

THE CITIZEN'S WEEKLY

SUNDAY, APRIL 1, 2007 • SECTION B



PHOTO OF TILDA SHALOF BY YVONNE BERG, FOR THE C

A night in the life

'As I contemplate the night ahead,
I dread that desperate moment that comes at least once,
when I'll have to make a huge leap of faith to believe that the morning will really co

Read an exclusive excerpt from **THE MAKING OF A NURSE** by Toronto nurse Tilda Shalof. PAG

EXCERPT FROM THE MAKING OF A NURSE BY TILDA SHALOF



‘How
much
longer
can I
this u



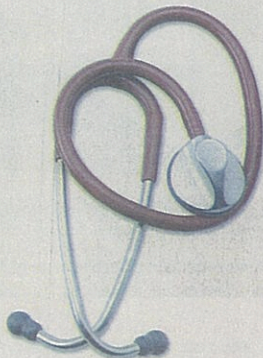
Sleep, nature's soft nurse.

— William Shakespeare

Even after all these years, I still work night shifts. I probably could find a day job or an excuse to get out of them, but I'm not yet ready to say goodbye to the nights.

However, on my evening drive to work along the darkening city streets, I often think about the long night ahead of me (especially about three o'clock in the morning or so, when the jokes begin to run thin or have petered out altogether and fatigue threatens to take over), and I wonder how much longer I will be able to keep this up. As I contemplate the night ahead, I dread that desperate moment that comes at least once, when I'll have to make a huge leap of faith to believe that the morning will really come.

"What's a typical shift like?" someone asked me recently and since a typical shift might just as likely be a night, I decided to keep a running log. Here goes.



19:00 At the nurses' station

Roberta, the nurse in charge tonight, looks worried. We're short-staffed, even with Beryl unexpectedly showing up, mistakenly thinking she was scheduled to work. As it turns out, we need her. "But even if we didn't, I'd keep her here for her own safety," Roberta mutters. We chuckle because although Beryl is a decent nurse, a journeyman, she's not the brightest star in the sky. It's Roberta's third night in a row, an overtime shift, and no matter how tired she may be, or preoccupied with her personal problems being the family's sole breadwinner, I've never seen her fatigue show, except maybe a little bit, tonight.

Noreen is pacing outside her patient's door. She's the day nurse and wants to get out in time to make it to her daughter's soccer game. I hotfoot it over there a few minutes early to avoid her wrath. She thanks me and launches straight into the story of the patient we will share, back and forth, over the next few days and nights. I am listening to her as I glance across the room to Monica, my partner, who gives me a thumbs up to indicate that whatever happens, we'll deal with it and have a sweet night.

"This is Mr. Lee, a 68-year-old man who came in a week ago in respiratory distress and septic shock," Noreen introduces the patient to me. "Got him off the Levophed and blood pressure remained stable... his temp stayed down. Extubated this afternoon... chest sounds clear and gases are good... saturations stayed in the 90s all day on 40 per cent oxygen by facemask. His urine was about 15 cc per hour, so I got an order for a diuretic." She scans the flow sheet where we make our recordings to ensure she hasn't missed any important details. "He's a peach, so if there's an admission during the night, he'll have to be transferred out so that you can take an arrest from the floor or a new admission from emerge. You know how it is." I do.

20:00 Initial assessment

I take the first hour of my shift to examine my patient and learn him organ by organ, from head to toe and inside out. He is uncommunicative, so I try to pick up his energy and sense his personality. I study his "machines" and memorize their numbers, modes, settings, and alarm limits.

I record my patient's vital signs, listen to his lungs, give him IV medications, a bath, back rub, and change of linen. With the assistance of Stanislaw, one of our hospital assistants, I reposition him to make him more comfortable. When I wish him a good night, I swear I can see gratitude in his eyes.

When I come out of his room, Roberta is making her rounds to see how the patients are and if anyone needs help. She looks a bit tense, so I play my little game with her. "Born to Be Wild," I toss out and she calls back, "Mars Bonfire, the Steppenwolf album," without missing a beat. Ten years of working with her and none of us has managed to stump her yet.

The phone is ringing at the nurses' station. "Tilda, pick up line two," I hear over the intercom. It's my patient's wife, asking how he's doing. "He's fine. I've just gotten him ready to sleep." I'm pleased to tell her.

"Will he make it? Through the night, I mean?"

"Yes... I think so," I say cautiously. "Anything can happen, as you know, but I think he'll have a good night," I add more reassuringly. There are no guarantees, which is what I suspect she wishes I would offer. I don't mention the possibility that he may be transferred to the floor during the night if the need arises, but perhaps I should so it won't come as a surprise if it happens?

"Give him my love," she says, and I return to my patient and do just that.

21:00 Time to kick them out!

The overhead announcement system comes on. "Visiting hours are now over!"

Since everything is hunky-dory with my patient, I take up my post just outside his room, where I can keep an eye on everything. Hopefully, he senses I'm there and feels reassured so that he can feel safe and sleep. I sit back and sink into the quiet lull of the early night. When these interludes come, I ride their gentle wave like a dreamy lifeguard, fixing my gaze out at the ocean, scanning the horizon for trouble, always in a state of relaxed vigilance, and ready to spring into action and dive in at a moment's notice.

22:00 To stand or to sit?

I wander over to the nurses' station to joke around with Roberta, but she's pre-occupied. She's going over the staffing for tomorrow morning and at the same time receiving updates about a patient in the operating room who is going sour and troubleshooting problems as they come at her from all directions. All 22 beds are full tonight with fully ventilated, sick patients, but she's got the situation completely under control. She pauses to mention that the family of one of our patients has given us \$40 to order pizza. "It's really decent of them, considering he's not doing very well," she says wryly.

