

DEADLY DIVERSION

By Eleanor Sullivan

Prologue

The loud speaker woke him. It was happening again, another one was trying to die. They'd left the curtain open because it was night time and they thought all the patients were asleep. But not him. With the first sound, his training had kicked in, propelling him awake, alert.

After a few minutes he knew something was wrong. The nurse was competent, that he could tell from the swift, sure movements. But it was all going down too quickly. Much, much too quickly. Each task required specific steps in exactly the correct order. Otherwise, the mission can go wrong and someone can get hurt or die. He'd learned that long ago.

He knew who the patient was because the family had been in and out for the past few days and he had recognized them. But he'd kept quiet, concealing his presence.

Now he lay quietly and watched. He was good at that. And listened. He was good at that, too.

Chapter 1

Wednesday, 08 August, 0645 Hours

“Guardino’s gone.” Bart said, giving me a quick glance.

“Gone? Where?”

“Dead,” Bart replied, continuing to write in the chart in front of him.

I sat down hard, rattling the chair back. “What happened?”

Bart shrugged. An experienced critical care nurse, Bart had moved to St. Louis to study anesthesia in graduate school and had started work at St. Teresa’s Hospital six months ago. He’d wanted to work nights so he could go to school during the day. Few nurses wanted the night shift so I was glad to give it to him.

“Where’s his chart?”

“Why?” Bart asked, turning to face me.

“I want to know what happened.”

“As soon as I finish.” Bart shifted his attention back to the chart.

“Where’s the body?” I asked, looking around for a gurney from the morgue.

“I sent it on down,” he said, writing as he spoke. “I wanted to get it out of here before everyone arrived.”

“So what happened?”

“Here. See for yourself.” He closed up the chart and tossed it onto the counter in front of me. It landed with a clatter.

“The chart’s supposed to go with him,” I said, opening it up.

I had started out at St. Teresa’s straight out of nursing school more than twenty years earlier, working on medical-surgical floors until I’d been able to get my clinical

legs under me, then I'd transferred to intensive care where the rush of adrenaline fed my need for excitement. Head nurse—now called patient care manager—for the last five years, I found the job becoming more and more difficult as managed care squeezed ever-increasing dollars out of our budget, and the nursing shortage meant each shift was a gamble.

"I'll take it down when I leave." Bart stretched his arms above his head, muscles rippling under his green scrub suit top. He closed the fat textbook that lay on the counter and stacked a yellow legal pad covered with notes on top of it.

"No surprise, I guess," I said.

Mr. Guardino had come in three days before, unconscious from a stroke. Since he'd arrived his body had been shutting down, one organ system after another, in spite of our best efforts to keep him alive.

"My god!"

"What?" Bart asked, wadding up some scraps of paper. He tossed them toward the trash can under the counter. They fell short.

"You didn't intubate him? Or shock him?"

"He was a B code, wasn't he?" Bart asked, referring to the A, B, C system of coding we'd recently adopted to designate what should be done in case of a cardiac or respiratory arrest.

"No! The family was emphatic—full resuscitation. He was an A."

An A code required that everything medically possible be done to resuscitate the patient. B codes, generally used for patients unlikely to survive, specified limited

resuscitation efforts; and with a C code, previously designated as a “do not resuscitate” order, no resuscitation would be attempted.

“It wouldn’t have helped anyway,” Bart said. “He couldn’t have been resuscitated, no matter what the code was.”

Determination of the appropriate code was based on the patient’s condition and likelihood of recovery as well as his or her previously-stated wishes and the family’s desires at the time. It wasn’t a perfect system, by any means. Such life-and-death decisions are difficult even if they are discussed ahead of time, but under the stress of a critical illness families and staff alike find themselves torn between wanting to keep the person alive and accepting the futility of trying. And seldom do all those involved agree.

I wiped my hand across my face. “You didn’t know that. I’ve seen them come back from. . . . Anyway, it was your job to know which code to use and to follow it.”

“Do you know how much care he required?” Bart asked, going on without waiting for my reply. “The constant juggling act it took to keep all those drips going? Keep his pressure up, they say, we’ve got to save what viable brain he has, they say, but not too high, they say, or he might stroke out.” He flung his arms outward and heaved a sigh.

