

burn or some kind of pain." Oh boy, I thought, it's already complicated. "I just had a bowel movement," he continued, "that's when it started. They gave me some Tylenol. Does that seem like the right stuff to you?"

"Well," I went out on a limb, "it's not necessarily what I would have suggested, but ..."

"Anyway, never mind." Mr. Knee reassured me, and I was grateful. "I guess it'll get better. What can I do for you?" So I reiterated for him how things would go, that we'd chat, I'd examine him, then come back and talk about him in front of him but not to him. Time, and the comfort that came from rehearsing with Mr. Knee the choreographed nature of our visit, cleared the air somewhat. The smell dissipated, and I, seating myself beside the bed, dutifully began extracting identifying data, which I hoped would soon be followed by a chief complaint, concise and crisp, not unlike my jacket.

A voice somewhere dimly whispered pain and symptom mnemonics. "PQRST: provoking/palliating features? Quality? Radiation?... " But I cleared my head and focused; I had a job to do. Already he was telling me about his bloody family history when I hadn't even asked him about the limitations his bad knee had placed on his ADLs. I needed to take charge of this interview. The key is in the history, ladies and gentlemen. As I struggled to jot down everything he continued to volunteer, each fact under its appropriate heading ("Where do I put allergies, again?"), and attempted to leave enough room in each category to fill it in PRN (I like that one), Mr. Knee asked me "Shouldn't it have gotten better by now, this pain in my chest?"

I was losing this guy. "Look," I said, trying to focus on the task at hand, "do you have any pets?" I swear I said it, remembering something about pregnant women and toxoplasmosis, I think. "We used to have a beagle, but we had to put her down," he groaned. "Maybe a few burps will help. What do you think?"

"Ever had anything like this before?" I asked, hoping perhaps that a shotgun approach might elicit the information I

needed, and only dimly aware that this was an important question. And then, as much to regroup as anything else, I told Mr. Knee that I'd let the nurses know that his heartburn had not yet subsided, and I so informed the people at the desk — whom I hoped but was not sure were nurses. And back I went, determined to succeed.

When I returned to the room, although the air was now fresher, I had to admit that the patient looked rather like excrement. Well, he was in the hospital; he was sick. I determined to get a handle on how far he could walk before his knee hurt him so much that he had to stop; I knew that would be an important bit of information later.

"You know, it's getting worse instead of better," the now perspiring Mr. Knee lamented to his increasingly demoralized interviewer. And here's where my maturity came into play, my ability to empathize, and to anticipate patients' needs. I got Mr. Knee a cold cloth for his forehead, and asked him if he smoked.

Now, I'm not a dumb guy. I realized that my patient was having what sounded like pretty bad chest pain, but for the life of me I didn't know what to do about it. Hadn't he described it earlier to trained professional nursing staff, and been given arguably appropriate medication? Didn't I have a job to do? But when Mr. Knee told me that he thought he was going to vomit, and I fetched a stainless steel basin, I think it dawned on my paralyzed

Tough night for call

Rounds were taking too long.
There were circles under the resident's eyes,
shadows under an unshaved beard.
Post call.
He wanted to get the job done and go home.

Tough night, he said.
Nine new admits to the team.

Elderly woman from a nursing home:
mental status changes
possible dementia.
She is desperate to ask us:
"Do my children know where I am?"

At least she knows what hospital she's in.

Middle-aged woman:
history of depression
insomnia
possible first seizure.
The patient is more succinct:
"My son is in trouble."

A lot of crybabies in the emergency room last night,
the resident said as the team moved on.

Was it the moon phase for crying, I wondered?
Or simply who was listening or wasn't listening?

White coated crescents
continue their morning orbit
reflecting new moon shadows
after a tough night for call.

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self not only that this interview was going nowhere, but also that my patient (*my* patient!) might actually be in trouble.

Central, unremitting chest pain. Diphoresis. Nausea. Vomiting. Jesus, we both needed aspirin.

I timidly approached the nursing station once again and explained that Mr. Knee was vomiting now. Rolling her eyes, someone told me, "I'll see if I can get an antiemetic," and I went back to Mr. Knee, who now looked decidedly like Mr. Heart. So back to the nursing station I went, and said, "You