

## HEALTH &amp; WELL-BEING

RON SCHLOERB/  
CAPE COD  
TIMES  
**Katy Kelley sits at the Cape Cod Hospital emergency room nurses desk with Barbara Carroll (standing) during a busy afternoon.**



## Quickhits

**Pick up the phone – now!**

Call 911 at the first sign of one or more of these:

**Heart attack**

- Pressure, fullness, squeezing or pain in the center of the chest lasting more than a few minutes
- Discomfort spreading to the shoulders, neck, or arms
- Chest discomfort with lightheadedness, fainting, sweating, nausea, or shortness of breath

**Stroke**

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden, severe headache with no known cause
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination

**WebLinks**

For more information:

- about heart attack [www.nhlbi.nih.gov/actintime](http://www.nhlbi.nih.gov/actintime)
- about stroke [www.ninds.nih.gov/disorders/stroke/knowstroke.htm](http://www.ninds.nih.gov/disorders/stroke/knowstroke.htm)

# THE EMERGENCY ROOM

“It’s not like television at all, ever.”

BY BARBARA RAVAGE

**K**aty Kelley loves working in the ER. “I love the excitement, the camaraderie,” she says. “I like not knowing what’s coming in the door.”

The door she’s talking about leads into the Emergency Department of Cape Cod Hospital, one of the busiest in the commonwealth. Each year, about 84,000 people seek treatment there, arriving in ambulances or on their own. And when they come, nurses like Katy Kelley are standing by,

ready to give them the care they need.

Katy, 50, lives in Sandwich with her husband, Garvin, and their two sons, 18 and 21. The family moved to the Cape from Braintree in 1988, when Garvin signed on as a detective with the Dennis Police Department. For the first five years, Katy commuted to her job in the ER at Carney Hospital in her hometown of Dorchester. Then, in 1994, she got a job at Cape Cod Hospital.

At the beginning of her 30-year career, Katy had no idea emergency

medicine was her cup of tea. After graduating from St. Elizabeth Hospital School of Nursing in Cambridge, she moved around – from the medical-surgical area to the recovery room, intensive care unit, and vascular lab. By 1989 she was in the ER and she knew she had found “my little spot that I loved.”

ER nurses need a wider set of skills than most other nurses. They see a greater variety of illnesses and injuries,

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# Emergency

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care for patients of all ages, and work in an adrenalin-driven environment. That's what Katy loves about what she does. "It's like putting the pieces of a puzzle together to figure out what's wrong. I learn something new every day," she says. In other departments, the work was always the same, day in and day out, and she spent a lot of time waiting. "I'd rather just do, do, do," she says, her broad Boston accent adding emphasis to her words.

As clinical leader for her shift, Katy starts her day at 7 a.m. by getting a report on all the patients from the clinical leader on the overnight shift. Some of them may be boarders, patients parked in the ER because there are not enough beds elsewhere in the hospital. They may not be emergency cases, but it's up to the ER nurses to care for them.

When things are really busy – usually in July and August – some beds may be out in the hall because all the rooms are full. "When every little spot is taken, that's when you know we're busy," Katy says. "We try to get

patients in a room as soon as possible so they have some privacy."

When she talks about her work, Katy always puts the patients first. "I think of everybody as my family," she says, and you know she means it. She also values the team she works with. "We share the work and no one gets overwhelmed. If you are getting overwhelmed, you say 'Hey, we need some help,' and everybody will jump in. That's where you get the camaraderie."

Most of time, it's quiet first thing in the morning. That gives Katy time to check all the rooms, make sure supplies are stocked and all equipment is in working order. "You want to start with everything ready to go," she says.

The heart of the ER is the "center core," a large oval area buzzing with activity. People in scrubs or street clothes come and go throughout the day, talking on phones, working at computers, reading charts, consulting with one another.

In corridors on either side of the core are 10 rooms reserved for acute patients, the sickest or most severely injured. A separate area is set aside for patients with relatively minor problems that can be dealt with quickly,

ranging from fish hooks to stitches, toothaches to dressing changes. That leaves space and staff for patients with potentially life-threatening conditions.

One room is fitted out for trauma, with all the resuscitation medication and equipment needed for a "code" – med-speak for cardiac arrest. If there's more than one top-priority trauma patient at the same time, any of the other rooms can be prepared in minutes. If anything about the ER resembles what you see on television, this comes the closest. But the truth is, Katy insists, "It's not like television at all, ever."

