DEADLY PYRE

Chapter 1 Trauma Code

The approaching siren ricocheted off tall buildings. Red ambulance lights pulsed the nocturnal Seattle fog outside Harbor ER where the charge nurse and I waited, ready for the challenge of an unconscious young addict with a chest stab wound. Trauma codes occurred several times a day at the University of Washington teaching hospital. Outside in cool air for a few minutes relieved my exhaustion. Only seven hours to go before sleep, and six months to go before the end of ER medical training.

Back doors flung open in a cloud of diesel exhaust before the vehicle came to a stop. A young paramedic pumped on the stabbing victim's chest with one hand and moved the stretcher toward us. "Dr. McKay, the stab wound is in the left chest. First Responders started CPR."

His partner clamped the mask tighter and squeezed a bag pushing in oxygen. "We didn't delay transport to place a tube or line. She was just around the corner on James."

Inside a large trauma bay with bright lights and equipment everywhere, I gave the gathered trauma team a rapid overview. "She's in hemorrhagic shock from a single stab wound in the left chest. Her only chance for survival is to crack her chest and stop the bleeding."

The team washed over the young victim in a wave of yellow gowns and gloved hands. We slid her to the ER bed where nurses connected monitors and readied bags of saline for IVs.

"Get her on a ventilator, two large-bore IVs, labs, high volume fluid, and pump in O negative blood." I looked around. "Where's Warren? Page him stat."

Annie's scissors chomped through ragged blue jeans. Another nurse ripped open the victim's T-shirt and peeled back her clothing.

The thin adolescent body of an intravenous drug user lay before us, mutilated by needled-tracked veins, a clitoral ring, and tarnished rings through pubescent nipples. A wad of Vaseline gauze sealed the half-inch stab wound. Blood oozed around the edge of the dressing.

An adrenalin-junkie paramedic calmly searched for an intravenous lifeline for fluids and blood. Like him, I had learned to internalize stress and remain calm under dire circumstances.

A practiced ER behavior.

Don't cry when babies die.

No emotions. Do your job.

I examined the patient while talking to staff and ran the trauma code like Jackson Hunter, our brilliant director, had drilled into me over the past two and a half years. I spoke his words. "Be careful. Protect yourselves. Anyone not assigned here, please leave."

Anesthesiology resident Dr. Milt Flora rushed into the room and elbowed his way toward the head of the bed. "Get me a goddamned tube."

I pointed at the ventilator. "You're late. We already placed the ET tube." Milt glared. His attitude made me want to tube him just to stop his insults.

Milt detested taking orders, especially from women. His surly behavior tonight reminded me of Annie's comment after one of his fits during a prior code. She said, "What do you expect, Kelly? His father is a cop and his mother a psychiatrist. The poor guy was probably potty-trained at gunpoint."

Annie, a striking black woman who had worked at Harbor for years, took charge of nursing issues. The medics helped us stabilize patients by adding another layer of expertise to our rapid

ER interventions until they had to rush off on another call. Paramedic Nate grabbed a gown and gloves. “What do you want me to do Doc?”

“Start a peripheral line if you can find a vein while I place a large-bore line in her internal jugular.”

His fingers searched the patient’s arms for an intravenous site. “She’s hard-core. Needle tracks everywhere. Her veins feel like ropes.” His initial grim expression flashed to a smile. “She’d have trouble using this one.” He scrubbed the skin over a pristine vein on her upper arm with an alcohol wipe and eased in an intracath needle and short plastic tube. Blood flashed back.

RNs connected blood and saline via rapid infusers into the medic’s line and the line I placed in the victim’s neck. “Pump in six units of blood and get six more of O negative while we’re waiting for type-specific units.”

Annie opened a surgical tray and placed it on a stand next to me on the patient’s left side.

Milt smirked from the head of the table. He monitored the patient’s airway, oxygen status and fluids. “What are you, McKay, a one-man show? Where’s your surgeon?”

