

# Hospital Emergency Room Anything But Predictable

By PEGGY R. TOWNSEND  
Sentinel Staff Writer

It was 6:30 p.m. and the emergency room was bathed in quiet.

The few patients that had been treated for minor ailments had gone home. The nurses methodically restocked medical supplies and chatted among themselves.

That was about the only quiet moment the staff would get all evening.

In the next few hours, a steady stream of ambulances would pull up to the red emergency room door at Dominican Hospital and include bleeding accident victims, an injured basketball player, a heart patient, and an elderly woman who was seriously ill with the flu.

It was a Friday night in the emergency room, a night that would frazzle the nerves of almost anyone but the staff who regularly worked the room. For a moment it seemed the ambulances would never stop and that there would not be enough beds to handle the incoming patients.

But through it all, the emergency room doctor carefully made his way from patient to patient and nurses comforted those who were injured. By

11:30 p.m. things had slowed to normal and the night's work was almost done.

"It's exciting here in the emergency room," said Dr. Richard Mueller, who was writing reports as his shift came to an end. "We get a lot of interesting clinical problems and a lot of diagnoses have to be done. It's very challenging."

A veteran of the emergency room, Mueller is one of five doctors who staff the room around the clock. Like the others, he works 12 hour shifts, 12 days per month.

For him it had been a quiet day, unlike some days when he has seen anywhere from 20 to 40 patients in a shift.

At 7 p.m. his day was over.

But for Dr. John Weaver, head of the emergency room at Dominican Hospital, the "day" was just beginning.

Dressed in a blue hospital coat and white surgical pants, he said a quiet hello to the rest of the staff as he came to work.

"We've had a real quiet day, doctor," said Nurse Jane Parmenter, in greeting. But at 7:25 p.m. the quiet came to an abrupt halt.

A young woman brought her fevered baby to the hospital. She had traveled to the area from 150 miles away to escape

a husband who had beaten her. She had been staying at a shelter for battered women here, but when her child developed a contagious eye infection, she was asked to leave.

She didn't know where she was going next.

Weaver examined the tiny, crying child who screamed at his touch. He ordered blood tests, prescribed baby aspirin to

reduce fever and talked quietly to the child's mother.

One of the nurses, Ginger Behm, brought in a small can of apple juice for the child as the mother left. "How sad," said Behm under her breath.

At 8:40 p.m., the first signal that tonight might be an unusual evening came over a radio which connects the hospital to local ambulances.

A speeding car had slammed into the rear end of another auto carrying two persons and a young boy on Highway 1. Four people were coming to the hospital with head injuries and cuts.

The staff got ready. Beds are assigned to the accident victims as ambulance attendants described the victims' injuries over the radio.

One of the drivers, who is reportedly intoxicated, was assigned to a room by himself.

"Let's put the others over here," said Parmenter, gesturing to three beds in the main area of the emergency room.

Moments later, two ambulances pull up to the hospital and rush in their load of injured people. Their faces are matted with blood. One woman is shaking without control.

The nurses and technicians swing into action, checking vital signs and testing for feelings in arms and legs. They do the leg work for the doctor who actually diagnosis the injuries and prescribes treatment.

One of the victims, a young boy, will need stitches to his head.

His mother lies in the bed adjacent to his. She is shaking.

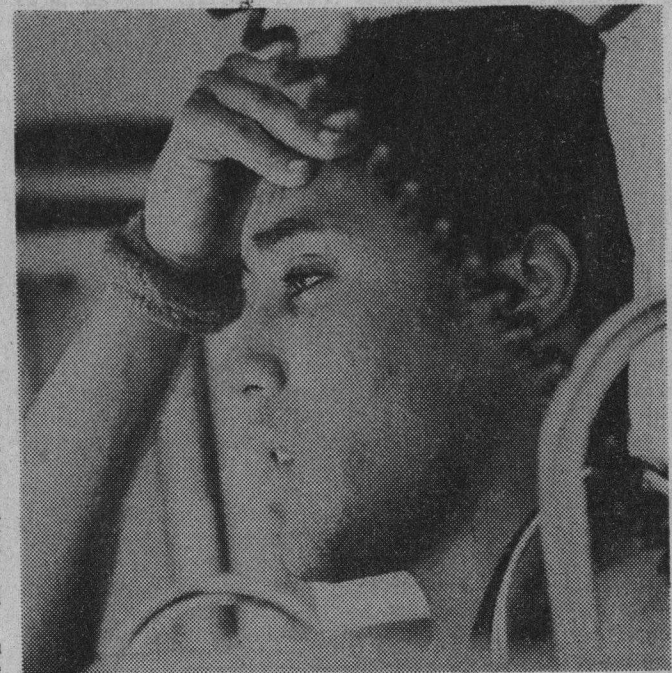
"Shaking is normal after an accident," Weaver reassures her. "I was once in an accident myself and I shook for two days." The woman managed a faint smile.