“I know all that—”

“You don’t know the half of it, Monika. Do you know how many meds he was on? Antibiotics, muscle relaxants, a beta blocker—that was for the heart damage from the defibrillator they used in the ER to restart his heart—and more.” He rubbed the stubble on his chin. “And me here in charge alone on nights. It’s all we can do to keep up with the ones who are recovering. as understaffed as we are.” Bart stood and reached

for his lab coat draped across the counter. “I did the best I could. No one can ask for more than that.” He swung the lab coat over his shoulder and started toward the door.

“I’ve got to write you up for this.” I reached for the incident report forms in the drawer.

He turned toward me, and I caught a flicker of anger. Just as quickly it was gone.

I stared at the form. Damn. This was the last thing I wanted to do—write up a competent nurse of whom I had far too few.

“Listen,” he said, coming back. “Are you really going to screw things up for me over some old man who was dying anyway?”

“Policy, Bart. And the law. It’s not your decision.” I looked back down at the form in front of me.

He dropped his book on the counter and leaned over me on the desk, fingers splayed. Wisps of blond hair curled on the backs of his hands. “I need this paycheck ’til I finish grad school,” he said, “and you’re not going to mess me up!”

Two nurses on the day shift came through the door.

“You keep quiet,” Bart said, then he picked up his book and papers and left the unit.

Ruby banged through the swinging doors carrying an insulated lunch bag. “What’s he in such a hurry for?” she asked, tossing a bulky red-white-and-blue cardigan over one chair and arranging herself in another. A ward clerk since before I had come to St. T’s, Ruby kept tabs on everything. And everyone. “Whose is that?” she asked, pointing to the chart in front of me.

“Guardino’s. He’s dead.” I took in a deep breath and let it out slowly, looking up at the ceiling.

“Hey, you ain’t that upset over him, are you?”

I shook my head as much to clear it as to tell her no.

“What’s it doing up here? And where’s the body?” Ruby asked, glancing toward Guardino’s room.

“Bart was going to take it down—”

“Here. Gimme,” Ruby said. “I’ll take it down to the morgue.”

I handed her the chart. “Just don’t go visiting all your friends on the way.”

“Hey, I ain’t got no friends in the morgue.” She chuckled. “No, sir, I don’t want nothing to do with the dead ones,” she added, clutching the chart to her chest. “I know some folks. That’s how I find out stuff. And you don’t seem to mind knowing what I find out, neither,” she added with a flip of her top-knot as she marched out the door.

Mr. Guardino had not had any hopes of recovery; that much was clear.

Undoubtedly we had just been keeping him alive until his heart stopped and he couldn’t be revived, or until the family agreed to let him die. His death had been imminent, regardless of what code was assigned to him; Bart was right about that.

I’d have to report Bart to my boss, chief nurse Judyth Lancelot, and see what she wanted to do. Although I only saw him briefly in the morning at change of shift, Bart hadn’t seemed to have any problems adjusting to our unit. With the hospital’s accreditation on warning, I doubted Judyth would want to fire him over this incident. We had received strong recommendations to improve in several areas, but our top mandate was to increase the number of nursing staff. We were dangerously understaffed, and with

the current shortage of nurses in the St. Louis area and our less-than-competitive salaries, we were struggling to find new hires.

“Safety is the issue here,” one surveyor had said during her accreditation visit. I had to agree. And the team was due back any day, a surprise visit intended to catch us doing the right thing. On top of that, a small group of nurses was threatening to unionize if staffing didn’t improve.

A new nurses aide, who had just started on Monday, came out of a patient’s room. “Where are the blankets?” she asked me, popping gum.

“There should be some in the room. If not, there’s more in the storage closet out in the hall.”

“He’s already got three but he wants another one,” she said, turning toward the door.

“Wait. Who needs a blanket?” I asked.

“He does.” She waved toward the room she’d just left. “Says he’s, like, cold.”

Jessie came out of the med room. “Who’s cold?” she asked, setting her tray of syringes and medicine cups on the counter. A small frown creased her forehead and her good eye looked at me, the other into the distance.

