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Self-Service E.R.

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An Emergency Room that seems to forget its patients has met its match in a memory-impaired patient.

"TRIAGE," reads the sign above the window, open just a few inches at the bottom. "PLEASE SIGN IN HERE." I find a seat for my 92-year-old mother in the rows of chairs, most filled. We've just entered the Maimonides Hospital emergency room in Brooklyn, after having walked four blocks—slowly, at my mother's pace—from the nearest available parking space. Blood is dripping from the gash under her right eye and the loose flap on her upper lip.

"Why are we here?" she asks.

"You fell," I say, as I glance around for someone who looks official. I don't see anyone. It's 3:30 P. M.

"When?"

"Two hours ago."

"No memory," she says, "but I believe you."

My mother, once an elementary-school principal, has lost almost all her short-term memory, but her reasoning is unimpaired. I cannot fathom what it must be like to live that way.

"Hold the ice to your face while I find out what we're supposed to do," I say.

At the triage window, I see a rack of booklets. The English version says, "We're Here When You Need Us." There are other versions in Russian, Arabic, and Spanish. I also notice a set of instructions, English only, taped to the ledge. I'm too tense to read every word of the six or seven numbered steps, but I get the gist: fill out form, affix time-stamp, place in bin. The form is simple: Name, Age, Problem. The time-stamp is not. I try every which way, but can't get the machine to click on my form.

"I'll do that for you," says a voice from behind the window. A rubber-gloved hand shoots out through the small opening, time-stamps my form, drops it in the basket on the ledge. The hand disappears, and I return to my mother, reassured that we have correctly made our presence known to the hospital.

"Let's go out to eat," she says, getting up. On my weekly visits, we always go to Ten-Zan, the Japanese restaurant on 18th Avenue.

"We have to stay here now," I say. "You probably need stitches."

"What for?"

"You fell. I wish I had a mirror to show you." I realize this outing makes no sense to her.

"I don't need a mirror," she says, sitting down.

During the next hour, which I spend trying to convince my mother not to leave, I'm touched by the kindness of random people. One is a man who says he's "a nurse in another department" and is "just passing through," but who helps me get a box of tissues and brings my mother a zip-lock bag of fresh ice. Another is a guard whom I recognize—he was outside smoking when we came in. I apologize each time I deposit blood-soaked tissues in the trash can, because it's right next to his station and there's no lid. Each time, he smiles and says it's OK. "Do you think we have time to go out for a walk or get something to eat?" I ask on my fifth or sixth garbage trip. My mother is getting restless. He says he doesn't know, suggests I ask the patient representative, points to a desk across from him. It was vacant when we walked in; now a young woman, not in uniform, sits there. There's no "Patient Representative" sign on the desk, only a sign on a basket that says, "Please deposit E. R. passes here." I have no idea what that means. (I find out later that only one visitor is allowed to accompany each patient in "the back," and this woman is the one who writes out the passes.) She takes my mother's name, says I should sit down, she'll let me know. Ten minutes later, when I'm sure she's forgotten, she leaves her desk on the far side of the room to walk over and say, "You'll be next." I thank her. Just then, my mother has to go to the toilet. When we get back, I worry that we may have missed our turn, but the fourth of our guardian angels, one of the other waiting patients, assures me we haven't.

I finally hear someone call my mother's name. The guard points us through a door. The triage-man inside is caring and gentle, even as he's rushed. A few times while he's taking my mother's history and vital signs, entering everything into a computer, he sticks his hand through the window to help with the time-stamp machine. Inches from us, a triage-woman is processing another patient. There's no room to put anything down, so I'm holding both our coats, my backpack, my mother's purse and tote. Tired, I sit in the one chair not being used. "You're not allowed to sit on chairs with wheels," the triage-woman says. I get up.

The triage-man is finished with my mother—I know only because he bends down to the window opening to call another patient.

"What's the next step?" I ask while I still have his attention.

"She's going to the back to be evaluated."

"I thought you just evaluated her."

"A doctor has to look at her." A stretcher, pushed by a woman in a blue jacket, materializes. "That's for you," he says to my mother.

"I can walk," she says.

"No, you can't," says blue-jacket. "It's crowded in there. Someone might bump into you, and you could fall."

"I can walk!" my mother says.

"Mom," I say, "please get on the stretcher. The faster we get in there, the

faster we'll get out."

"What are we going for?"

"You fell, and you might need stitches."

She gets onto the stretcher, and we start down the hall, blue-jacket expertly weaving around stretchers coming from the opposite direction. The space is too narrow for me to walk alongside my mother. "I'm right behind you," I call out.

"Where?"

"You can't see me, but I'm here."

