, the way people look at televisions when they are in a bar alone. The monitor showed the rate and the rhythm of his heart displayed as a continuous red line, rising with the firing of his sinoatrial node, jerking down and then rapidly up with the depolarization of his ventricles. I stared at it as though I'd never seen one before. In medical school I dreaded the cardiac physiology exams. I never really understood, and somehow graduated without actually knowing how to read an EKG. I could tell his heart was beating. Not too fast and not too slow. But that did not answer the question.

The monitor held other information, graphed in blue. His respirations were brief and slightly faster than perhaps they should be, but I could tell *that* by looking at his chest from the foot of the bed. The big blue number was an average of the circulating oxygen in his blood. Ninety-six. Adequate. I had never noticed the small plugs on the wall above the bed before. They were like headphone jacks, but without cords, snapped tightly into cylindrical receptors on a strip of metal and reminded me of telephone switchboards seen in movies. I wondered what they were for. I turned over a few possibilities, but none solidified. I would ask Amy.

The monitor failed to answer the question. There was no one in the room but the three of us. I had just taken over his care earlier in the week. I told her he seemed stable right now. She said she thought he might die. I said I hadn't looked at his labs yet tonight. She said he seemed really sleepy. I looked at him again. He did seem particularly tired. We watched him stir, shifting his thin legs. His ankles and eyelids were puffy. I looked back at

her. I had no idea if he would die. She was pretty sure. I said I would step out and look at his numbers on the computer.

In the hallway, the lights buzzed, the nurses passed back and forth carrying medications, syringes. Some sat at tables turning pages. The unit clerk read a magazine. Respirators clicked and whirred. Hospital bird songs. A mini-box of Rice Krispies sat on the formula cart. A taste of cold milk and cereal seemed really, really good. I went to the phone to call Amy. As I reached the counter a nurse asked a question about another patient. I turned to the page on my list devoted to that kid and made a suggestion. That's what doctor's orders are when you are an intern. Suggestions. Most new physicians have enough sense not to *order* a seasoned nurse to do anything.

I paged Amy and was relieved to hear her voice when she called. "Is Danny going to die tonight? His mom wants to know."

She said, "I don't know. Is he?"

"Jesus, how would I know?"

"I'll call the GI fellow, and I'll meet you over there."

I was comforted. Amy had been a resident seventeen times longer than me. She would know what to do and maybe even have the answer to the question. Danny had been sick for a long time, and his mother seemed reconciled to his fate. She just wanted to know *when*. Everybody always wants to know when. My pager went off: a question about a patient who had just come from the operating room after some type of brain surgery that was unfamiliar to me. After reaching his room, he had vomited. I went through the list of possibilities in my head: post-operative pain, post-anesthesia nausea, actual bad things happening in the brain. I remembered that common things are common, the most important intern maxim. I asked a few vital sign questions and decided it was the anesthesia.

I wondered if I would have time for the Rice Krispies. They were supposed to be for the patients. I looked at the clock. Nine-thirty. I had been working for fifteen hours, and I had not eaten since lunch. We were allowed to eat lunch because there was a mandatory lecture every day at noon. The lecture wasn't on the weekends, though. On the weekends lunch was either in the cafeteria or from a vending machine. My favorite vending machine food is Whatchamacallit. I like the thin layer of caramel on the crunchy, salty whatever-that-is, but sometimes I opted for peanut-butter filled cheese crackers, since they seemed healthier.

The pager went off again. It was Amy.

"Did you call the GI fellow?" I asked.

"I haven't had time. We have an admission in the ED."

"What's in the ED?" I asked, not looking forward to the answer.

"Probably a shunt infection."

Great.

She told me the story of the kid in the ED, a grade-schooler with a tube running from her brain to her abdomen designed to drain excess fluid and to avoid having her brain smashed by the pressure. Sometimes the tubes get infected, and a kid with a suspected shunt infection needed to be hospitalized right away and have an antibiotic started immediately. I knew that. But what antibiotic? I reviewed my basic infectious disease knowledge. First, reason the likely germ. In a baby, most likely are … wait, how old was the kid? I asked Amy. She sighed impatiently, "TEN," and went back to the story. Oh, ten. The most likely germ in a ten-year-old would be maybe *Staph. aureus*, a bacterium typically found on the skin and capable of housing itself in a tiny layer of slime that can cling tenaciously to the shunt tubing.