22:10 A critical call

Someone, somewhere is very sick and needs to come to us. "How are we for beds?" I assume the resident is asking Roberta on the phone because she answers, "Beds? Plenty of 'em! It's nurses we're short of." She rolls her eyes and covers the receiver. "Why don't people get this? We need more nurses, not furniture."

Roberta looks at the list of patients' names and the list of nurses' names and thinks out loud.

"I'll have to double up two patients, prepare the rooms for the liver and a lung transplant coming out of the OR, and move a few people around, but it sounds like this patient needs to come here."

Roberta goes out into the hall to stop Tariq, the respiratory therapist, to let him know that a patient is on the way.

"She's a 25-year-old, found unconscious at home, with an empty bottle of Tylenol beside her. She'll be here in a few hours by helicopter from Sudbury."

At 23:59 Just before midnight

Monica's gone on her break. I check on the patients and then dash out to get some supplies.

On the way back I run into Jenna, who looks worried.

"Take a look at this." She hands me a clipboard upon which her patient has written a note to her. "Ever since I lightened his sedation he's been frantically trying to tell me something."

It's a wobbly scrawl, but we make out "daughter" and "alone." Jenna's patient has pneumonia related to HIV he got from sharing needles. "I asked how old his daughter is and I'm pretty sure he held up six fingers." Jenna looks worried. "Do you think he's trying to tell me she's been left alone?"

Roberta comes over, flipping through the chart for clues. "I'll call the police and ask them to check into it," she decides and hurries off.

00:00 The missing minute

I listen in on Roberta talking to a family member at home. She's trying to soften the blow after the doctor called to tell them their 84-year-old father died.

Roberta offers them the opportunity to come see the body, but they decline. "I'm sorry for your loss," she says.

00:33 The tools of our trade

I get up to stretch my legs and set off, on the prowl for something sweet or salty to nibble on, out of a vague restlessness. I see the nightly congregation about the nurses' station has begun. We're a few steps away from our patients' rooms and can be there in a jiffy if needed, but for a few moments it is as if we are a world away. It's our communal campfire and there's no denying that at times, there's a festive, party atmosphere that must seem so heartless to anyone passing by. Here we sit with our jellybeans and pretzels and over there are the patients, stretched out with their tube feedings and IV bags. We are chatting and laughing while they are intubated and unconscious. Not for one moment are we oblivious to the fact that they are not exactly having quite as merry a time as we are, but somehow, that brief, frivolous interlude fortifies us to return to our patients.

01:00 Priority setting

When time permits and all is quiet, we take turns and steal away for a break. Jenna is carrying a blanket, in search of a place to nap.

01:15 Home alone

It seems Jenna's patient's six-year-old daughter was indeed left alone when her father suddenly took ill. Fortunately, a neighbour took her in and she's being cared for by Children's Aid Services until her father gets back on his feet. How easily Jenna and Roberta could have let that go, passed the buck, or overlooked it altogether. "Good call, Roberta," I say, but she shrugs it off.

01:50 or so Low tide

No matter how many years of working nights, I still feel a chill and an overwhelming urge to lie down about now. Night shift doesn't feel healthy. It's not normal and it's getting harder as I get older. You don't sleep the same way during the day as you do at night. How much longer can I keep this up?

02:00 Vampires

We move from bed to bed, drawing samples of blood from our patients' arteries and veins.

We need some results right away to treat any abnormal values and others to have ready to review by morning rounds. Luckily, we don't have to wake our patients and can do it silently, drawing our samples from lines already in place.

Bone-weary, cement-footed, dragged down, my vision is blurred, my mind is foggy, and my thoughts are muddled.

I'm getting too old for this.

I get up and walk around, splash cold water on my face at the sink. I will myself awake with whatever mental powers I can summon. The second wind must be right around the corner, any minute now it'll come.

How short the night feels when you're sleeping in your bed at home and how long it feels when you are up all night at work.

05:00 On guard

The city sleeps. My patient sleeps.

I note that his hourly urine has picked up from the diuretic that Noreen had given on days and that his cardiac filling pressures have also improved. His chest sounds clear and his vital signs are normal.

He's getting better.

07:00 Morning has broken

I read somewhere that the noise during shift change is as many decibels as a chainsaw.

The team is arriving for the day shift and the nurses' chatter and laughter may be annoying to patients, but to us night nurses, it's the sound of salvation.

"Busy night?" the fired-up new ones ask us, graciously showing sympathy despite their sleep-saturated superiority.

"It was..." we look at each other to arrive at a consensus, "steady," we concur.

After handover, we sign off our charts with "Report given," and head off to the locker room where we dump our uniforms into the hospital laundry, change into our real clothes, and file out the door.

We can't wait to get home and take showers.

We give each other a quick once-over to check if anyone looks too bleary-eyed to drive home.

We push out the door and plunge into the cool morning air, calling out "good night" to one another as we go our separate ways.

Adapted from The Making of a Nurse by Tilda Shalof. Now available in bookstores. Published by McClelland & Stewart Ltd. Reprinted by permission.



PHOTOS OF TILDA SHALDUF BY YVONNE BERG, FOR THE CITIZEN'S WEEKLY

Shalduf is an intensive care unit nurse at a Toronto hospital. The mother of two is the author of *A Nurse's Story: Life, Death, and In-Between in an Intensive Care Unit*, a bestseller. Her new book, *The Making of a Nurse* (McClelland & Stewart), is now in stores.