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Postflight

Gasping for Air, Pancakes, and Tears

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Shortly before the emergence of coronavirus disease 2019 (COVID-19), my mother had a syncopal episode, breaking her hip. After 2 failed hip pinnings, she had total hip arthroplasty. She was a very youthful 85 with few health problems; yet, in the recovery room, they were unable to wean her off oxygen. We were in the emergency room 3 times to rule out a pulmonary embolus. Whatever diagnosis you are coming up with in your mind, trust me, we went there. Her team of amazing pulmonologists, each with a specialty in the recesses of pulmonary medicine, were baffled. We had high hopes for each new treatment and diagnosis, but she continued to deteriorate.

And then it happened—COVID-19! Remember the days of having to disinfect (Reckitt, Slough, UK) every page of the newspaper and every grocery that came in from the outside? Washing every doorknob and light switch and restricting visitors and any close contact with other human beings? At the time, I was the only one being allowed in my parents' house out of an abundance of caution. I would lie in bed and wonder if I had missed cleaning a certain light switch or doorknob. To say I was paranoid is putting it mildly. I was scared to death I would bring home a respiratory infection that would take my mom's life. We had just started to fly COVID-19 patients in our confining hot boxes with minimal ventilation and no real experience on the implications of what we were doing. With every drop in mom's saturations and increasingly labored breathing, I cried.

Our intensive care units (ICUs), like yours, were overwhelmed, and new temporary COVID-19 units were popping up without any staff and no shortage of patients. Chief nursing officers and administrators scrambled for the answers, and it came down to the "all-hands-on-deck" plan. All critical care nurses would need to pull shifts in the COVID-19 ICU. We were given a few hours of charting instruction on a system we didn't use in our program and were given an orientation shift on the unit. One of the challenges was that these make-shift units had no regular staff so on any given day you may have a surgical ICU nurse, cardiovascular ICU nurse, flight nurse, burn ICU nurse, and an overwhelmed charge nurse trying to manage this hodgepodge of a team and care for the sickest patients.

I could not sleep; I truly understood and felt anxiety for the first time in my life. I had been flying 36 years at the time and had worked in the emergency room 17 years earlier but had not pulled a true ICU shift in over 30 years. I was literally overwhelmed. I had to watch the instructional video 4 times on how to even find the unit, which door to go through, where to don the personal protective equipment, where to doff it, what to touch first, and what to never touch. I felt like I was a character in a never-ending nightmare. Even reliving it I can feel my heart rate increase. Anxiety robs you of several IQ points, all your confidence, and most of your regenerative sleep.

After I sprayed the ceiling and curtains with liquid Acetaminophen destined for the orogastric tube (who knew they now have automatic infusion pumps to administer the Acetaminophen—no more catheter tip syringe and pushing hard!), after I couldn't remember how to even log onto the new computer system, after my badge didn't work to get into the supply and drug room, and

after watching a 21-year old Native American patient cry while watching her mom on an iPad (Apple, Cupertino, CA) and coughing up COVID-19 phlegm from her trach all over the iPad, I was truly overwhelmed. I didn't take a break the entire time; I didn't have time and wasn't sure I would even remember how to get back to my personal protective equipment. I didn't eat or drink for 13 hours; I wished I had a Foley catheter, and my lips begged for the soothing lip gloss that had long since worn off. I was thirsty, hungry, exhausted, frustrated, and felt helpless.

At the end of my frustrating 13-hour shift, I took a long hot shower and cried. Gratefully, I found my way out of the shower, out of the unit, and to my car. I was an emotional wreck, and I was starving. I drove to the closest comfort food I could find (IHOP) and had a carbohydrate-laden pancake breakfast at 8:30 at night. With no dining in available, I went to my car, tried to use plastic utensils that kept breaking, and watched as syrup and eggs went flying, much like the liquid Acetaminophen. I went to my parent's house and started the ritual of cleaning and helping and worrying that I had millions of unseen viral particles on my sticky, not-so-clean scrubs. I recalled Phil Jackson's profound words, "Don't let your successes go to your head (no worries there) and most importantly don't let your failures go to your heart."

After that shift, I seriously offered to empty the trash, get food for all the staff, try and cover their patients for a quick 30-minute break, be the code team, be the procedure team, and pass medications (as soon as I got a badge that actually let me access medications)—anything at all I could do to be helpful to my peers without destroying the unit and minimizing the threat to my mom. I knew I could keep most people alive for an hour, I knew I could do advanced procedures, I knew

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I could recognize and prioritize when a patient crashed, but I couldn't use the equipment I had never used or chart on a program I had never used. I felt defeated, exhausted, and catecholamine depleted with no shortage of tears. I was humbled after being at the top of my game for so long to find myself a fish out of water gasping for breath.

