



Life rarely surprises emergency department staff

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By Gina Duwe, Gazette Staff

Nothing surprises emergency department staff.

Anything you can imagine comes through the doors of the ER, or emergency department, as staff members call it.

When Tanna Rodriguez's 1½-year-old son, Angel, picked a penny off the floor recently and swallowed it, she quickly took him to Mercy Hospital's emergency department.

"A penny's actually a good thing to swallow. Most of the time they don't get stuck," Dr. Sean McCloy told the squirmy boy sitting on his mom's lap. "Quarters sometimes are a problem, or bigger things."

An X-ray later showed the penny had made its way just past Angel's stomach, safe for it to come out naturally.

The unpredictability of the emergency department is what attracts many nurses and doctors, they say.

"You come in, and you never really know what's going to happen that day," said Barb Hahn, director of emergency services at Mercy. "It can be quiet, and 10 minutes later, you can have a full department."

They can count on some things, however.

"When the Packers are losing, the ER is losing," said nurse Debbie Kessler, only half joking. Die-hard cheeseheads turn into bloody-nosed or black-eyed fight victims after a bad loss, she said.

And as much as people disregard the theory, nurses say they can always tell when the moon is full. The department also is typically busier at the end of a month because welfare checks run out, nurses say.

Everything in the department revolves around "the board." It's a dry erase board that maps the age and condition of the patient in each of the 12 rooms, as well as staff for the shift.

But technology is moving other things beyond markers and erasers to make the system run more smoothly and efficiently.

When Chris Alford of Janesville needed medication for his 2-year old son Brennan's earache at 11:30 on a recent night, they didn't need to leave the waiting room.

After they fed insurance, personal and prescription information into the new InstyMeds machine, a big "clunk" produced two labeled containers of medicine at the bottom door, just like with a vending machine.

Inside the department, drawers of medication open only after the system identifies a staff member by a fingertip scan. Another computer system automatically reorders supplies and bills patients for items that their treatment requires.

"Big Brother" also plays a role in a new locator system worn by all staff. When unit clerk Connie Gardner needs to find a particular nurse, she scans a computer screen, which shows a person's exact location within the department.

Two red lights, often referred to as the "French fry lights," warm the empty bed in the trauma room.

A call from the Rock County dispatch center sends staff scrambling in all directions.

Nurses set up IVs and prepare the room after a report that a 78-year-old woman with chest pains is en route via ambulance.

"You hear what's out there so you can kind of start anticipating what's going to happen," Hahn said.

"You can then start thinking in your mind, 'What do I need to do? Is there anything I need to do to prepare the department? Do I need to move patients around?'... You have so many things that are going through your mind," she said.

The local emergency department isn't exactly a scene out of the NBC drama "ER," but it's similar, nurses say. The show is fairly accurate in its depiction, but everything moves much more quickly on the show than in real life, nurses say.

ABC's popular show "Grey's Anatomy" clearly doesn't have as much technical support, nurses here say. They have seen doctors on that show put sterile gloves on wrong or wear stethoscopes backwards.

"Family members don't like to watch those shows with us," nurse Lois Bright jokes.

Of all the things that nurse Debi Scott has seen in her 21 years in the Mercy emergency room, what bothers her most is what people do to other people, she said.

"It breaks my heart," she said. "How can you hit someone over the head with a bat? How can a man beat a woman? How can little kids be neglected by their parents because (they're) either drug abusers or alcoholics? ... If there's anything that bothers me the most in my career, it's that."

Scott is always looking to help patients beyond their illnesses or injuries. The "cool part" about the job, she said, is helping people choose different paths to make their lives better.

"If I can make any difference in a person's life in the short period of time I meet them, then hey, 'Yay!'" she said.

"A lot of times, this is all I've got."