

THINGS IN MOTION ...

All is change; all yields its place and goes.
--*Euripides (485?-406BC)*

A Rude Awakening

The year had not been a good one for Jean and me. She had suffered from an instability in her blood glucose; had made three trips to the emergency room with a shortness of breath problem and had, as a result of routine ER tests, discovered that at some time she had experienced a heart attack and needed to have three stents inserted in one of her arteries. Additionally, each trip disclosed pneumonia and excess fluid which meant congestive heart failure. Now, the shortness of breath had returned. Once more we quickly gathered a few items and headed for the ER at 9:00 AM, a time when there were fewer patients and we sailed through triage in record time; our faces were now familiar to the staff. In short order, Jean was put on oxygen and a series of tests were begun which kept us in a room in the ER until 8:00 PM when an ER staff physician told us that Jean had an excess of fluid and would be admitted to the hospital as a patient--a room would be assigned by 9:00 PM. After she was moved into the hospital proper, I made a list of items to bring the following day, wished her a good night and drove home to a very empty house. At 1:30 AM the hospital telephoned to tell me that Jean had been moved into a different room which was one step down from Intensive Care. I was assured that she was stable, so decided to wait until morning before visiting her. I

might as well have gone immediately; it was impossible for me to sleep with all the unpleasant thoughts that flooded my mind in endless procession.

By eight o'clock next morning I was in the room with Jean. She seemed to be OK, but was cold, even though she was under several blankets. I asked for more blankets and quizzed the nurse as to her condition. It was noon before she told us that Jean had a blood infection of some kind, which they were trying to identify and isolate. At nine-thirty that evening, our family doctor came in and reported that Jean had a blood infection, and she was hooked to an IV with an antibiotic solution drip. Next day I quizzed the family doctor again and was told that Jean had a blood infection, a urinary infection, congestive heart failure, was bleeding internally, which had made her anemic and that her kidneys were not functioning properly. In addition to the misery of her ailments, Jean soon had a bad case of diarrhea and was fighting to overcome an increasing depression. In my own head, alarm bells were clanging without any letup. I was rapidly running out of courage and it was time to yell "Wolf!"

I telephoned our son and daughter who lived an hour away, giving them a summary of Mom's condition and leaving no doubt that we were now a family in crisis. In less than two hours they were with us in the hospital and had been given the details of their mother's condition. After Jean drifted off to sleep we all met at a restaurant where we sat for two hours to review the situation and make plans for an event that loomed over us like a black cloud. We drew strength from each other as we faced the fact that Jean might not be coming home--something that none of us had thought possible until now; she was a tower of strength and would always be with us--so we struggled with denial.

The next seven days were one long and unrelieved nightmare for all of us. Jean was in constant misery and there seemed no possibility of comfort for her. We sat at her bedside, fighting the depression that we knew was slowly robbing her of the will to live. My evenings at home were a series of lonely episodes relieved only by doing her laundry or selecting items that she mentioned during the long hospital days. The kids had volunteered to get in touch with Jean's older daughters and let the rest of the family know of her illness. Jean's sister and her oldest daughter drove from New Jersey to visit her and others were planning their visits to follow. Our days of uncertainty stretched ahead with no sign of relief in sight for Jean. I simply had not the will to plan ahead for what looked like a solitary existence--then on the tenth day of Jean's hospitalization, there was a break in the clouds. She was moved back to a room where extra care was not required—her spirits soared quickly.

On the eleventh day, our family doctor reported that Jean's excess fluid was gone, the infections were responding well to the antibiotics, her internal bleeding had been stopped, her kidneys were functioning as they should, and her general condition could be maintained and monitored well in a rehabilitation facility. At eight o'clock that evening, she was transported to the same rehab facility where she had spent about two weeks before. By nine o'clock I left her settled in to Bed No. 1 of the 3-bed room and left for home with a much lighter heart.

Jean's roommate in Bed. No. 2 had suffered a stroke and could neither speak nor use her arms and legs to a significant degree. Her husband visited for two hours every day unless there was a softball game that required his participation. I felt that his priorities were out of joint.

