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The Shoes I Don't Wear Anymore

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“URRRPPP!” came a wet-sounding burp behind me, signalling that vomiting was likely to follow.

Alarmed, I whipped my head around and asked, “Are you ok? Are you feeling sick? Do you need to vomit?” Before I could ask anymore redundant and rhetorical nurse questions, a cascade of bright red vomit showered over the railing of the stretcher and hit the treatment room floor ... and then another wave ... and another.

I stood at the sink with medicines in my hand, paralyzed and dumbfounded. My brain was indignantly thinking that STABLE patients are NOT supposed to vomit blood across an ENTIRE room. I looked at the bloody floor, then up at him, and back at the floor, trying to process the change in scenery. Another gasp and cough from him snapped me out of my stupor and I awkwardly tiptoed back to the bedside, trying to avoid the puddles of blood—like a child playing “The Floor is Lava,” only with a gross twist.

As I reached the stretcher, he started vomiting again and I managed to dodge the splash. I can see

this is too much blood—way too much, too bright, and too fresh. I call for help, throw towels over the blood on the floor, and watch my patient turn from pink to pale to ashen gray with beads of sweat on his forehead. He makes a feeble joke that I only half-hear—but I laugh anyway because I need him to think he’s being heard. I’m juggling medicines and vomit bags and losing my footing in the mess on the floor, but I am still confident that my years of experience are going to pull us out of the fire again.

A doctor flies into the room with a medical student hot on his heels. They’re mumbling and muttering between themselves about putting a tube in the patient’s throat to help stabilize his condition and get him to the operating room for repair of whatever is leaking. They plug in equipment and talk through the steps together. Across the bed from me, an ER tech is trying to get another IV. Another tech arrives with two units of blood for me to give the patient. The housekeeper is throwing down sheets and blankets for us to walk on until he can mop the room. In other words, the whole room is charged with chaos and buzzing and noisy.

In this cacophony, I realize that no one is actually talking to the patient. He looks terrified. And gray. The “gray” I can blame on the blood loss. The “terrified” I blame on the people loss. He’d become so unstable so quickly that he caught us all with our pants down, and we were now scrambling to regain control of a situation that had been boringly normal just ten minutes ago. After all,

emergency staff love playing with fire, but we hate when the curtains catch. In our frantic reaction, we forgot the guy who started it all.

I stopped what I was doing, leaned down just inches from his face, looked him in the eye, and we did the traditional Sick Patient Dance—the one where I explain what is about to happen and why, and he nods and “uh-huhs” in all the right places. And then I say,

“You’re gonna be okay.”

Because that’s what we say. That’s the confidence-inspiring, trust-soliciting, reassuring thing we say when the patient is scared and we’re trying to show them we aren’t.

He sized me up, smiled a thin smile, looked down at my feet standing in a pool of his blood and said, “You’re a shitty liar ... but please tell my wife I’m going to be okay.”

Those were his last words. He went to the OR, had a complicated surgery, flirted with death in the Intensive Care Unit for a couple hours (I was there for that, too), and was helicoptered to another facility for more complex care. All told, I spent six hours of my day (including two hours past my shift) scrambling to prove to him that I wasn’t a liar—that he *was* going to be okay. At 6:00 a.m. the next day, the family finally arrived at the other facility, talked to the doctors, and decided to withdraw care. He was dead before noon. Less than twenty-four hours after that wet-sounding “UR-RRPPP,” he was dead.

Most people assume death happens frequently in the ER, but it really doesn’t. We either receive al-

ready deceased patients that we can't do anything about, or we receive patients who are old, frail, and chronically ill, who are expected to die and our job is just to make it easier for them. Rarely do we have alive and (normally well) patients come in who then have poor outcomes. Those stick in our teeth. I remember most of my unexpected patient deaths, but this one is always on top.

I know I was the last person who saw him. Not in a visual sense, but a person-to-person sense. I know I was the last person who talked to him. I know I heard the last words he said. They say energy doesn't ever die; it only transfers to another object. Call me Isaac Newton, but I think I picked up some of his energy that day.

That energy is still with me. I still tell the story to new nurses. I teach classes on the equipment that we used to try to save him. If I close my eyes for a second, that same treatment room is carpeted in bloody linen again. Anybody who comes in with the same medical condition makes sweat break out on the back of my neck, and I wait anxiously for the wet sound that might summon Death and his scythe into the room.

They say Post-Traumatic Stress Disorder is a real thing for people in high stress jobs like mine. Frankly, I don't like to steal the thunder of people who have had bad things happen to them—people like soldiers, firefighters, or crime victims. So the PTSD label has never fit me very well. It just doesn't seem "traumatic" to do such a (mostly) satisfying and fulfilling job, even at its worst moments. Maybe I don't like admitting I even need a

label because I inherently have a problem admitting weakness or acknowledging emotion—something that makes me a cool, calm, hardworking ER nurse. But I do know that when I took off the shoes I wore that day—the black Nikes with neon stripes and new maroon stains in the creases of the sole, I put them away. I never wore them again. Each time I purge my closet for Goodwill or look for an old pair of shoes to cut grass in, they stay. I'm not even sure I can tell you why. I don't know if they're still there as a reminder? An homage? Feelings I didn't deal with? And I don't know when I'll be ready to get rid of them.

All I know is that a dying man called me a shitty liar five years ago, and I don't wear those shoes anymore.

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