But the staff's work is interrupted by a call from the Aptos paramedic team. A basketball player has been injured at the Cabrillo College gym and is going to be brought to the hospital.

Parmenter heads toward a sophisticated piece of equipment which links the hospital and the paramedic team.

A monitor can broadcast the patient's heartbeat into the room. The paramedics can begin vital first aid which could save a victims life.

"We have a 20-year-old male basketball player with an injury to his head," said the paramedic. "He was hit in the head with an elbow and has been experiencing sinkable spells. He knows his name and



American River basketball player nurses hurts.

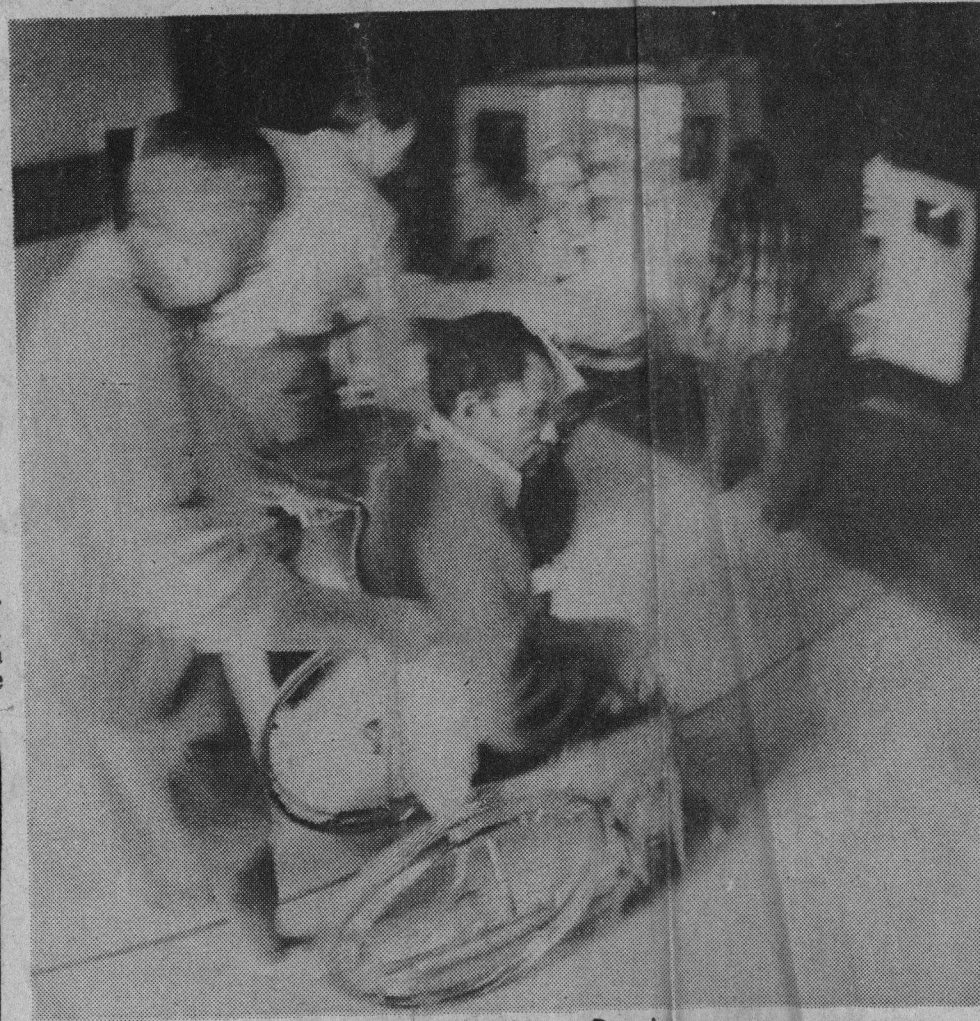
address, but is not sure of his birthdate."

Parmenter asks for a check of his vital signs — blood pressure and color, then assigns another bed for him.

But before she can finish, ambulance attendants are coming to the hospital with another accident victim and a woman with a heart condition is awaiting an ambulance in the downtown Santa Cruz area. One of the accident victims is coming in code three. That means the

The injured girl is wheeled quickly into the room and ambulance attendants jog back to their ambulance where they will rush to get the heart patient.