"What should we use?" she asked. The Socratic Method is the cornerstone of all clinical teaching in medicine. It's always *we*, even though she knew perfectly well what to do and could have examined and admitted this kid in thirty minutes. Instead she had to spend three hours with me determining the plan. I reached into the pocket of my white coat for the book. The inside of the pocket was worn shiny already, with several threads rearing from the stitching. The cuffs were turning gray and slick. I made a mental note to wash it. The book is a little laminated thing packed with tips and tricks and formulae and algorithms. It's compiled, produced and updated each year by the senior residents and given to the interns, as much to avoid being asked the same stupid questions over and over as to be helpful. As I was flipping the pages of the book I said, "Hey, did you call the GI fellow? About Danny?"

"I just said not yet, I haven't had time. I'll meet you in the ED."

I looked up the vancomycin dose and went downstairs. The ED is always on the first floor, somewhere near an elevator to the operating room and ICU. Walking down the blue-lit hallway the pager went off. I turned into the ED and picked up a phone. It was Danny's nurse. His mother wanted to talk to me. About the question. The nurse told me he hadn't made any urine in over twelve hours. That sounded fairly ominous to me, and I resolved to

ask Amy. The GI fellow had ordered Lasix, a medication that is designed to eliminate fluid from the body by increasing urine output, but nothing had happened. She had ordered another dose. Still no urine. I told the nurse I was admitting someone and would come there as soon as I was done. I thought about the milk and the Rice Krispies. Maybe I could get some down here, before Amy came. I opened a drawer to look for spoons and the pager went off. When I called back, the nurse said she was calling about Jonathan Reeves.

"Who?"

"Reeves. Posterior fossa decompression, just out of the OR tonight? Vomiting?"

Oh. Him. "What's up?"

"He's thrown up three more times. I'm worried he's getting dry."

Dry means dehydrated, and while it's unlikely to be dehydrated after vomiting four times, it was a reasonable concern. "Does he have a line?" I asked.

"He has a peripheral IV."

"Let's give him some fluids."

"What do you want?"

Pediatric fluid requirements require calculation. To figure the rate, use four milliliters per kilogram for the first ten kilograms of body weight. For the next ten kilograms, two milliliters per kilogram, and for every kilogram after, one milliliter per kilogram. Per hour. And there typically needs to be an addition of dextrose (sugar) and potassium to keep things balanced.

"How much does he weigh?"

She told me his weight and I worked through the math on a paper towel and gave her the number. She reminded me to put the order into the computer and I said I would. The pager went off. It was Amy. Where was I?

I went out to the ED. "Did you call the GI fellow?"

She hadn't had time.

"The floor is calling me."

"You go see the shunt-kid, and I'll call the fellow."

I went to see the shunt-kid. He didn't look too bad. His blood pressure was stable, and transport was preparing to take him to his room upstairs. I double-checked the vancomycin dose and updated the ED resident. My pager went off. It was the nurse for vomiting-kid. Did I put the order into the computer yet? No, sorry, I haven't had time. She explained that shift change would be at seven (a.m.) and that it needed to be done before that in order for her to leave. Leave? She was leaving? At the time of her departure I would still have ten hours of work left, since I had post-call clinic. The pager went off. I recognized the number. Danny. I looked at Amy. She said we should go upstairs. We went to the unit where he lay, and Amy paged the GI fellow. I could hear Amy's end of the conversation:

> Danny's mother is asking if he is going to die. Well, what would you like me to tell her?
> But he's in renal failure. Giving him more Lasix isn't going to work. His intravascular volume is shot. At least let me give him albumin with a lasix chaser. I don't think that's going to work. He's had three doses. He's third-spaced. He hasn't peed in like, eighteen hours. His pressure is getting funky. We'll have to start dopamine. I think he IS going to die. Are you going to come in? Look. I don't think we're on the same page here. You need to come over to MY page. This kid is going to die soon. We either need to resuscitate him or make him DNR.

I loved Amy more that night than any moment since. She stopped the Lasix and went in to see Danny's mother. I trailed behind her. I would have hidden behind her, except she is only four feet three inches tall. Next, the question.

"Do you think he'll die tonight?" his mother asked, not looking at me.

"I think he might."

I glanced down at Amy.

"I think so too," his mother said.

"We'll be right outside," Amy said.

I stayed for a while outside his room with my own paperwork, answering pages and making calls. I remembered the Rice Krispies.

"Why did you say he might die tonight?" I asked Amy.