My redhead temper flared. I clenched my teeth to stop words I might regret. I would have preferred doing a vasectomy on Milt without anesthetic, but the asshole did have a point. “Where the hell is Dr. Warren? Page him again!”

I would have to answer to Dr. Hunter if I didn’t follow protocol and opened the teenager’s chest without a surgeon to assist. But, the patient would lose her chance for survival if I didn’t act quickly. I’d have hell to pay either way. “Stop chest compressions. Check vital signs.”

Milt announced, “We made a little progress. Weak carotid pulse. Heart rate 130. She’s had five units of packed red cells and four liters of saline.”

My gut hurt and hands shook as I pulled on sterile gloves. “Okay. Let’s open.”

Annie removed the Vaseline gauze and scrubbed the victim’s chest with iodine solution. Each ventilator breath spewed red droplets from the stab wound. The blood mixed with the smelly brown liquid, forming glistening copper streaks in an abstract mosaic on the white and purple mottled skin.

Annie handed a male med student sterile gloves. “You’re Dr. McKay’s assistant.”

His eyes glistened as if she had given a kid a bag of chocolates.

We draped and clipped sterile sheets over the patient, covering all but the left chest.

I gave my assistant the suction and poised the scalpel at the point of incision. “Get ready. We’ll have torrential bleeding when I open.”

Milt’s eyes squinted at me above his mask. “I have two units up and two more ready to hang. You should wait for help.”

“There’s no time. Somebody page a surgeon, anyone!”

One swift strike along the rib interspace below the stab wound, beneath the breast, extending from sternum to underarm, opened her chest. A geyser of blood shot over my unprotected arms and sloshed my blue scrub top.

I had warned everyone else, but I had failed to wear a protective gown myself—a critical oversight in my rush to help an addict likely to carry a blood-borne dreaded disease. I couldn’t take the time to put on a gown with her chest open.

The clear plastic suction hose turned crimson and filled a canister.

Milt scrambled to hang more blood.

I slid rib spreaders into the incision and spun the crank to separate the blades, opening the chest wide. The student suctioned more blood.

Someone pushed in beside me.

I couldn't look away from what I was doing to see who it was, but I hoped it was Brett Warren. When I heard the voice, I cringed.

Mona Maddox, another senior ER resident, peered into the chest. Her harsh personality always raised my blood pressure. "Kelly, I'll help you. What's the history?" She dived into a gown and gloves.

I gave her a mini history while I suctioned, trying to clear the blood inside the chest to expose the bleeding site while Mona's shrill voice twisted the emotions of those near her, much like Milt's voice did. Having both of them on this team added to the chaos. Her first demand to Annie was, "Scalpel!"

Annie cautiously passed a scalpel to her.

Mona elbowed me. "I'm going to extend the incision a little to give us more visibility."

I adjusted the rib spreader and felt a sudden sharp pain. I jerked back my hand.

A slice through my glove across the back of my hand ran red. I felt blood pooling inside my glove. "Dammit, Mona, you cut me. This is an addict!"

Blood dripped off my gloved fingertips to the floor.

Mona snarled, "I told you I was extending the wound. It's your fault for getting in the way." She pushed me with her ample hip. "Get a new glove and give me some damn help."

The horror of my cut awash with an addict's blood sent fear to my core. A major blood contamination from an addict. HIV? Hepatitis C? I flexed my fingers to be sure the tendons were intact and could still grip an instrument.

The worried eyes of the team watched an RN remove my bloody glove and slosh iodine over the laceration. They understood that prolonged contact between the addict's blood and my open wound increased the risk of blood-borne disease.

Annie held open a fresh sterile glove. I plunged in my hand. She offered a second as a double barrier.

Milt screamed, "We're losing ground! Her pressure's 60! Set up the reinfuser! More blood, stat!" A nurse moved to the head of the table to help him pump fluids into the patient, and she hung another unit of packed red blood cells.

