Part I - On the Road Again…: Stories from Emergency Services Workers

When it is least expected, an Emergency Services worker can get "the call" that will change his life. We know that CISM (Critical Incident Stress Management) is the way to appropriately handle emotionally traumatic types of circumstances and experiences we live through every day so that we might keep our sanity and prevent becoming a second set of victims after witnessing trauma. Unfortunately, CISM is not practiced (or appropriately applied) everywhere and a lot of folks may be emotionally "lost" after a call that is so soul stirring they cannot mentally escape, causing the worker to become a secondary victim of the trauma himself. No one is immune.

This essay is about a medic who still carries an ambulance call clearly in her mind, heart and soul; although the emotional wounds have mostly healed, the memory remains and she is forever changed. "Angel" is now 26 years old with several years experience as an ER Tech in a Trauma Center; the medic became an ER nurse who worked with her daughter in that same hospital. Apparently, the apple doesn't fall too far from the tree—what a legacy.

Sweet Dreams, Angel

The telephone's ringing was an unwelcome intrusion into the night, breaking our silence into a thousand shards reflecting bits of dreams and pieces of reality mixing into an unreachable moment.

"Station nine, Cheryl,*" I mumbled, feigning coherence and attempting to ground myself in the moment and comprehend the directions I was about to be given.

"Priority one," said Ronda,* the EMS dispatcher. "I need you on the air right away."

I shook off the last remnants of sleep and called out to my partner in the bunk beside me. "Bob*: priority one. Ronda sounds a little edgy—we'd better move it."

Sometimes the dispatchers have to use creative management skills when the crews on twenty-four hour shifts rebel at being allowed only a few minutes of sporadic and often interrupted sleep. Working a double, this had been one of those shifts; we were trying to grab a quick nap and hadn't had time for lunch or dinner. Company policy dictated that we had three minutes to get into the ambulance and report on the air after being contacted by dispatch. Instead of using our time to freshen up, we each popped a piece of chewing gum into our mouths and immediately headed out the door. We assumed that Ronda was in a mood of some kind and didn't want to incur any further wrath—we still had ten of the forty-eight hours left to work and alienating the affections of a dispatcher can never result in anything positive for EMS crew members.

"Alpha 255 is on the air."

"255, priority one for Dearborn Park. Make northbound Southfield ramp to I-94 westbound. Child hit by a van. Your D-card number is 3472, time of call 2209h."

"Alpha 255 copies that."

We understood the edginess in Ronda's formerly calm voice; the "big three" in dreaded EMS calls are those involving family members, friends and children. Normally I drove and Bob navigated, but this was a race against time. Bob jumped in the driver's seat and I hopped into the back of the rig to set up the advanced life support equipment. We knew before we pulled the ambulance out of the bay that when a pedestrian takes on a motor vehicle, the vehicle usually wins.

"Spike two lines, normal saline and lactated ringers," yelled Bob over his shoulder, straining to be heard above the screaming sirens. I knew what to do, but Bob's calling out orders and my responding as I completed each step began the process of com-

* Some names have been changed. The first time they appear, they are marked with an asterisk.

munication that was vital to our success as a team. "Pull out the drug box and set up the (cardiac) monitor. Don't prepare the paddles or leads until we see how big this kid is."

I hung the bags, though it seemed to take an interminable time; my hands felt big and especially clumsy as I tried to pull the packaging open and bleed the IV lines. The overhead strobe lights cast eerie red intermittent bursts inside the patient compartment, ticking off the seconds in our patient's "golden hour." It triggered an almost comical mental image of a wino, sitting in a cheap hotel room chain-smoking cigarettes with eyes transfixed on a small black-and-white TV screen. In this image, a red hotel sign flashed just outside his window, giving momentary peeks into the red, smoky glow of his reality. At that particular moment, my own reality was just as undesirable. I tried to free myself of those images and steered my mind back toward accomplishing the tasks at hand while taking a deep breath to reduce my anxiety and approaching panic.