“Kleinfeldt.”

“Oh, my god, he’s got blood hanging.” She hurried toward the room. “Call the blood bank,” she yelled over her shoulder.

Serena, currently a student at a local nursing school, came up to the desk.

“What’s happening?” she asked me with alarm in her voice. Serena had worked as a

student assistant in ICU part-time during the school year and now was working full time for us through the summer.

Waiting on the phone for the blood bank to answer, I quizzed her. “Tell me, what’s his complaining of being cold mean?”

Serena ran her fingers through her spiked hair, a brilliant red this week. “Uh . . . reaction! He’s having a reaction to the blood.”

Jessie came out of the patient’s room carrying a nearly full bag of blood and holding the tubing up so it wouldn’t drip. “Yet another mistake,” she said, keeping her voice low. The blood bank was short-staffed, too.

“What happens now?” Serena asked me.

“It depends on the mistake. They might have made an error in typing or cross-matching his blood, or maybe they issued the wrong product.”

“You mean packed red blood cells instead of whole blood?” Serena asked.

“Exactly. They’ll send someone up to draw another blood to type and cross match again and recheck the order. I hope they get it right this time.”

Jessie came back and I asked her to do the code-cart check.

“Didn’t you and Bart do it?”

“He got away before we did,” I replied.

“Oh?”

I shook my head and she went to do it. Jessie was one of several experienced nurses in the intensive care unit I could count on to do a good job no matter how busy we were.

Part of the change-of-shift routine required that the charge nurse going off and the one coming on check that the code cart was stocked with supplies, that the defibrillator was charging and delivering a charge, and report to pharmacy if the medication drawer needed restocking. Bart and I had also neglected to sign off on the narcotics, which were supposed to be counted and recorded at the change of each shift. These were serious infractions of the rules, but I had too much to do now to think about it.

I had just finished checking the day's roster of staff against patients' conditions to see how much care they required when the doors swung open, crashing against a linen cart that had been left there.

"Who killed my pop?" screamed Mr. Guardino's son.

Chapter 2

Wednesday, 08 August, 0750 Hours

Joe rushed toward his father's room and grabbed the curtain screening the bed, jerking it loose from the rod. "Where is he?" Joe screamed, flinging the torn curtain aside. "What have you done with Pop?"

Guardino's older son, Charlie, tried to put an arm around his brother's shoulders, but Joe shook him off. "He was real sick, Joe. We all knew it."

"He moved his finger yesterday. I saw it, he did!" Joe said, choking on a sob. A hefty young man about thirty, Joe had been in nearly constant attendance at his father's bedside the past week. "He was getting better until they. . . ." He waved his arm toward us. ". . . didn't take care of him. He was just an old man to them. But he was my pop," he wailed. "And they're gonna pay."

Joe lunged toward Serena, who stumbled trying to get out of his way, and he swung around, hitting his brother in the face. Blood spurted from Charlie's nose as he reached for Joe's arm, but Joe shook him off.

Charlie held his hand to his nose as I motioned for Jessie to help Charlie, waved Serena behind the desk out of the way, and nodded to a lab tech, who was already calling security. I hurried around the desk toward Joe.

He whirled around at my approach. "You! You killed him!" he screamed, lunging for me.

I backed up quickly. "Joe! Get a hold of yourself! You're in a hospital!" I yelled, keeping my eye on him as he jerked his head back and forth, looking for another target.

“Joe,” Charlie said, his voice muffled by the blood-soaked towel someone had tossed him. “Stop it.” He pulled the towel away. “Calm down,” Charlie sputtered, coughing on the blood that splashed down his chin. Jessie reached out to help him but Charlie waved her off, flinging the bloody towel at his brother.

The towel hit Joe’s face and a streak of red splashed across his cheek. Jaws clamped and arms held away from his sides in a body-builder pose, Joe balanced on his feet, clenching and unclenching his fists. Then he threw back his head and began to roar from someplace deep in his chest.

Two security guards banged through the doors behind me. One grabbed Charlie, pinning his arms behind him. Blood spurted from Charlie’s nose again, and the other guard jumped back from it. The other guard yelled into his radio that they needed backup.