Mona grabbed a suction from the med student's hand and pulled off the angled metal handle to provide a larger opening for removing the blood. She thrust the tube deep in the chest.

Profuse bleeding made it impossible to see the cut vessel. I scooped out blood with my hands, soaking my shirt and pant legs. Warm liquid and clots slithered off the gurney onto the floor, squishing inside my shoes.

"We can't see!" Mona yelled. "Somebody adjust the damn light."

A bright beam swung around and aimed directly into the red cavern. I pushed a soft gray lung out of the way and felt the staccato hammering of the patient's heart. In the depths of the chest, a small area of rhythmic bursts burbled up like water from an artesian well. I blindly squeezed the submerged vessel with my left hand.

Mona pushed against me. "Let me see." She pressed on my lacerated hand.

I gasped with pain. "Mona, move your head. You're in my way." I held out my injured hand to Annie. "Vascular clamp!"

A clamp slapped my hand. "Mona, suction by my left hand so I can see what I'm clamping."

She suctioned but blocked my view again. I nudged her with my hip. "I can't get a clamp around the vessel if I can't see it. Give me some room."

Mona held out her hand. "I see a gusher. Clamp! Give me a clamp!"

An operating room tech who had just arrived to help passed Mona a long vascular clamp.

I held firm, compressing the bleeding vessel.

Mona struggled inside the chest, suctioning. She clicked the clamp closed.

I loosened my hold.

Blood spurted. She had missed.

I squeezed again, stopping the flow. I would have done better without her. I held out my hand for another long vascular clamp.

Milt barked orders to two nurses helping him pump in blood.

Still controlling a bleeding site with my left hand, Mona took the suction to clear the area.

I clamped. The bleeding stopped. I took a deep breath and let go.

No spurting.

The bleeding stopped, but not because I'd clamped the vessel. Her heart quivered against my hand.

No rhythmic contractions.

I squeezed an empty heart. We'd lost. "Stop resuscitation. She bled out." My eyes went to the wall clock. "Time of death, zero-zero-thirty."

A blood-soaked pant leg clung to my skin like a hand.

The phantom grip of the dead girl.

In my mind, her voice cried out, "Doc, don't stop. Help me."

I stepped away from the bed. My foot slipped on the bloody floor, sending me off balance. I grabbed Mona's arm to keep from falling. Perspiration moistened my forehead. Rivulets of sweat joined the red stains soaking my scrub shirt.

The wordless trauma team removed gloves and long-sleeved gowns in slow motion as they backed away from the grisly scene. Eyes drifted to my scrub top stuck to my skin like I was in a wet T-shirt contest. Milt met my eyes and then fixated on my breasts.

The cardiac monitor displayed the undulating, useless electrical rhythm of the teenager's fibrillating heart.

Milt turned off the ventilator and IV pumps.

The monitor screen went dark.

The oxygen flow stopped.

My voice sounded loud in the silent room. "Thanks for your help. We didn't get to her in time."

Milt's final statement before the door closed behind him, "What we needed was a *real* surgeon."

The rest of the staff filed out, leaving me with Mona, Annie, and the body.

Mona disconnected bloody suction tubing from a canister. She stared at the dead girl while slowly coiling the tube like a lasso.

Her presence was worse than no help. I tried to sound grateful, hiding the anger I felt. "Thanks for the help."

"You really blew it, getting that laceration, Kelly. I'll stitch it for you." Mona threw the coil into a metal bucket with a loud clang like an exclamation point at the end of her statement. "Milt's an ass. Besides, I knew we couldn't save her. I wouldn't have tried if I'd been in charge." She removed her gloves and gown. "Get your baseline labs drawn and start HIV prophylaxis tonight. That loser's blood could kill you."

"I haven't forgotten and won't forget you did this to me." I walked to the sink and removed my gloves to clean the wound. "I'll have someone else stitch it."

Mona scowled and walked out.

Additional Information
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