



A night in the emergency room

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Dean Dickson winced as he sat in the room, shackles on his feet.

But it wasn't his feet that ached.

Dickson was doing some stretching at the Ector County Detention Center, where he is an inmate, and popped his right shoulder out of socket. He couldn't move his arm vertically. He had an anterior dislocated shoulder, as it turned out, and he needed emergency intervention.

So Dickson, 34, got treated at the emergency room at Medical Center Hospital on a late Friday night in February under the care of emergency room physician Dr. Sudip Bose.

Bose massaged the area of the pain and administered the numbing shot to his joint. Moments later, with a Ector County Sheriff's Office employee standing guard a few feet away in the trauma room, the shoulder was popped back into place.

All better.

"I could kiss you," Dickson says to Bose.

"No, thanks, I'll pass," Bose said.

Dickson had no broken bones. He received pain medication and was to have an orthopedic follow-up.

Just another night in the ER.

With 31 rooms, the ER wing at MCH is divided into two halves: a trauma wing for high-priority patients and a wing for patients with less serious problems. Bose, working the trauma wing, explains the guiding principle for treating patients in the ER is to give the most urgent attention to those in the most critical situations, such as patients who are in cardiac arrest, have broken limbs or are suffering gunshot wounds.

Bose, who is working the 9 p.m. to 7 a.m. shift on this Friday, keeps track of patients in a computer terminal in a station area in the trauma wing, and the same patient names and descriptions of complaints (chest pain, suicidal thoughts, etc.) are listed in a large flat screen in the station. On this night, a physician assistant student from Texas Tech University Health Sciences Center shadows Bose. An EMS radio keeps ER trauma staff apprised of trauma patients coming via ambulance.

Serving as the medical director for the City of Odessa, Bose spent time in Iraq as a physician — he treated Saddam Hussein after his capture — and currently splits his time between Odessa and Chicago. He is an associate professor at the University of Illinois at Chicago, and he has held faculty positions at the University of Texas and Texas A&M University. He is an Iraq war veteran and speaks nationally on various health matters and lectures worldwide on the lessons he learned as a battalion surgeon in Iraq.

For an emergency room doctor, the paperwork never ends. Bose constantly fills out forms. He navigates the paperwork as he answers questions about his job and patients and his time in Iraq.

Bose treats all kinds of patients in the trauma wing. At one point, a patient with a serious condition will be wheeled upstairs. The patient's doctor, a specialist, will arrive, as will family members.

Later, on Saturday morning, a patient will be brought to the ER after suffering injuries in a car wreck. That patient did not survive. He was pronounced dead by Bose.

People arrive at the ER with a variety of conditions, and many don't have any other place to turn. The ER thus becomes their safety net.

“A lot of people don't have a doctor,” Bose said. “We become their doctor.”

Projecting care and exhibiting compassion are important traits for staffers in the ER, Bose said, as is the ability to stay focused and do one's job.

Versatility and an ability to think on one's feet are musts, too, in the ER. For instance, on this night, Bose saw a Spanish-speaking patient at one point. Bose speaks conversational Spanish. For Bose, given the number of Spanish-speaking residents in the area, learning Spanish became more of a necessity than a luxury for him. He said having that language skill cut down on the constant translations he would need with an interpreter.

Activity escalates in the ER in the overnight shift as the hours march on. Once the bars close, more patients will trickle in because of fights and intoxication and the like.

Drug overdoses? Bose estimates he has one or two per shift.

Traffic accident victims? Those numbers are rising as the population increases.

Patients with chronic health conditions, such as diabetes, also appear regularly in the ER.

For patients who die, Bose said he takes a direct approach in informing family members of their loss. He simply explains what happened and what actions were taken.

Apart from that most serious and difficult challenge he encounters in the ER, Bose offers simple advice for people.

“An ounce of prevention is worth a pound of cure,” he said, explaining that a lot of situations he sees in the ER are preventable. “You are in charge of your healthcare.”

Earlier in the week, emergency department director Manuel Guerrero said the ER tries to staff 11 nurses and on busy days — Sundays, Mondays and Tuesdays — there are 12 nurses. There are six support staffers: four outpatient care techs and two unit clerks.

“Our biggest challenge right now is staffing,” he said. “Not particularly in the (emergency department), but staffing in general, because the turnover rate has always been so high, and it’s from burnout. It’s such a high-stress area.”