"Both bags are hung, the tape is ripped and hanging on the overhead bar. Catheters are in a box on the bench seat with the pulse oximeter and the oxygen is on. Do you want the intubation kit left in the jump kit or opened and set up back here?"

"Leave it in the jump kit," said Bob. "We might have to tube him on the ground."

It was hard for me to monitor the radio communications from the back of the rig, so I asked Bob if the fire department was on scene: his response was a brusque, "Affirmative." We knew that if fire-rescue workers were already there, they would stabilize our patient and perform whatever basic life support measures necessary. The fire trucks were a welcome sight as we rounded the curve toward the scene of the accident. My anxiety reduced slightly as I mentally checked off items in the victim stabilization process that I hoped would have been accomplished by the firefighters on scene, reducing our basic workload tremendously so that we could leap into the advanced trauma and life support steps that we hoped would make a difference in our patient's chances for survival.

In that moment before stopping the rig and beginning our own tasks as paramedics, I switched to a more emotional appraisal of the situation. It isn't our job to judge patients or their circumstances, but maintaining that particular level of professionalism is extremely difficult when you see something like severe trauma to a child. You can't help wondering what prompted the child to be in such a dangerous place, especially at night… and where were his parents? Did they not care enough to monitor his whereabouts or bear any concern about his safety? Did they just assume that he had the appropriate judgment at his age to take care of himself? Somehow, I had switched into an empathetic mode for the child and anticipated the grief and loss that would be coming very shortly; in my own denial of the situation as it was announced by our dispatcher, I allowed a moment of anger to enter in before I even saw the boy's face or condition. Inwardly, I prayed for this to be a salvageable situation where the boy may be injured but would live. We stopped the rig and the doors, pulled open by the firefighters, revealed a scene I had hoped not to see.

Looking at our patient, it didn't seem like anyone would ever have the opportunity to question his judgment, or take away some privilege as punishment for his "playing in traffic." The boy was obviously paying a pretty big price for what was probably an impulsive act. Instead of worrying about things that normally concern kids—like cool clothes, catching something awesome on the tube or getting the latest computer gadgetry—this kid was struggling to breathe.

The fire department rescue crew had already applied MAST pants to stabilize lower extremity fractures and secured our patient to a long backboard. He appeared about ten or eleven, blonde hair, about five feet tall, maybe 95 pounds. There were multiple abrasions on his head and face, matting his blonde hair into bloody clumps, with bruising around both eyes. Blood oozed out of the boy's nose and mouth, staining the cervical collar placed by the firefighters around his neck. He was in labored, agonal respirations as we approached him.

Bob checked for pulses and found a faint radial pulse at a non-life sustaining rate of about thirty. The boy's pupils were fixed and dilated, his skin cool and pale and his lungs were already filling with fluid. We popped an oral airway in his mouth and began bagging with 100% oxygen. Lifting him onto our stretcher, we welcomed him into our world: a guaranteed, miracle making, emergency room on wheels, prayers administered copiously at no extra charge. *Come one, come all, see the happy ending, just like on TV.* No one dies; no one is permanently impaired and somehow, just before the final scene, the heavens open, music sounds, and all are made well.

After loading, we again checked for a heartbeat. Finding absent pulses and confirming that the boy was not breathing Bob muttered an expletive and called for CPR to begin as a firefighter jumped in the front seat of the ambulance to drive. While the firefighters on board continued compressions and bag-valve-mask ventilations, we got the intubation equipment ready. A "quick look" on the cardiac monitor showed an AMF rhythm (Adios, Mother F—r), also known as asystole—flat line. Firefighters continued CPR with hyperventilation while Bob intubated and I looked for a site to gain IV (intravenous) access. We knew the prognosis was not good, which only encouraged us to fight harder; neither of us was any good at accepting failure or at seeing a situation as impossible. We had the skills and the toys; somehow we would make it work… we had to, as defeat and loss were not acceptable options.