Bed No. 3 was occupied by a patient who had undergone back surgery and was almost as limited in movement as the stroke victim. She suffered pain much of the time and tended to moan through the night. As patients may be moved in and out of any room frequently, it is not uncommon for the dresser, wheelchair, and another chair for visitors that is assigned to each bed may be switched and space may be lost or gained by either bed. I expected the nurse or an aide to correct any mis-alignment, but such was not the case, so I pointed out that Jean had lost one third of her space to another patient and an adjustment was immediately made. Another problem was that the TV over each bed often played all night long, often on different channels, so that a patient desiring quiet could not find it and was subjected to a cacophony of noise all night long. After two nights of it, Jean protested vigorously and within an hour, she was transferred to a different room where the only occupant was not addicted to all-night TV. With that final adjustment, Jean's stay in the rehab center became more of a pleasure and in short order she had established a good rapport with the nurses and aides. A daily regimen of speech therapy was begun. We were told that one of Jean's hospital tests had revealed that portions of the liquids she drank were going into her lungs and was the cause of her recurring pneumonia and congestive heart failure. The therapy was designed to improve her swallowing. That therapy lasted for three weeks, at which time she was again tested and there was no more aspiration. During each day she also had physical therapy to improve her muscle strength, coordination and balance. As of this writing, Jean has been home for two weeks. She had visits by nurses for two weeks, and will continue to have visits from a physical therapist for another few

weeks. In addition to her prescribed PT exercises, she and I walk every day with her using a rolling walker. After what was a period of unrelieved misery for all of us, we are breathing easier, but with a new awareness of how fragile life can be.

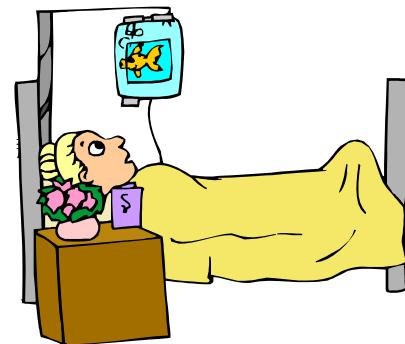
I have written other journals in which I pointed out the need to prepare ourselves for the loss of a loved one. This recent experience brought that admonition home to me and our children BIG TIME.



ABOUT HOSPITALS AND REHABILITATION CENTERS

In my earlier years, when a patient was in need of skilled nursing care, he spent that time of need in a hospital. Today, it is common to spend the more critical days in a hospital, then transfer to a rehabilitation facility where the level of care needed is less critical. In my area there are quite a few such facilities that offer excellent care at much less cost than a hospital, and it is now a customary practice for doctors to recommend rehab centers for patients who are not ready to return home, yet who do not require the constant attention of highly skilled healthcare professionals. Rehab center staffs include RNS, LPNS, and trained aides as well as the customary support personnel such as therapists,

nutritionists and janitorial workers. As is the case in most healthcare facilities, the staff will be made up of truly dedicated workers, less dedicated but still competent workers, and a few who are neither fully competent nor truly dedicated. While I am not predisposed to make demands for a service or condition that I feel should be noted and corrected as a part of the daily workers' routine – without prompting by the patient or his family, there is a definite need for bringing lapses in service to the attention of the person in charge. If that is done in a tactful manner with as little outcry as possible, the staff will not resent it and the patient will earn the respect of all the over-worked and underpaid people whose avowed purpose is to make that patient's stay as comfortable as possible. When one has the opportunity to see all the duties that hospital and rehab center personnel perform, one begins to truly be appreciative – and show it – to healthcare workers. These marvelous, patient and long suffering people earn a special place in the hearts of those they serve.



This is Number 62, Autumn 2009.
Published by Hugh Singleton at
102 Azalea Trail, Leesburg, FL
34748 and dedicated to the staff of
LRMC and LRMC North Campus

*For mortal to aid mortal – this is god; and
this is the road to eternal glory.*
--Pliny The Elder (AD 23-79)