Another challenge is finding rooms for patients, as there can be more patients than available rooms. The ED staff monitors room availability upstairs so that more patients can be moved there if needed and open up more room for the ED. Sometimes patients have to wait in the hallway. Wait times can be five or six hours.

Tiffany Harston, public relations coordinator for MCH, said the hospital tries to educate the public about going to urgent care centers for problems. Medical Center Health System, which oversees MCH, will open two primary care centers this year: MCH Center for Primary Care-West University will open at University Boulevard and FM 1936 and MCH Center for Primary Care-JBS Parkway will open on JBS Parkway just north of University Boulevard and across from the University of Texas of the Permian Basin.

“We treat everything that comes through our door,” Guerrero said, adding, though, if patients have afflictions such as burns or are critical pediatric patients, they will be transferred to another hospital out of the area.

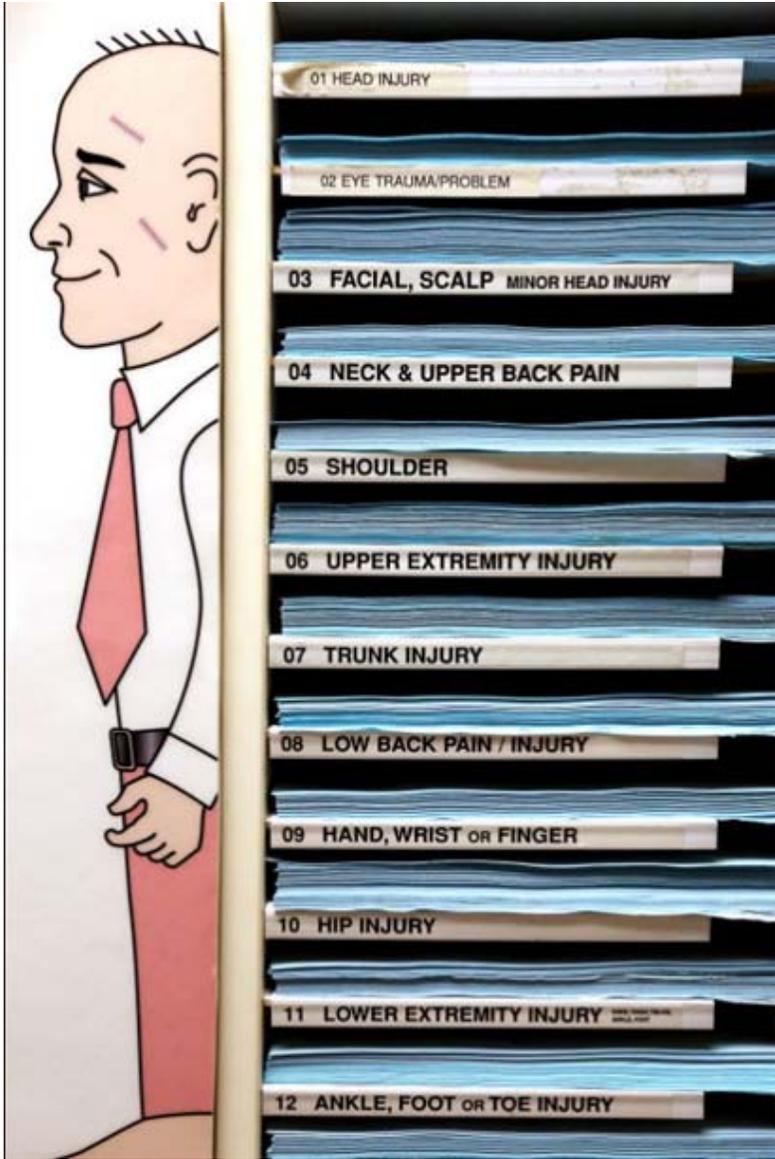
Other items of interest about MCH’s ED:

>> The ED has a translation system called MARTI (My Accessible Real Time Trusted Interpreter) that allows staffers to communicate with patients who don’t speak English and have a language that requires a translator.

>> Spanish is the most common foreign language heard in the ER, with Filipino being second most common language, Guerrero said.

>> The most common medical conditions seen in the ER in this season are common colds and flu-like symptoms, he said.

>> Specialists needed for various conditions are on call 24-7.



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