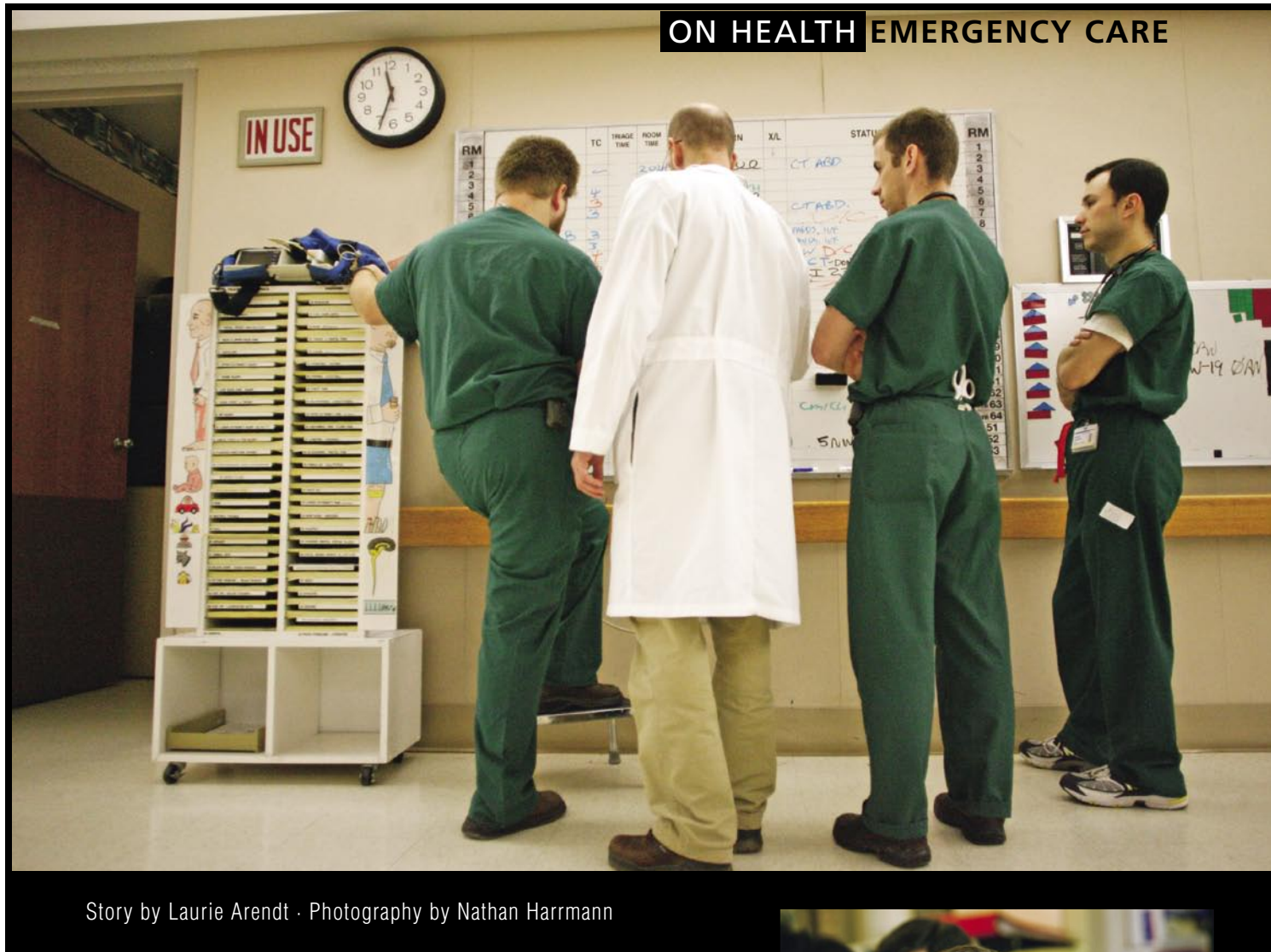


ON HEALTH EMERGENCY CARE

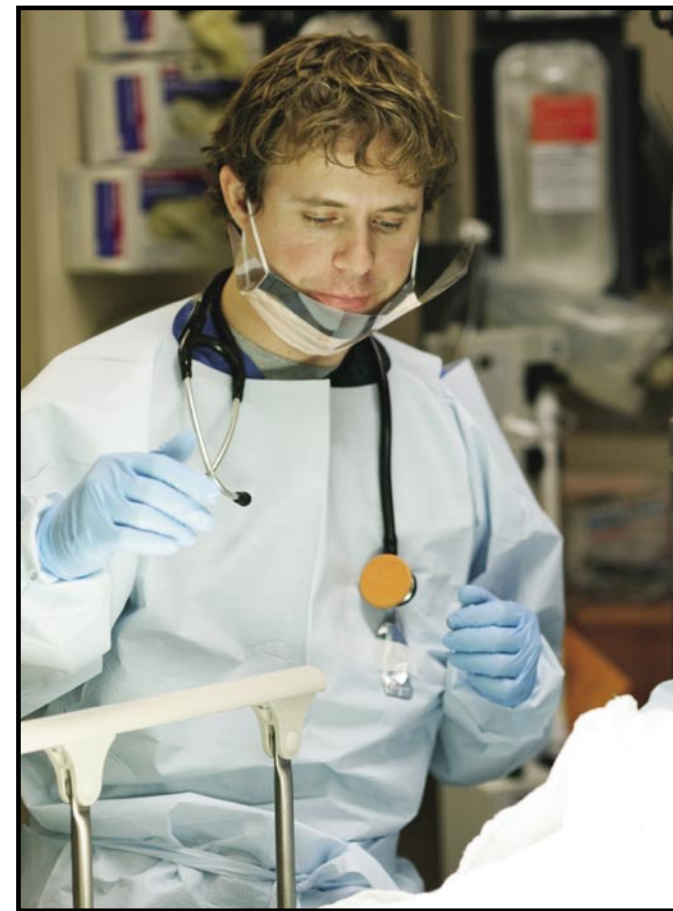
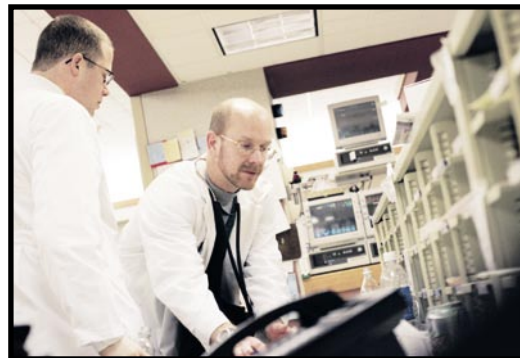
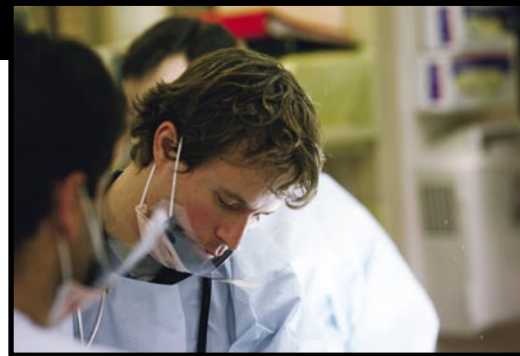