The firefighters had already cut the boy's rather thick left coat sleeve. I assumed they had prepared an opening for me to start the IV line and I grabbed the boy's arm with both hands to look for a good vein. The upper left arm bent quickly in half like a rag doll, mid-shaft. Apparently his humerus had sustained a complete fracture and the arm bent grotesquely and flopped off to the side. I shuddered, took a deep breath to decrease the nausea I immediately felt, grabbed my medic shears, and cut away the thick coat sleeve exposing the other arm. Finding an acceptable vein, I muttered an audible and brief prayer—

something to the effect of, "Dear God, please let me get this first try,"—and popped a needle into his right antecubital vein. I taped the line down as Bob secured his endotracheal tube and started preparing the drugs while Bob established a second line in the boy's left external jugular vein.

Things moved smoothly and efficiently, like a well-rehearsed movie scene, but it felt like an aberration of time to me as sounds and movements achieved a slowing distortion. Our on-scene and en route times would later prove exceptionally brief, but as we performed our duties it felt as though we were there for eons. Every thought and movement was muddled, feeling thick and expanded as one might view the world through the feverish eyes of illness. Despite perceptual conflicts, we did manage to get weak pulses back after pushing the epinephrine and atropine which gave us momentary hope to pull this child out of death's clutches and hopefully back into his mother's arms. As we worked against time and mortality, the monitor showed an ever-hopeful sinus tachycardia at a rate of 120, but it didn't last.

During the call we pushed all of the appropriate drugs and performed our protocols flawlessly but the boy, whose name we later learned was Scott,* died shortly after arriving at the hospital. His skull exhibited profound crepitation and his abdomen was rigid and distended with spilled blood. My partner wrote the report as I cleaned our rig with "big orange," a delightfully fresh aroma designed to replace the smell of blood and other spilled bodily fluids with a more socially acceptable citrus scent. When we had both finished, I went back into the room and held onto Scott's cold foot for a moment, trying one last time to consciously will life back into him. Our training concentrates on producing positive results and saving lives; nobody ever told us what to do when our advanced skills and expensive toys don't work. Nobody ever explained that you can be completely successful in applying all of your talents and still come out with the worst result. Nobody ever walked us through how to handle it emotionally when a child dies. Nobody seemed ever to be there to hold the hand of the medic feeling lost,

hopeless and helpless as they watched the spirit of a child fade into the universe.

Bob and I didn't talk about Scott, or the call, except to critique the procedures we performed. There was nothing we could have done additionally or differently, but the boy died. I reminded myself that God performs miracles in His time and on whom He decides to confer them. Scott just wasn't to be a recipient. My partner and I finished our shift and without another word, went home.

I spent the next several hours cuddled up with my daughter. I phoned my son and told him I loved and missed him. The ambulance call, every detail perfectly preserved—a video without end—played itself continuously in my head reminiscent of a promotional loop. It was like a song that keeps repeating itself in your consciousness, getting louder and louder and you can't escape from it regardless of how hard you try. My heart raced and I couldn't take one of those deep, cleansing breaths that reduce stress to offer some measure of relief. There was no relief. There was no return to normalcy.

Sometimes, in a hidden corner of the mind, there exists a place removed from reality. Darkness and the images that saturate the senses reaffirm an individual's powerlessness; these images are beyond the point of chosen exposure or experience. I spent the next 48 hours unable to eat or sleep, reliving the recent violation with its unrelenting intrusive thoughts following the trauma. As the second night filled with darkness devoid of mercy and the line between rational and irrational thought became a chasm leading to an emotional abyss, I reached out for help.

Mark D. is a good friend who holds a degree in psychology. When I called him, a friend of his answered the phone, telling me that Mark had just stepped out. "This is Cheryl. It's nothing important, really, not a matter of life and death. Well, I guess it is about life and death, but it's no big deal. Just tell Mark I said hi."