Tim, coming in the door from the stat lab, dropped his tray of specimens on the counter and joined the second guard and me just as Joe advanced toward us. Joe’s right arm shot out, hitting Tim in the face. Tim doubled over as Joe’s other arm swung wildly. The guard and I both ducked but I raised my head a moment too soon. Joe swung back around and connected solidly with the side of my head. I staggered back and slammed up against a door frame.

Suddenly there were more guards behind us and out of the corner of my eye I caught the blue uniform of a city police officer. Joe raised his arms and emitted one last animal-sounding bellow as guards and police surrounded him. His head hit the floor with a crack, and handcuffs clicked shut on his wrists. He was jerked to a standing position.

His eyes unfocused, he stumbled toward the doors, held upright between the guards. His brother was telling him to keep quiet as they were led out. Joe didn't seem in any shape to talk anyway.

My knees felt rubbery but I turned to check on Tim. He leaned against the linen cart, holding an ice pack someone had brought him to his cheek.

I pulled the ice pack away and asked him how it felt. Sweat stood out on his forehead, and the color had drained from his face, leaving a saucer-sized red blotch on his cheek ending just above his eyebrow.

"You're going to ER and get that X-rayed," I told him.

He mumbled something about patients.

"Now."

I told Serena to go with him.

I ran my hand through my hair and yelped as I touched a knot on my scalp.

"You better get an X-ray, too," Jessie said, tucking a strand of gray hair back into her bun.

"Nah. It's nothing," I assured her. She shrugged and passed me the bottle of ibuprophen we kept on the desk for the not-infrequent headaches, backaches and other assorted aches that plague overworked and overstressed nurses.

I shook my head, intending to tell her I didn't need it, but pain shot through my skull, convincing me otherwise. I dumped out a couple of tablets and went out to the drinking fountain in the hall.

Jake Lord stepped off the elevator as I raised up. Jake was our staff physician, intensivists they're called now, doctors who specialize in intensive care. One of the first

African-American physicians on our staff, Jake sometimes suffered from patients' and staff's distrust but overcame their prejudices with competent, compassionate care.

I told him about what had happened with the Guardino sons and then, my voice lowered, I explained about Bart doing a limited resuscitation on the man.

He shook his head. "No matter how bad it is, some family member always thinks the patient's going to recover, and then they blame us when he doesn't."

"Maybe we ought to do a post," I suggested. "To make sure the cause of death really was a stroke."

"Probably a good idea," Lord agreed.

"Will you talk to the family? I will if you don't want to."

"I'll call them. They can't attack me over the phone," he added, holding the door for me. "What are you going to do about Bart?" he asked.

"Report him to Judyth. Then, I don't know. We sure can't afford to lose any more nurses right now."

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Everyone was calmer than I expected. Ruby, back from the morgue, was complaining about how unsafe it was to work here and telling everyone we should get hazard-duty pay. Her son had recently joined the Army and she had started using military expressions. She'd have a soon-to-be-exaggerated story to tell her cronies throughout the hospital, the subculture of people who support the work of any large institution and who know more about what is happening than those who are supposedly in charge.

I needed to report Bart's behavior to my boss, but first I needed to see to our patients, see if any had been upset by the disturbance. Most of them were either comatose or so sick that they were unaware of what had happened. I reassured the few who were conscious that everything was all right now. Fortunately it had been too early for visitors.

"Good, you're here," Huey Castle said, taking a breath through the cannula that pumped oxygen to his scarred lungs. Huey had just returned from X-ray and had missed the fight. He gave me his winning smile—yellow, jagged teeth staining his grin. He took another shallow breath and slid his face into a frown. "It hurts, Monika. Bad." He scrunched up his face. "It's a ten."

Pain had become the fifth vital sign—along with blood pressure, temperature, pulse, and respiration—we were now required to check routinely. Patients are asked to rate their pain on a scale from one to ten with ten being the worst they could imagine and one, the least. Huey's pain was always a ten.