Story by Laurie Arendt · Photography by Nathan Harrmann

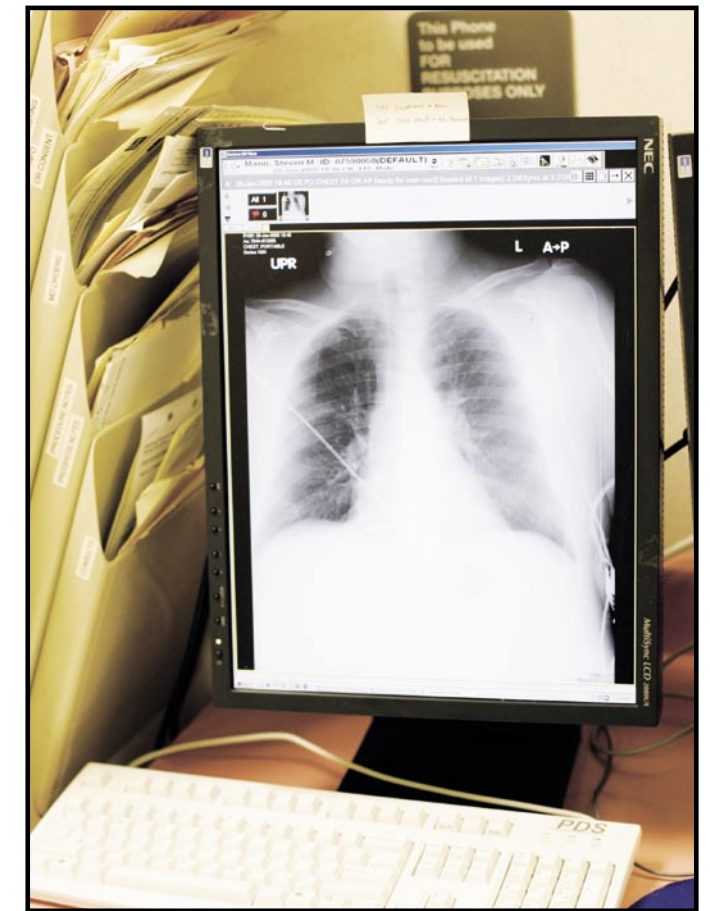
[COVER STORY]

STAT!

Whether it's busy or not, the Froedtert Hospital's Emergency Department is ready to spring into action at any minute



A member of the emergency department readies for an incoming patient.



X-rays can now be read on a computer instead of a light table allowing multiple departments to simultaneously look at the same x-ray.

It's a Friday night, a time when people usually are at movies, out to dinner, or relaxing at home after a long workweek.

But not for the staff at Froedtert Hospital's Emergency Department arena. It's 9 p.m., and many of them have worked past their regularly scheduled shift. They sustain themselves with caffeine, and there's a half-dozen bottles of Diet Mountain Dew ringing the workspace. Other staff members walk through, taking a sip of cold coffee or warm soda before they go check on their assigned patients.

"We've been getting our butts kicked since 7 a.m. this morning," admits David Gay, R.N. "It's the icy roads; we had a number of car accidents. There were more police officers here at 11 a.m. than nurses."

New patients continually enter the waiting room. The doors open and a worried mother comes in. She has driven her son from an athletic event with a head injury.

"His neck started to hurt on the drive here," she says.

His son is wheeled in immediately, still wearing his athletic uniform.

By 10:30 p.m., things are essentially calm. Only six people are left in the waiting room. Three are reading, one is watching a "M*A*S*H" rerun on television. An elderly man watches over his wife while she waits to be admitted.

Triage is a part of life in the ED, short for Emergency Department. Those with less pressing problems wait their turn.

It's part of the natural rhythm in the department.

There are protocols to follow and charting that needs to be done. There are times when it's busy and times when it's slow. The staff is accustomed to this.

But on the other hand, they never know what will come through the door. They never really know what the next patient will present to them.