"Your mother knows when you are going to die," she replied. I glanced at the clock. Really late. I looked toward Danny's room. The wall was glass, the curtain was drawn. His nurse was writing small numbers on pink paper. The hospital had become as quiet as a hospital gets. There remained the mechanical birdsongs, the sliding of heavy glass doors on their tracks, the prolonged tone after swiping a badge through the reader to unlock the door. The nurses were silently busy. I noticed my contact lenses were sticking to my corneas. My vision was blurred, and I could feel the thin film clinging to my eyeballs.

My pager went off. The nurse for a kid who had had a strip craniectomy said he was having a lot of pain. A strip craniectomy is a surgery to remove abnormally fused sutures in a small child's skull in order for it to grow normally. They typically emerged from the OR turbaned in gauze with purple swollen eyelids. It sure as hell looked like it hurt. I was always sympathetic on those calls. I ordered oxycodone, and the nurse reminded me to put it in the computer, which reminded me of the IV fluid order for vomiting-kid. I opened his chart in the computer and my pager went off.

I went back to Danny's floor, still carrying the blank paperwork for shunt-kid. Danny's heart was beating a little faster now, the nurse said. Still no urine. Maybe a little dip in his blood pressure. His mother was sitting at his bedside when I went to check on him. I bent over his big belly and placed my stethoscope on his chest. His heart sounded deceptively strong.

I looked at the stupid monitor. His heart rate *was* a little fast. I glanced at the urine bag hanging at the bedside. It was bone-dry. The pager went off. Vomiting-kid's nurse felt very strongly that I should convert all his medications in the computer to the IV since he was still nauseated, a process which would have taken probably an hour. I said I would get to it if I could.

I realized I had not actually *seen* vomiting-kid, and decided it was best I see him with my own eyes, in case something more than post-op nausea was going on. I went down the hallway toward the elevator. I passed the vending machine, but there was no

Whatchamacallit. I considered Chex Mix, but that garlic salt taste can really get disgusting when you haven't brushed your teeth for thirty hours. My toothbrush was in the call room, in a bag at the foot of the bed.

The bed! On this rotation, even knowing there *was* a bed was tormenting. The way my night was going, I would never see it. It was directly across the hall from the elevators that beeped and clanged all night, and on the other side of the wall was a staff bathroom where the paper towel dispenser featured a weighted roll to control waste. Whenever anyone pulled a towel out, the roller rocked backward with a report like the crack of a bat. Still, I longed to stretch out on the bed, to take off my shoes. My socks were stuck tight to my feet, crowding my toes. I had been wearing them for nearly twenty hours. I had a fresh pair in the call room. The desire to lie down overwhelmed me.

The pager went off. If I didn't put the IV fluid order in the computer for vomiting-kid, his nurse was going to call my senior. I considered Amy's potential response to that call.

"I need for you to put it in right now," she said.

"He got the fluid, right?" I asked.

"Yes."

"So, that's all that matters to him and to me right now. I'm busy. I'll do it as soon as I can."

"I'm calling your senior."

"Do it," I said.

My pager went off. Shunt-kid had had a seizure but was currently stable. Just wanted to let me know. I continued on to vomiting-kid's room. I went in and lifted his damp eyelids with my left hand, swung a small flashlight left to right and then left and then right again. His pupils were limpid. When the small beam of yellow light fell on the right one, they both constricted briskly. His nurse glared at me. I stood at the counter to write a note in his chart, and decided this would be the wrong unit for me to eat the Rice Krispies in.

The pager went off. It was Amy. She asked: How was Danny?

"Not dead."

"Has he made any urine?"

"Nope."

"How's his renal?"

"Goddamn awful."

"What about shunt-kid?"

"Seizing."

"Vomiting-kid?" "Fine, but his nurse wants to kill me."

"I'll talk to her. What about tethered-cord kid?"

Jesus. I forgot about tethered-cord kid. "I forgot about him," I said. "I'll go check on him."

I headed for the elevator. Tethered cord is where the spinal cord gets stuck to the inside of the spinal canal. As a child grows, the lengthening creates tension on the cord, causing damage. If the symptoms are significant, a surgery is performed to release it. It's relatively straightforward, and the tethered cord kids were never much trouble, but technically a physician needed to see him tonight, and since no one had paged me, I had sort of spaced . This particular kid was days out from surgery and was quite stable, but it was my job to check on him.