He called back within minutes.

"What's going on?"

"I had a bad call. We picked up a kid who had been FUBAR'd (F—d Up Beyond All Recognition) by a van. I don't know what the deal is because I've been doing this for five years, and nothing has ever really bothered me before, but I can't eat or sleep or turn it off and it just keeps rolling around in my head…"

"All right; first of all, I have a lot of respect for what you do. I could never do it. What you do and what you see out there are not the normal things that people see, or should see. Tell me what happened."

Quickly relating the call in elaborate detail (with the images so firmly imprinted in my mind and heart that I could effortlessly rattle them off without stopping to breathe) I told Mark what happened. I still couldn't catch my breath and the room seemed to swim as I visited that place again. My senses relived their experience: the smell of exhaust and blood, the bits of glass crunching under my boots, the controlled panic in the eyes of the emergency workers as they fought so desperately against death.

Feelings of inadequacy mounted, accompanied by the urgent desire to quit my job. I wanted to never have to go back, never face another parent who hands you their dead baby or have to wonder, as you race against time to a scene, what you will find. There was a wave of understanding beginning to flow over me. The medics with whom I've worked had told, in their most private moments, of a desire to have the power of God, just once, to re-inflate a soul with life in the middle of senseless tragedy. I had yearned for that power even if it meant just giving Scott's parents the time to hold him and say goodbye before his body grew cold and lifeless. I had far more questions than answers, but couldn't identify or speak them as my heart ached with this loss.

Mark listened patiently. After I had answered all of his questions, he asked the one that opened the door of my prison. "What was different about this call?" It took a few minutes to understand what he was asking. I had seen a lot of people in pieces, handled drowning victims, offered comfort and understanding to those who faced a loss of dignity and sanity. I'd

received projectile vomitus and perceived as a hero and then scorned, all in the same day. What was different about this particular call was not the call itself.

I was in the middle of some demanding personal problems. That same day, my (now) ex-husband had stormed out of the house, refusing to watch our ten-year-old daughter and leaving her to fend for herself. At work and away from home I was powerless to care for her and hoped that the neighbor she was visiting that day would see to her safety. I had assumed she was safe as she rode her bike with her friends down our quiet streets, but I couldn't justify that assumption. There is no safe place, for her or for me. There is no special place where the boogie man is prohibited, where pain, sorrow and loss will not enter and change everything we've come to know, doing so in a way we could never imagine.

The anger at my situation and the realization of the parallel between the family of the dead child and my own became clear: Scott's mother left him with relatives trusting that he would be all right and I was with this other mother's child as he took his last breath and died before my eyes. Where was my child during this time? I remembered suppressing a horrible fear as I fought for Scott's life: another medic may have been cutting my daughter's coat sleeve, looking for a good vein, and trying to instill life into her lifeless form. Would they have mourned her loss? Would they be callous and marvel simply at how physical trauma can pull apart a human body without giving a thought to the soul within that battered body? Would they know she was a beautiful little girl who excelled in gymnastics, who played a trumpet, who delighted in decorating cakes with her mom and was a whiz at reciting Bible verses? Would they know what she would miss, what I would miss, in a future now denied her?

Mark let me see that I was crying for this dead child and for my own, for any pain in her life I couldn't control, for any moment lost I couldn't regain. I could feel Mark's hand leading me gently out of the darkness of my self-imposed emotional

prison. I cried for Scott and his family, prayed for their strength through each coming day, and felt a release as I let him go.

My daughter was upstairs in her bed, asleep. After hanging up the phone, I stood over my baby girl and just watched her for a while: her breathing was deep and even, her face as sweet and innocent as a newborn's. Thanking God for her and for Mark's wisdom and kindness, I climbed into her bed and wrapped my arms around her. Tucking her warm feet between mine and whispering, "Sweet dreams, Angel" into her ear, I drifted off to sleep.