

It's Just Asthma

By Jane M. Martin, BA, CRT

Based on a true story. The names of people and places have been changed.

It was 11:15 pm on Labor Day evening as I sat down at the conference table in the respiratory therapy staff report room at Lakeside Hospital. It had been a busy shift, but a “good busy,” eight hours of working with hearts and lungs, among other things assisting COPD and asthma patients with nebulizer treatments to help them breathe easier, catching heart attacks in the making, and coaching post-op patients with deep breathing and coughing to prevent pneumonia. I was exhausted – but relieved. I sighed, thinking, “It’s after 11:00 pm at the end of a long holiday weekend of perfect summer weather in a resort town and we haven’t had one bad car accident or drowning come through our doors. A good weekend, indeed!

Shift report took place at this table and typically consisted of the evening shift therapists telling the night shift therapists what was going on with the patients; that there were currently a few unremarkable chest pains in the ER, a premature baby in the nursery on oxygen, doing better now and stable, and passing along what therapy and tests needed to be done throughout the night to make sure everybody kept on breathing and living.

I was looking forward to going home, first checking on my husband and children, making sure all were safely tucked in their beds, then pouring a glass of wine and unwinding by watching television until about 1:00 am when I’d turn off the lights and tumble into bed. As I unclipped a pager from the waist of my scrubs and slid it across the table to the night therapist, it went off. “Cardio stat to the emergency room – class one.”

A “class one” in medical terms indicates a patient with no respirations and no heartbeat. Our staff of three dashed quickly, but calmly, to the ER, walked into trauma room one, put on disposable gloves, and donned yellow paper gowns. I grabbed the ambu bag and my colleague opened our sealed box of emergency respiratory supplies. Thoughts of punching the clock and going home were gone.

“Hi, Karen,” I said to the night nurse. “What do we have?”

“A child. Nine years old.”

My heart sank and thoughts flashed to my oldest child, a nine-year-old girl.

“With what?”

“Asthma attack.”

“No way. From where?”

“Ferndale.”

I immediately began to think of all the children I knew about that age, from that area, our regulars – “frequent flyers” as we called them — who came to our hospital often with poorly controlled asthma.

No time to speculate. The automatic doors opened and we heard the boots of the paramedics and the click, click of a gurney with a light load cross the metal threshold to our section of the ER.

Ryan was wheeled in, a nine-year-old boy with a handsome little face and brown hair. His hazel eyes were open. His unconscious stare was blank and empty. His body, pale and limp. The paramedics were doing CPR.

I connected our ambu bag, turned up the oxygen to flush and took over breathing for Ryan while my colleague did chest compressions, one handed, according to American Heart Association specifications for a child that age.

I squeezed the ambu bag, a large heavy plastic oval shaped bag a bit smaller than a football.

“He’s really stiff,” I reported, as I worked hard to push air into his lungs with both hands.

“Breath sounds?” asked the doc.

“He’s tight,” answered another therapist, as she listened for lung sounds. “I can’t hear anything.”

The paramedics had done everything right, starting advanced life support in the field and getting Ryan to the hospital as quickly as possible. Emergency room staff took over, lead by a top emergency doc who calmly gave orders for state-of-the-art protocol. We – about ten of us – worked together, each doing our part, to bring Ryan back. After almost an hour there was no change in his condition. Ryan was not responding, and his parents were called into the room. His mother shuffled in, her eyes red and swollen, her face soaked with tears, so distraught that she was barely able to stand. Ryan’s father, also weeping, held her up on one side and their pastor, on the other.

I’d witnessed too many of these scenes. Mom and Dad coming in to see their child, holding each other up as they walked, crying, looking over their child and touching an arm or hand, telling him how much they love him. You don’t want to ever have to see that, but somebody has to. It is our job to put feelings aside, to stay focused and calm and do the very best we can to give that child every possible chance to survive.

You know, terrible things happen. In the ER we know that. Kids on bikes get hit by cars. Kids fall off of roofs and horses. Kids drown. It’s beyond horrible – but it happens. Our job is to not let our feelings get in the way of our work, but to keep our cool and use our skill to help our patients survive. But this one hit me, hard. This kid was dying... from asthma!

Their pastor was a big man, probably six feet, six inches tall with broad shoulders. He stood behind Ryan’s parents at the gurney, his arms around their shoulders. He engulfed them as he prayed. When the prayer was done Ryan’s parents kissed their son and patted his hand. They turned toward the door and their quiet weeping grew to loud cries of anguish. Shortly after they left the room, it was determined by the doctor and staff that nothing further could be done. Ryan’s life was gone.

After snapping off my gloves and preparing our equipment for the next emergency, my calm composure turned to anger and I just had to know. One of the paramedics came back into the room to retrieve his equipment. I stepped into his path, head on, nose to nose, and quietly, deliberately, *angrily* asking him, “Tell me. How in the hell did this happen?”

“Well, they’re from out of town and they were at their cottage for the weekend. Family said he’d been struggling all day, but they figured it was just asthma and they didn’t think it could get that bad. Then tonight they had a camp fire.”

I gritted my teeth. I stepped on the pedal of the metal trashcan, dropped in my gown and gloves, and said, “Dammit, how could they not know that?” But as I said it, I thought, “It doesn’t matter now. No time for blame. Everybody’s suffering enough. All we can do is not let this happen – ever again.”

Following Ryan’s death, Jane went on to develop asthma education programs for children and families in the hospital and the community. She keeps with her an original copy of Ryan’s obituary to this day.

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