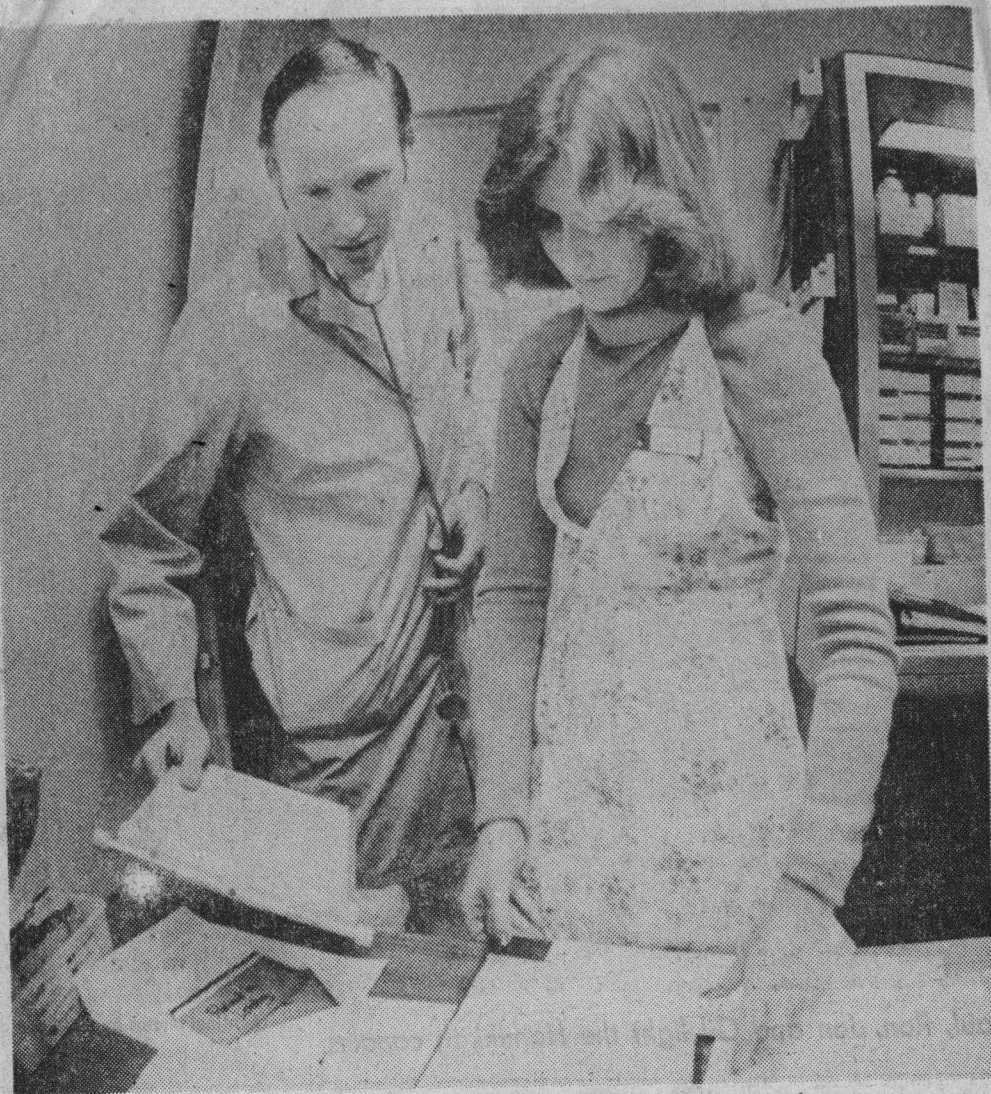
The girl is quickly undressed and covered with a blanket. Her (continued on Page 15)



Don Althouse of Aptos is rushed into Dominican emergency room.



# Emergency Room 'Unpredictable'



Dr. John Weaver and aide look over patients' charts.

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face and hair are soaked in blood.

But it is not a serious injury. She has only received a cut to her head.

By then, another accident has been reported on Highway 1 and an elderly woman has

called for an ambulance.

The rush of patients has so taxed the ambulance companies, that the manager of American Ambulance drove his emergency vehicle to Santa Cruz Ambulance, where he picked up the manager there and they both rushed to the call.

"That was probably a first," said Jim Bates, manager of American Ambulance.

Patients are still arriving and soon the beds in the emergency room are full.

In the last 90 minutes, a total

of nine ambulances have been at the hospital's door.

Yet, Weaver and the staff maintain their calm. Weaver walks from patient to patient assessing injuries and reassuring them they are going to be all right.

Luckily, none of the injuries were serious that night. Stitches and a few bandages were all that most of the patients needed.

Each has been treated like he or she was the only patient in the room, even though am-

bulances were still rushing to what is going on all the time. I know that's what I'd want."

By 11 p.m. some of the nurses How is it done? "You know, I try to treat for the next shift are coming on patients like I would like to be the scene. "That's one of the treated," said Ron Kerney, an nice things about ER," said emergency room technician Parmenter as she refilled sup- who is studying to become a plies after the deluge of pa- nurse. "I try to let them know tients. "It's so unpredictable."



Accident victim is lifted onto examining table. From left are: Bob Amaya of SC Ambulance, Nurse Ginger Behm, Technician Ron Kerney, Bob Millslagle of SCA and Nurse Jane Parmenter.