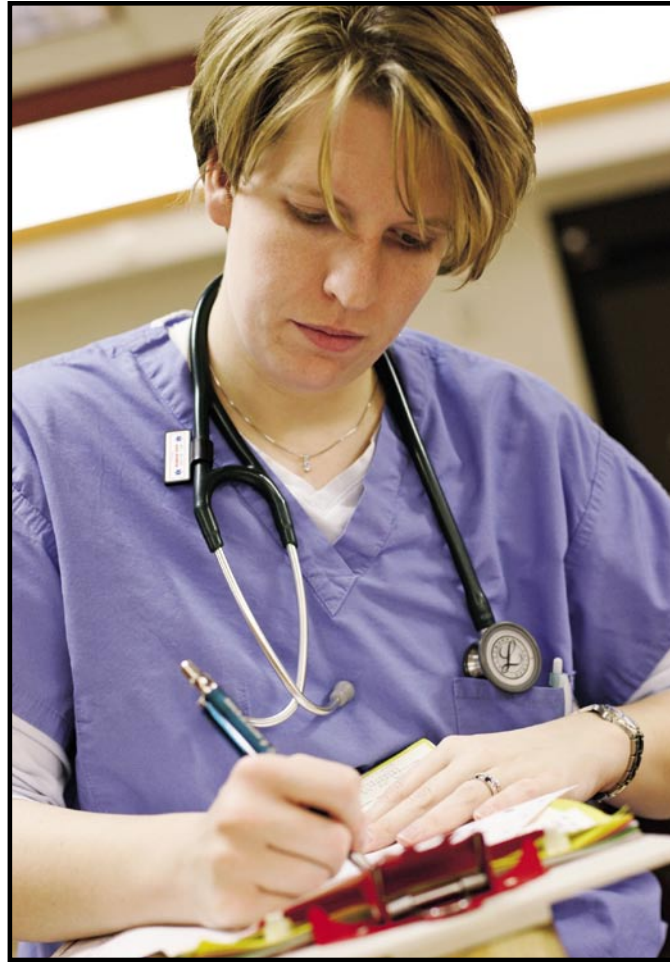
"Our target is to have a decision made within 20 minutes of a trauma alert."

Dr. John Weigelt

"You have to be able to go from a moment of down time to all heck breaking loose," says Dr. Charles Cady, an emergency physician at Froedtert Hospital. "It's predictably unpredictable."

Fifteen minutes later, the beepers go off. There's a trauma coming in.

The trauma team leaves the ED and walks down a short hallway to Froedtert's Level I Trauma Center. They casually talk to one another, continuing their conversations from the ED as they suit up, first in a lead gown and then in a second protective



A nurse catches up on paper work between patients.

layer. They strap on clear masks. The talking stops as they take their assigned places around the gurney and they wait.

At 10:55 the Trauma Center door opens. The unconscious patient is brought in and, before doing anything, the staff listens to a quick report by the EMT. The patient has been involved in a single-car crash and no airbag was deployed. The only visible trauma is a bloody nose and a swollen lip, though the complete extent of her injuries is not known.

"There are certain triage criteria used to decide whether someone should be considered a 'trauma alert,'" says Dr. John Weigelt, professor and chief of Trauma and Critical Care at Froedtert Hospital. "The first is physiologic criteria; the second is the mechanism of injury."

The decision to bring this patient to the trauma center is based on the speed of impact, which is suspected of occurring at freeway speeds.

The trauma team begins its protocol. A primary survey is taken, which assesses the airway, breathing, circulation and if there is any disability of the patient. She begins to wake up and they inform her she's in the hospital. Her clothes are removed and a head-to-toe assessment continues.

"The trauma center is primarily used as an assessment/resuscitation area," explains Weigelt. "Our target is to have a decision

made within 20 minutes of a trauma alert. Should the patient go to the operating room? To have a CT scan? This is where it is decided."

Cady says advances in technology have helped save time when it comes to making those decisions. Two computers located near the patient bays in the trauma room are speedy reference tools with Internet access. Doctors no longer need to look through books when it comes to researching information to make a diagnosis. The computer screens double as x-ray light tables. X-rays are now downloaded onto computers that can be read by multiple departments simultaneously instead of sending film around manually from one department to the next.