"Yeah, yeah." I checked his IV and O₂. Both running fine. "You're full of it, you know, Huey. You've been conning people for so long you wouldn't know the truth if it hit you."

Huey was a 56-year-old Vietnam veteran whose stomach cancer had spread. A victim of emphysema as well, he had been hospitalized for more than two weeks following an episode when he'd complained of not being able to breathe. The ambulance brought him to us—we were the closest—and then he'd been too sick to move to the VA hospital. This wasn't his first time with us, but it would be his last.

“I’ve gone straight,” he said, waving the curved hook he used in place of an arm in my direction.

“Why don’t you put that thing on?” I asked him. “Instead of just playing with it.”

He smiled again, pain apparently forgotten. “They like it,” he said, nodding toward the door. “I like to scare ’em with it. Pull it out like this.”

I stepped back as he stuck the pincers in my face.

“That thing’s dangerous, Huey. Put it on or put it away.”

“Okay, okay. You don’t have to get sore.” He put the prosthesis on his bedside table. He waved his left hand in the air; rings flashing on every finger. “Now I’m the one-arm bandit,” he said, repeating the same joke he’d been telling everyone since he arrived. Huey loved the casinos, he’d told us, especially the slot machines.

I pulled the blood pressure cuff out of its holder on the wall and slipped it around his arm.

“Hey,” he said, watching my face. “I hear Guardino’s dead.”

I pumped up the pressure and slowly let it out, watching the numbers slide by. “You did, eh?” Huey’s pressure was 160 over 90. High but not too high. His complaint of severe pain was probably exaggerated.

“You can tell me, Monika, I knowed him from the old days.”

“You knew him?”

“Just from the neighborhood. St. Ambrose parish.”

The Italian neighborhood in South St. Louis.

“How about some more drugs?” he asked.

“I want to talk to you about something.”

“Then I get some drugs?”

“I need to ask you about what you want us to do if you aren’t able to decide,” I said, ignoring his question.

“What’d ya mean, ‘aren’t able to decide?’ Why couldn’t I decide? And what kind of things?” His eyes narrowed. “What’d ya want to do to me anyway? Use my body for research?” He laughed. “It’s some body, ain’t it?”

Huey’s body was shriveled, the skin hung in uneven bunches on his upper torso, a tattoo of a naked woman rippled his upper arm when he moved, and he had the deathly pallor of a patient whose cancer had metastasized.

I pulled up a chair and sat down next to him. People need to be led into this gently, but I had hurried, thinking about all I had to do. I took a breath and started again. “If you’re unconscious, we need to know how much effort you want us to make to bring you back to consciousness.”

He frowned. “I want everything. What’d ya think? You should let me die?”

“Huey, your prognosis is pretty bleak. Most people in your situation just don’t want to be kept alive if they’re unconscious, hooked up to machines. . . .” I motioned toward the equipment surrounding the head of his bed.

He didn’t say anything so I went on. “There are several choices. You can tell me exactly what you want us to do. You can decide if you want to be resuscitated even if there’s little hope of getting better. You can decide if you want to be fed through a tube. Or fluids in the IV. It’s your choice, Huey, but you need to make it now while you can think rationally about it.”

I released the advance directive form from the clipboard I had placed on his bedside table and handed it to him. “Just read it over and let me know if you have any questions. Take your time and think about it. We don’t want to rush you. I just want you to think clearly about it.”

He shoved the paper back to me. “They asked me about this when I got here. I told them I don’t need to think about anything.” He shifted on the bed, one knee bobbed up and down under the sheet. “You just keep me alive. You make sure that if I stop breathing,” he said, wiping his hand across his forehead, “that you revive me. I’m not ready to die!”

“Okay, okay. I understand. You’ll be resuscitated, don’t worry.” I clamped the form back on my board.

“I told Mavis . . . if you don’t. . . .” He struggled for a breath.

“We will, Huey, I promise we will.” I gave his nearly-full IV bag a last glance and tucked his sheet around him.

“Or she should sue you,” he said.

I waved off his threat and was nearly out the door when he added, “Not like Guardino.”

I turned back. “What do you mean?”

“Let’s put it this way.” He took another breath. “That family ain’t the kind to sue.”