Eventually, my supervisor took pity on me and allowed me to stop being mandated to do ICU shifts, and I cried again. Mom continued to fail, and my heart sank with every passing day of watching her 108 number go down to 82. I spent every waking hour on UpToDate and researching trials and talking to specialists, but my mother was dying, and there was nothing anyone could do. I felt I had let her down as she looked to me for the next possible solution. I spent hours watching the Olympics and the basketball finals with her, giggling in bed when I slept with her, and crying some more as I watched her use her accessory muscles and her panic attacks when the power went out or something happened to her oxygen flow.

There are some important lessons in this personal story. Behind every single set of eyes you see, there are varying degrees of heartache and stress. Losing a parent to a slow death was 1 of the most heart-wrenching experiences of my life. Your story is most likely different, but the heartache and the internal knot in your stomach may not be. As Plato said, "Be kind, for everyone you meet is fighting a hard battle." We type A people expect so much out of ourselves and each other, and some days we just need to collapse into some loving arms or a soft recliner and weep. Unfortunately, in this fast-paced world of critical care transport, being vulnerable enough to admit we need help is rare.

We need to be able to talk honestly about our weaknesses and insecurities, especially when it comes to learning new roles and new skills. We need to envelope our new hires and provide a safe place to flatten out that steep learning curve, and we need to

avoid the temptation to break policies designed for safety "just this once." Putting trainees in situations without a soft place to land can be devastating and traumatic. We need to allow for different learning styles and the speed with which we grasp new information. As you find most of the new hires seemingly younger than your own children, with confidence galore and endless abilities to memorize and learn new information, it's easy to feel expired. The last thing we want to do is expose these vulnerabilities and admit to not being bulletproof.

We need to develop the practice of "group think" where we mull over possible solutions and go outside the box to fix what's broken. A group of diverse people with a similar goal and varying experience can imagine creative solutions that a wise manager will embrace, especially in stressful times like COVID-19. The silo mentality is an absolute enemy to progress and a morale buster. Progress is faster and more effective when the ones doing the lifting help decide how best to lift.

Shortly before my mom passed away, my dad was diagnosed with 3 types of dementia, which brought with it completely different challenges. I miss my mom so much, and even though dad is still around, I miss my "real" dad terribly. He has always been my hero, my savior, and 1 of my biggest fans; losing him at the same time I was struggling to orchestrate a miracle for my mom was exhausting, disheartening, and devastating.

Each of us has times in our lives when we will be overwhelmed with the challenges of this ever-changing thing we call life. You may be in 1 of those rare cycles where you are on a high while I may be at my lowest. A little attention to your coworkers can present opportunities to lift and sustain those struggling. I had 2 coworkers aware of my situation offer to do some ICU shifts for me. That offer was a salve to my pained heart and a kindness I will not soon forget.

Be kind to each other; be respectful of others; remember we are mere mortals in this game of life; share your knowledge with each other and, just as important, your heartaches with each other; and remember "there but for the grace of God go I." I heard of a mistake a flight team member had made that could have had catastrophic consequences, but quick thinking and acting allowed the team to undo what had been done. When I asked if it was a system problem, someone said "No, it's just a so and so problem." Further research showed there were some system solutions we could implement in order to spare other team members the same horrific situation. I was grateful this team member was open and honest about sharing his experience with us. It increased my respect for him and created a change in my own practice, a change that may help me avert disaster.

With the media dissecting every high-profile event, it can become so easy to think I would have never done that or why didn't they? The reality is that there truly is wisdom and compassion in the solid truth behind the statement "but you weren't there." Your time will come when you will be under the microscope, and you will learn how rare it is for someone to take the time to see what's lurking behind your eyes, what heartaches you are carrying, and how they can lighten your load. As Ralph Waldo Emerson said, "What lies behind you and what lies before you are tiny matters compared to what lies within you." Dig deep for the best in you and be that rare person who turns honest concern into active acts of compassion. These are difficult and stressful times socially, politically, professionally, and spiritually. Bless each of your hearts and lives with kindness, appreciation, and humor as we face the next onslaught of whatever is sure to come our way, and thank you to my 27-year-old COVID-19 ICU preceptor who had the courtesy to turn away before she rolled her eyes watching the Acetaminophen drip from the ceiling.