

## Diary of an ICU slave

Shane Neilson

Dec. 25, 8 pm

The holidays make for interesting times in the hospital. Decorations are hung from the heating ducts with care; Christmas trees sprout up in parking lots; nursing stations are laden with baked goods brought by staff and patients' families. Little eggnog parties break out, and sometimes carols are heard on the wards.

But then there is the matter of scheduling, a touchy subject that sucks all brotherly feeling out of the season, leaving a malignant husk of resentment, the jingling bells of call-room hell. I am slated to do four 28-hour shifts in eight days between Christmas and New Year's. The holiday schedule will feast on this resident.

For the first time, my daughter has anticipated the arrival of Christmas. She helped decorate the tree and wrap presents. Each night she gobbled her Advent treat and switched on the festive lights. This morning she took more pleasure in opening presents than in playing with her own; her favourite stocking stuffer was an apple.

Tomorrow I start four consecutive days of lone intensive-care coverage in a 400-bed hospital whose emergency department serves a catchment area of 300 000.

Dec. 26, 6 am

Rounds start at four, so I'm up at six. Shower, shave, Mini-Wheats and milk. A 20-minute walk to the hospital locker room, where I deposit my winter coat and don my white one with stethoscope. Elevator up three floors to the unit, where the intubated and ionotroped receive mouth and bowel care to the jolly sounds of Burl Ives on the nursing station radio. We're almost at full capacity: one bed left. With five minutes of free time I go in search of coffee — until I realize that all the coffee shops are closed. A terrible holiday truth: not only will I work 3 times as many hours as I sleep, I'll be without the artificial caffeine kick that I've come to depend on as a baseline ambulatory agent.

Rounds commence. Three hours to assess the dying and nearly dead — the withered abdomens, crushed brains and septic sickies that I have never met before. The resident who is just finishing call sits down after moving to each new bedside. She looks worn and sad. Blood stains paste her greens and surgical shoes.

Note to self: *never* work on Christmas day.

The attending and weary resident leave, and I begin chasing down the morning's lab reports and x-ray reads un-



Graham Ross

til the emergency department pages my beeper, asking if we have a bed. I step onto the treadmill.

Mr. X, Mrs. Y, Uncle Z: all consults become a blur. I shuffle beds, sending our least ill people to other places in the city to allow for the entry of those closer to death. Lines, drains and tubes are placed in the hope of rerouting poisons and infusing medicines. I will spend day and night giving fluids, then ordering diuretics. My pager frequency begins to penetrate all reason, and the night compresses to one continuous, atonal beep.

Dec. 27, 7 am

Time for rounds again, but I'm still scrambling with a new admission: an old lady who fell from her bed and hit her neck on the railing. She has developed stridor, and I'm called to intubate her. Airway secured, we roll her up to the final free bed in the unit. Rounds commence.

Someone asks, "Busy night?"

## Dec. 27, 11:20 am

My little girl is playing with one of her Christmas gifts, a motorized car. A press of the horn and *beep beep*, followed by the sound of her laughter. I eat some Mini-Wheats.

My wife asks, "Busy night?"

"I just need some sleep."

I go to bed. From the bedroom I hear: *beep beep!*

## Dec. 28, 2 am

Wide awake and five hours before rounds, my wife and daughter asleep, and nothing to do but read Marino. For fun I read about ICU psychosis, the mental phenomenon associated with critical illness. Patients go mad from disruption in circadian rhythms — the unit's unpredictable hubbub, the ebb tide of sedatives and narcotics, the lack of a focus of consciousness.

I prepare a Thermos of coffee as proof that I'm learning.

## Dec. 28, 6:58 am

Full up, no beds, nothing changes. Fifteen bodies in twilight and a mountain of investigations to apprehend, I step onto the ICU treadmill carrying a millstone of weariness. My Thermos is drained before lunchtime, and I call my wife at home to bring me a refill. I think I've developed hyperacusis: I'm jumpy at the slightest sound. The work gets done although I've developed a hatred of it, a desire to sleep free of the din. There are admissions and more juggled beds. Although the cases have different pathophysiologies, I'm beginning to recognize their sameness, the equity of the nearly dead. My ICU cheer: intubate, ventilate, cannulate, monitor and wait.

I wait. Wait until the next morning and hold on. Just like my patients, I'm in a hurry to get out of here and rest.

## Dec. 29, 11:35 am

Home and not hungry. The bed beckons, but I fear if I succumb too early in the day, I'll wake too early in the night. I watch an Elmo movie with my little girl, and my wife goes for groceries. We sit in front of the television and I look at the stack of novels I received for Christmas. They're pleasantly noiseless. I must remember to take one with me tomorrow morning. A hopeless gesture — I'll never get to read anything other than a textbook tomorrow.

Elmo ends, so we watch it again. I stay awake until my wife arrives home.

## Dec. 30, 5 am

A long, uninterrupted sleep. Enough energy for exercise. I dress in a track suit and hit the pavement, running through the South End of Halifax, down to Point Pleasant Park and back. I then undress and shower, preparing myself for the day. Clear outside, I imagine the unit to be unper-

turbed by calm, immune to restfulness, the *beep beep* rhythm calling all participants to ready attention.

After rounds I run stiff-legged through the hospital; nursing staff are incredulous that I must repeat the cycle tomorrow after several revolutions already. The hospital operator says, "You again?" when I ask her to make a page. My call room bed is a cruel philosophical joke: if nobody lies in it, does anybody sleep? My third of four days on the treadmill, and still I function long into the night and next morning, my pager a musical albatross. *Beep beep.*

## Dec. 31, 9:00 am

I'm excused from the unit early for time served, and all I can think about is sleep. I exude somnolence, and beddy-bye would be a blessing except my wife must volunteer at a veterinary clinic, a long-standing commitment, and I'm to take care of our little girl. When I read her stories I'm tempted to go to sleep myself, but her rambunctiousness forces me to watch so that she doesn't maim herself.

If I don't get up, though, I'm liable to drift off, so I dress us both for the outdoors and we play in the park, making rudimentary snowmen — one we christen Elmo. We throw snow in the air, shouting *Snow falling! Snow falling!* We make snow angels and then go home.

## Jan. 1, 6:55 am

New Year's Day, and I feel like a fool: here I am in the hospital, a cog in the residency wheel, sleep-depleted but much-manipulated, fearful that someone might call me weak or lazy.

Rounds are brisk. I absorb the particulars of each patient and immediately skip to what must be done for each, the lines that must be placed and the tests that need to be ordered. At this point I might as well beep myself. I'm a mechanical implement, a robot. Machines never sleep. On this first day of the new year, I'm the ultimate workhorse, sacrificing my family for a rotation that will amount to a series of filled evaluation checkboxes.

## Jan. 2, aftermath

With a new year comes new resolutions. Top of the list: never suffer such a schedule again. As I leave the hospital, patients' families congregate in their designated rooms. Loose-leaf signs on their doors represent their identities: the Moore family, the Comstock family, the MacDonalds. They play cards and visit their loved ones in turn.

Shaken from the time served, I walk carefully out onto Summer Street. It's early enough that there's little traffic. In 20 minutes I'll be asleep. My wife and daughter won't be home; as a last Christmas gift, they plan a long day of sight-seeing, but not before disconnecting all the clocks and phones in the house.

Shane Neilson is a family physician in Oromocto, NB.