There's no confusion, no surprises. "Everything's organized: the flow of the patients coming in through triage, coming in by rescue." Thanks to communication between ambulance and hospital, "We know everybody that's coming in. Like yesterday, we had a priority-one trauma," Katy says, referring to a life-threatening injury. "We knew about it ahead of time so we could get the room ready. The doctors were ready, anesthesia was ready. Everybody's pager was going off so they could be ready to help out."

The linchpin is the pre-hospital treatment provided by paramed-

ics, who have extensive training in Advanced Life Support (ALS). These highly skilled emergency medical technicians (EMTs) are also firefighters, who work out of every fire department on the Cape. "The EMTs in the field work hand in glove with our emergency personnel," says Van Northcross, regional marketing director for Cape Cod Healthcare, the umbrella under which both Cape Cod and Falmouth hospitals operate. "When that ambulance gets to your door, you're as good as in the emergency room."

If paramedics call in a suspected stroke, the ER's own CT scanner will be up and running when the patient arrives. Strokes caused by a blockage of blood to the brain can be treated with clot-busting drugs. If the drugs are given no more than three hours after a stroke begins, damage to the brain can be minimized and lives can be saved. But if the stroke is the result of a broken blood vessel bleeding into the brain, those life-saving drugs turn deadly. A CT scan is the way to determine which kind of stroke it is.

A heart attack occurs when one of

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### THE CAPE COD MEMORY STUDY

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the arteries supplying oxygen-rich blood to the heart is blocked. The longer the heart muscle is deprived of oxygen, the more permanent damage it sustains. As cardiologists say, "Time is muscle."

When a heart attack patient comes in, the stretcher doesn't even stop in the ER. It goes straight to the "cath lab." There, a team of experts uses a thin, flexible tube called a catheter to perform a procedure called balloon angioplasty, which opens the blocked blood vessel and stops the heart attack cold.

Cape Cod Hospital excels in the speed and skill with which it responds to heart attacks. The goal is less than an hour from the time a patient arrives at the hospital to when the balloon is in place. According to Northcross, they've done it as fast as 18 minutes. "Our door-to-balloon times are so good because the team is assembled and waiting for the patient when they hit the door." In this race against time, Cape Cod Hospital is winning.

Northcross stresses the importance of calling 911 if there's the least

suspicion of a heart attack or stroke. "Don't drive yourself and don't have a family member drive you. If you have another event en route, they won't know what to do other than panic. Don't even get in your car and go to the fire station. They could be out on a call." Dialing 911 will ensure that the nearest available ambulance gets to you and life-saving treatment begins as quickly as possible.

From the ALS-equipped ambulances to the ER, Northcross says, "We have everything needed to help, but it all starts with picking up that phone and calling 911. People have a tendency to be too polite. They say: 'I just had a dizzy spell. It's just heartburn. I'll be all right. I don't want to bother the EMTs, I don't want to bother the people at the hospital.'"

Katy Kelley puts it simply: "Bother us."

The lion's share of patients – approximately 75 percent – walk in on their own through the hospital emergency entrance. They may have minor injuries or may have misjudged how serious their condition is; some have no local doctor and use the emergency department as a walk-in clinic. A triage nurse sorts it all out – some

people need care right away; for others, it is less urgent or not urgent at all. Things rarely get backed up, though the waiting room can be quite crowded in the summertime.

Katy Kelley plans to keep giving that kind of care as long as she has the energy to do it. "I love it. I really do. You touch lives and you learn stuff and it's just really rewarding. I can't see myself working anywhere else."

#### About the author

*Barbara Ravage moved to Cape Cod from her native New York City in 2000, after the youngest of her children went off to college. She considers heavy doses of ocean air and Cape light the best cure for empty nest syndrome. A graduate of Barnard College, she is the author of nine books, including a biography of Rachel Carson for middle-school students and "Burn Unit: Saving Lives After the Flames," which explores the history and science of burn treatment. She balances her writing life with yoga, karate, and pottery. After years of making do with two summer weeks on the Cape, her favorite part about living here is that she's already home.*

## ex•pe•ri•ence

... *Having gained knowledge through direct observation or participation*



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