We enter a huge room with almost no free floor space. There are people scurrying back and forth, somehow not bumping into one another, and stretchers angle-parked in rows three-deep. Each holds a person in a print hospital gown. Blue-jacket leaves my mother's stretcher at the end of the front row. Before I can ask what happens next, she's gone.

Standing in the small space between my mother's stretcher and a sink, I adjust to the activity. Whenever the technicians and nurses—I assume that's who the scurriers are—want to reach a stretcher in the back row, they move those in the first two rows an inch to this side, an inch to that, until they can squeeze by. Almost every time they move a stretcher, its occupant calls out "Nurse!" Some staff answer, "I'm not here for you." Others ignore the calls.

"Grand Central Station!Grand Central Station!" the man on the stretcher behind my mother calls over and over, like a parrot.

"What are we here for?" my mother asks.

"You need stitches on your face," I say.

"Why?"

"You fell."

"No memory."

Over the next half hour, my mother is processed as if she were in a computerized carwash with options: basic wash, tires, undercoating.

Someone throws two plastic bags on her stretcher, says "For her things." After I sign a paper stating Maimonides Hospital is not responsible for our property, I stuff our coats into the bags. Someone drops a hospital gown on the stretcher. "I think they want you to put this on," I say.

"Why do I need it if they're just going to look at my face?" I'm encouraged that she remembers why she's here.

Nothing I say convinces her to put on the gown; it stays at the foot of her stretcher.

Someone comes by to take an EKG. "What do I need this for?" my mother asks.

"I don't know," I say. "I guess it's just part of their procedure." She lets me help her into the gown. There's no curtain; she has to take off her blouse in front of everyone. Fortunately, they allow her to keep her undershirt on.

"What's the next step?" I ask EKG-lady as she's finishing up.

"A CAT scan."

"Will that take long?"

"There are a lot of people ahead of you. You'll be here a good few hours."

"Let's get out of here!" my mother says, moving toward the foot of the stretcher.

"Mom, please don't get off," I say, then, to EKG-lady, "All we need is someone to stitch her face."

"That's not up to me," she says, and is gone.

Someone comes to draw blood, inserts an I. V. line, tapes it down.

"I told my wife, I don't want a funeral like a Chicago gangster," Grand-Central-Station-man shouts. He looks to be in his seventies or eighties and has no one with him.

"What's your name?" I ask.

"David."

"I'm Vivian, and this is my mother, Bea."

"Hello, Vivian. Hello, Bea. Welcome to Grand Central Station."

"What kind of funeral does a Chicago gangster have?" I ask.

"Hundreds of people, all in tuxedos. A \$7,000 coffin. I told my wife, I don't need any of that."

"Have you been waiting here long?"

"I'm very good at waiting. I have lots of practice."

My mother starts to pull off her hospital gown. "Give me back my blouse!" she says. "Let's get out of here!"

"Please stay another minute, while I find out what's going on," I say.

I accost one of the scurriers. "Can you tell me the next step for my mother?"

"Who's her doctor?"

"I don't know."

"I have to find out who her doctor is before I can tell you anything." She types something into one of the few free terminals in the computer bank that rings the center of the room, says "This one isn't working," moves to another.

"Thank you for doing this," I say, amazed that she's sticking with me.

After a few more tries, she finds a working terminal. It's on the other side of the room. I can no longer see my mother and worry that she's trying to get off the stretcher.

"Your mother hasn't been assigned a doctor yet," she says.

"When will a doctor be assigned?"

"See that man over there? He's in charge. Talk to him."

I do. Within minutes, a female doctor and a male medical student arrive at my mother's stretcher. The doctor introduces herself by name. The medical student doesn't—I know who he is because I glimpsed his name-tag. They're both professional and courteous, saying they need the results of the CAT scan and blood test before they can do anything."

"Can't you just stitch her up and let her go?" I ask. "She doesn't need a CAT scan."

"We have to know if there's bleeding in her brain," the doctor says.

"But she's getting agitated."

"That's no problem. We can give her medication for that."

This makes no sense. My mother is already confused, and they don't know whether she has bleeding in her brain. Why would they sedate her? Besides, my mother walked in with wounds on her face. She acquired the agitation here. "First do no harm" means emotionally as well as physically. I don't say any of this, since I don't want to antagonize the doctor and student. They're trying to help, and I see what they're up against. "I don't want my mother to have any medication," I say.

"I can't stitch her out here," the doctor says. "We have to wait for a room. But she really should have a CAT scan."

I tell them that if the CAT scan becomes available first, we'll take it, but if a room opens first, we prefer that. They agree and leave.

