
COUNTING TO THIRTY

ELEANOR BROWN

I am with people when they are most vulnerable: in the hospital, stripped of their clothes, with nothing on but a thin gown that has been worn by many bodies before. My role is a constant balance between “human” and “robot”.

T-minus 3 minutes. The room is ready; the positions are assumed, the monitors are set. We look at the clock as the seconds slowly pass. We stand in silence to conjure up the stillness before the storm.

It is an inhumane act that no amount of training on plastic man kins can prepare you for; the anxiety in the room that is masked by delegations, the rush of adrenaline coursing through your veins, the assertive movement of your hands over the body, the crack of a fractured rib, the two possible outcomes rushing through your mind, the fear of failure, the fear of guilt.

As we stand quietly, waiting, I remember my first time.

“Mary Doe,” room 19: a woman I grew to appreciate during the morning hours of my shift. She had four children, nine grandchidren, and every time I walked past her room, she showed me pictures of her adoring husband. She liked tea; in fact, she loved tea. Between the hours of eight and twelve, she had 7 cups. I was busy; she was one of sixteen, but, I always made sure she had enough hot water to soak her tea bags and someone to show off her family to. She reminded me of my grandmother.

The following day, I arrived back and was on the same assignment as the day before. I made my rounds, but first I went in to see Mary. She refused her tea, which I found to be unusual, but I did not think anything of it and continued with my rounds.

13:43: the cardiac monitor for room 19 at the nursing station was blaring. She was having a cardiac arrest. I sprinted down the hallway and was followed by the code team; I was the first one in the room. Mary was lying still in her bed, with her purse tucked by her side, her beige knitted blanket covering her shoulders, and the first thing that came into my mind was that she looked so peaceful. How is so much havoc occurring inside of her frail body at this very moment? Was this the end?

As the code team arrived, they confirmed there was no pulse, and they put a durable board beneath her fragile body. The same blouse I gently dressed her in a few hours prior was the same top I was stripping her of. There was so much commotion in the room: the respiratory therapist was getting ready to intervene and the cardiologist was giving orders to push meds. I put down the side rail, laid my right hand over my left, straightened my arms, and began. The same bed I neatly tucked her into the day before was the same bed I was undoing.

It felt different. I was trained with objects that did not have thick thoracic cavities, soft delicate skin that smelled of pomegranates, a warm and familiar body, or a bona fide reason to fight for a successful resuscitation. Mary was a daughter, a wife, a mom, and a grandmother. She was loved. And as I hovered over her vulnerable body and pressed my sweaty palms aggressively against her bare chest, the image of her family was at the forefront of my consciousness.

It was challenging for me to obscure my humanity and be a strict health-care professional, but it was in that moment I realized how critical it was to find a balance between the two.

A woman almost died that day but she didn’t because we followed strict medical protocol: patient was confirmed unconscious and pulseless, 30 chest compressions were followed by 2 breaths with oxygen and airway adjuncts, pads were applied. Once we found a shockable rhythm, we used a defibrillator to bring her back into a normal rhythm. In these moments, I become part of the machinery that functions to sustain the breath and the beating of the heart. While it is important to be an empathetic caretaker and predict the silent needs of patients, I have learned the importance of masking emotional engagement when I care for patients in critical situations that require precise medical attention, such as providing life support.

I awake from my memory to the sound of a stretcher rushing down the hallway. “We have a sixty-seven-year-old male in a cardiac arrest. We have been doing compressions for seven minutes; he is unresponsive,” yells the medic carrying the chart. I take over the compressions for the medic and begin counting to thirty.

DESPUÉS DE LA TORMENTA

ELEANOR BROWN

She lay curled in the corner of a musty, humid space. Underneath the window sits a puddle of water; the afternoon storm had just passed. She is dressed in a light blue gown decorated in red stains.

I approach her. My mind is translating English, so that the words I speak are understood.

Oh, María, ven aquí.

I kneel beside her so that we are at the same level. I wrap my arms around her small body; I hold her like the child she is. I feel her skin from the back of her open gown. Her head buries into my chest. Her skin is warm. Her hair is dark and combed with sweat. Her body is shaking. She smells of earth.

*Estás bien, María. María, todo está bien.
Martín está en un lugar mejor. Él está en un lugar mejor.*

As we sit quietly in the room, I think of what it is that I have just experienced. I am in a rural clinic in Sumpango, Guatemala. We delivered a baby, a baby boy named Martín. But due to the limited equipment for ventilation, we were unable to find an airway for the newborn; he died of hypoxia. Maria, the mother, is a twelve-year-old girl. I am holding her in my arms. I don’t want to let her go. I continue rocking her back and forth, convincing myself that I can make this moment just a little bit better.

I close my eyes and listen to our asynchronous breaths.