When I got to his room, his nurse told me he had been fine. I slipped into the dark room where he was sleeping. He was warm, his chest rising evenly. I backed out of the room. I asked his nurse if there was anything needed. She said no. I decided I would have the Rice Krispies. I would go to a unit where I was not covering any patients, take the little blue box and a half pint of two-percent milk. I would need a bowl and a spoon. There were probably some in the residents' lounge.

I went to the fifth floor and sauntered past the formula cart. I slipped a box of cereal into the pocket of my long white coat then fished inside the mini fridge for the milk. I checked the pager, since it had been quiet for like three seconds. Nothing. I took the elevator up to the eighth floor and swiped my badge to enter the suite of lounges and call rooms. I found a bowl and a spoon.

The pager went off. It was Danny's nurse. His blood pressure was looking weak. I called Amy. We met at his bedside. He was looking a little pale under the green light. I looked at Amy. His mother sat in a chair, holding his right hand. Amy called the GI fellow to say he was getting closer. His heart rate was slowing, and his blood pressure was inching lower and lower.

Amy and I sat at a table outside his room. She went in periodically. I worked on my paperwork. The Rice Krispies were upstairs. It was five or so. In about an hour, it would be time for me to begin at the top of the list and gather all the patients' vital signs and ins and outs to report to the attending at eight a.m. rounds. At seven, there would be morning report. I needed to have my paperwork done soon. Outside the unit, on the fifth floor, there was a door leading to the roof. The rooftop was surrounded by a ten-foot high fence. To keep the interns from jumping, we always joked. I walked out into the still September morning and looked out over the parking lot. The autumn sky was serene, Venus still shining above the horizon. The chairs we had dragged out there were dewy and cold. The pager went off.

Danny was dead. I asked Amy, "What now?" She said we should fill out the death packet. I said I had never filled out a death packet before. She told me she would fill it out and show me and I should write a death note for his chart. The nurse brought the packet, which was a stack of forms needing information and signatures for the hospital, the coroner, and the family. Amy wrote in the blanks and checked the boxes, stopping now and then to explain so I would be able to do it the next time.

Everyone else's room was dark. They were sleeping. Danny's room was bright beyond the curtain. It was nearing six-thirty. Danny's mother emerged from his room to let the nurses remove his lines and clean his body. I said I was really, really sorry and she said thanks and went out into the hallway. She hugged Amy. The pager went off. Did I have the chance to convert the vomiting kid's meds? No. I started for morning report.

At morning report there is coffee, which at that point is something I would have heated in a spoon and injected between my toes. There are also bagels. I snatched onel and a tiny container of cream cheese and slid into a chair. The bagel was dry and Midwestern, without any of the chewy density of New York or Montreal.

"Jesus, this bagel," I said to the woman next to me, who was from Brooklyn.

"I know," she said.

"How was your night?" she asked, but she knew. We were like soldiers, she deploying, me nearly home.

"Hideous," I said, slurping coffee. "Danny died."

"Shit," she said.

"The GI fellow wouldn't even come in."

"I hate her."

"I know. Me too. But my senior gave her hell on the phone."

She laughed.

After morning report my team gathered to make rounds with the well-rested attending. The post-call intern is allowed to go first. I presented my patients and answered questions about the vancomycin dosage. We went into each room and talked to the families and related the plan for the day. The familiar dissociation of sleep deprivation sat in. Voices sounded distant. Pulling the pen across paper trailed a shimmering fog. I couldn't remember how I had gotten to the room I was in. At eleven-thirty I signed my patients, except for Danny, out to the intern on call for the day.

At one p.m., I considered changing my socks, but the effort to return to the call room seemed enormous. I reported for clinic where I had six patients scheduled: newborn visits, rashes, well-child checks, ringworm, diarrhea. I saw each patient, examined them, presented them to the attending who saw them again, and wrote notes in each chart. I floated through a tunnel, burrowed toward sleep against my will. I stared at the computer screen without comprehension.

At five-thirty, I got a Diet Coke and went up to the call room to fetch my unopened bag from the undisturbed bed. I had an overwhelming impulse to lie down. But it was Friday, and I needed to get home to make dinner for my kids. I picked up the bag and my dirty white coat and headed for the parking garage. I threw everything into the passenger seat and when the coat hit the opposite door, the blue box of Rice Krispies tumbled to the floor.

Lainie Holman is a pediatric physiatrist in Ohio.