The doctor returns in a few minutes to say they're "emptying out 21" shortly and then we can go in. For the first time, I notice that the stretchers in the back row are in numbered alcoves. I realize they're the lucky ones, assigned a treatment "room," not, as I thought until now, unlucky to be so far back.

"21" doesn't get emptied for another forty-five minutes. During this time, my mother's blood continues to flow. I ask a scurrier where I can get tissues or gauze. She hunts in several drawers, hands me two wrapped gauze pads. I make a mental note of which drawer, in case I need more.

My mother finally gets pushed into "21," which has room for two stretchers. Her "roommate" is an elderly Russian man who had surgery, was sent home, developed severe pain the next day. He's to be readmitted, but there are no inpatient beds, so he's been waiting in "21" for two days. His wife and daughter are with him. There's no privacy here, either, and I see them trying to be discrete as they slip a bedpan under his blanket.

The doctor and medical student come into "21" to prepare for stitching. They look for different sized instruments in the drawers, decide he can make do with what's there. That's how I learn the medical student will do the stitching. Neither of the two high-intensity lamps works. "Just use the overhead light," she tells him. "It's pretty bright." She leaves.

The student stitches my mother's lip and below her eye. He's slow, methodical, testing whether the anesthetic is working, lining up skin flaps, tying knots. He's not burnt out and takes time to calm my mother, explain what he's doing. The whole half hour, I try to keep her from touching the liquid and blood running down her neck. She talks, and one of the stitches comes out of her lip before he's tied it; he puts in another. The Russian mother and daughter watch the whole procedure.

When it's over, my mother insists on getting dressed, even though they're calling her for the CAT scan. I help her put her blouse on, then follow her

stretcher down the hall. After the CAT scan, she refuses to get on the stretcher for the trip back to "21." She puts on her coat. "Let's go," she says.

"We have to wait for the CAT scan results," I say, "and get signed out." We make our way back to "21" on foot. "Wait here," I tell her.

I look for the doctor, find her on the other side of the room talking to the student. She says she'll be over in a minute.

The minute stretches to fifteen. During that time, someone comes up to my mother with a needle. "This is a tetanus shot," needle-lady says.

"Just a minute," I say. "My mother was here when she fell last October, and I think she had a tetanus shot then. Someone else was with her, so I don't know. Can you check her record?"

It's too hard to check, I'm told. Easier to give her the shot. I want to leave, so I agree to it.

All this time, the doctor is still with the student. She's clearly teaching him, and part of me is impressed with her thoroughness and calm in all this chaos. But my mother, growing more and more impatient, has been standing around in her coat. I walk over to the doctor, ask when my mother can be signed out.

"Right now," she says. "I just have to print her papers." She goes to a computer terminal. The student follows.

The doctor says the CAT scan is fine. The lip stitches will dissolve by themselves. The eye stitches have to be taken out in 3-4 days. She gives me a sheet of paper with generic instructions for head injury. Nowhere does it say my mother has had a tetanus shot, a CAT scan, or even stitches. So even if I had the paper from her previous visit, I wouldn't know whether she had a tetanus shot.

It's 9:30, and we're ready to leave. We've been here six hours.

My mother says she wants to eat in the Japanese restaurant. I'm exhausted and would prefer taking her home, but I want her to end her day with a normal experience. In the restaurant, we order our usual. Then she takes off her coat, and I see, to my horror, that the I. V. line is still in her arm. There's no way I'm going back to the E.R. "I've never done this before," I say, "but I'm taking it out myself."

"Let's leave it in," she says. "It's not bothering me."

"You can't leave it in. Come with me to the ladies' room."

In the restroom, I wash my hands, then try to get the layers of tape off without jiggling the apparatus. My mother's skin is like cellophane, loose and thin. When I pull it, it doesn't seem attached to the flesh underneath.

"How did it get there?" she asks, watching me work.

"It's from the emergency room."

"When was I there?"

"Fifteen minutes ago."

"Why did I go?"

"You fell. You needed stitches."

"No memory."

"Don't move your arm."

I get the tape off and pull the line out as straight and quickly as I can. There are a few drops of blood. I draw a paper towel from the dispenser, throw it away, take the second, cleaner because it wasn't exposed, and hand it to her. "Press with this," I say. She does. I drop the detritus into the trash can, and we return to our table.

"Did we order yet?" my mother asks.

"Yes," I say. "Here it comes."

The waitress places two steaming plates before us. I look at the still-bubbling teriyaki sauce and wonder how my mother will be able to eat with stitches in her lip and her eye swollen shut. But she bites into a piece of broccoli and begins chewing happily. The anesthetic must not have worn off yet.

"Does your lip hurt?" I ask, so tired I can hardly think straight.

"No," she says. "Why should it?"