Surprisingly, there's nothing seriously wrong with tonight's trauma patient sans a broken nose and some abrasions. The patient is moved to a room in the ED for the rest of the night.

The elderly couple has moved from the waiting room to an ED room. The woman has received pain medication and, by 2 a.m., has finally fallen asleep. Her husband sits next to her in the little room and he stares quietly out into the arena. He looks tired and sad.

[It's now morning] At 9:15 a.m., six ED rooms are full with new patients. Most have been admitted during the past hour. According to the coding on the charting board, none are "holy cow" patients, a term applied by Lisa Haas-Peters, an EDTC RN nurse on duty.

"We have a five-tier triage system here," she says. "If someone is a 'one,' that person is near death; a 'five' is the least serious. This board tells us a great deal about each patient."

Most of the patients have been given threes and fours. The rest of the notations are all color-coded. Other than the first name and last initial of each patient, the medical shorthand is complete gibberish to a lay person. But staff members can read it in an instant.

There's a lot of shorthand in the ED. There's also a great deal of superstition among the staff.

The previous night, the charge nurse denied any link between admissions and a full moon, yet he also knew that the last full moon was four days ago.

"We've been getting our butts kicked since 7 a.m. this morning. It's the icy roads; we had a number of car accidents. There were more police officers here at 11 a.m. than nurses." David Gay

Nobody ever uses the word "quiet," either.

"You can say, 'it's slow' or 'it's not so busy,' but never the 'q' word," explains Haas-Peters. "That would be bad."

But it is quiet this morning. One of the reasons the ED is calm is that the hospital is on "divert" and is declining ambulance calls. This can happen for a variety of reasons. Today, it's because there are no beds currently available in the main part of the hospital.

There are beds available in the emergency department. There has to be; Froedtert is a Level 1 Trauma Center.

It is the only hospital in all of southeast Wisconsin that has a



A crew member of the Flight For Life team checks his beeper.

Level I Trauma Center rating. That means that any patient that has been involved in a serious accident is automatically transported to this facility, even if the accident occurred right in front of another hospital. Level I means that Froedtert meets a nationwide criteria when it comes to treating trauma patients. It also means that many of Froedtert's departments have staff on 24/7 so they can handle any kind of emergency at any time.

It's also the only hospital emergency department in the state that trains residents in emergency medicine. Cady, who is an assistant professor of emergency medicine at the Medical College of Wisconsin, says one of his favorite things about his job is training residents.

Meanwhile the morning shift is still fairly calm. It's even quiet at Flight For Life, headquartered six floors above the ED.

By mid-morning, only a single call had come in. Flight for Life had been put on standby for a patient earlier that day, but did not have to go out.

"We did 758 transports last year," says Chief Flight Nurse Linda Ptak. "That comes out to about two a day."

"But it doesn't always average out that way," adds David Mason, a Flight For Life nurse who has just started his regular 12-hour shift. "I once did nine flights in one day. I believe that's our current record."

Just as he finishes, both of their beepers go off. "Our sister ship in Illinois just got a call," says Ptak as she clips the beeper

back on her flight suit. "It's not for us."

Later on that evening, the Flight for Life would be called out for a fatal head-on collision, but nothing was happening now except for some routine maintenance on the helicopter.

Things are likely to start picking up downstairs. Five Milwaukee hospitals are now diverting patients. If a sixth hospital joins the list, it will force the other five to admit patients for the next two hours.

At 10:45, the ED is no longer diverting patients. By 11 a.m., nine people have been admitted. Within the next hour, three ambulances have dropped off three more patients.

Sometimes slow, sometimes chaotic is the name of the game in this department, but that's what Cady enjoys. "I love the variety of my shifts, the variety of people and teaching the wide-eyed excited residents," Cady says.

That love of their jobs and the close camaraderie among staff members is what makes the Emergency Department an interesting place to work. Guessing what will happen next is just another day in the ED. Anything can happen. And it most likely will. ❏