

The Never-Sleeping Life of the Emergency Room

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You're sitting at the desk, finishing up a patient's chart, when suddenly a nurse comes rushing into the desk area of the ER holding a limp blue baby, yelling "Doctor, get over here!" After successfully resuscitating an infant in respiratory arrest, the ambulance pulls up with a patient on whom they are performing CPR saying "he's had an acute MI and we just lost his vital signs!" After shocking him back to life, you are led into a room where a man, pale and diaphoretic, was brought in after a chain saw accident leaving a huge gaping wound in his thigh. After controlling his bleeding, and preparing to repair his wound, you hear a belligerent, foul-mouthed woman wrestling with two of your staff, screaming that the aliens are trying to abduct her. She looks as if she hasn't had a bath in two weeks and is covered with urine, feces, and vomit. You can smell her long before you can see her.

You might think you're trapped in a Steven King novel, or perhaps, just living a normal day in the Emergency Department.



E.R., Royal Pains, Grey's Anatomy, M.A.S.H., Third Watch, Scrubs, House. What is it that makes these shows so irresistible to millions? Is it the excitement? The adrenaline rush of a life on the line? Whatever it is, it's easier watched than done. Obviously, the Emergency Room is on alert 24/7, since no emergency is ever intended to happen at a certain time. Webster's Dictionary defines Emergency Medicine as; Emergency Medicine: *n.* medical specialty in which a physician receives practical training to provide patients with acute illnesses or injuries which require immediate medical attention.

The International Federation for Emergency Medicine claims, "Emergency medicine is a medical specialty—a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioral disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development. "

Emergency Med (EM) encompasses a large amount of general medicine and the physician requires a broad field of knowledge and advanced procedural skills including surgical procedures, trauma resuscitation, advanced cardiac life support, and advanced airway management. Ideally, Emergency Med Physicians have the skills of multiple specialists.

EM is a relatively young medical specialty. Before it was recognized by the American Board of Medical Specialties in 1979, Emergency Departments (EDs) were staffed with physicians on a rotating schedule, including surgeons, internists, dermatologists, and psychiatrists. Many times, nurses, residents, and foreign graduates also staffed an ED. During the 60s and 70s, groups of physicians began leaving their respective practices to devote their time to the ED. The first group to do this was at the Alexandria Hospital in Virginia. They established the 24/7 emergency plan which was then called the "Alexandria Plan". Soon, the problem of the ER's poor state of affairs was propagated by the media, resulting in the establishment of the first emergency training program in Cincinnati. Other residency programs then developed throughout the country.



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During the French Revolution, Dominique Jean Larrey applied the idea of ambulances after seeing the speed with which the carriages of the French flying artillery maneuvered across the battle fields. Larrey proposed a way for rapid transport of wounded soldiers to a central place where medical care was more effective. He manned ambulances with trained crews of drivers and others and brought wounded to the centralized field hospitals. He is sometimes known as the Father of Emergency Medicine for his effective strategies in the war.

The road to being an Emergency Med Doc. is neither fast nor easy. After Acquiring a Bachelor's Degree (4 years), a rigorous Medical College Admission Test (MCAT) is taken for entrance into medical school. Following four years of medical school, one must apply and gain acceptance to an EM Residency which is usually 3 or 4 years in duration. After residency, jobs may be sought for in the ED.

According to Physician D. Thomas, "Emergency Med Physicians are usually attracted to the high energy, fast paced, urgent situations, where quick decisions and life saving procedures are utilized to save lives, alleviate pain, take control of dangerous situations, or simply calm a parent's anxiety. We have a wide variety of patient interactions, from sore throats to crushing substernal chest pain, to intoxicated combative patients who are not in their right mind. Being an ER Physician is for people who want quick patient interactions, meaning if a doctor does not want to join the business of caring for long term chronic patients, he/she can address immediate medical concerns, and then discharges them to their own physician, or admits them to the hospital. EM is shift work, if you're on you're on and if you're off you're off. There is rarely on-call EDs. Perhaps the best thing is making a life saving decision or performing a life saving procedure using your specialized training and being able to provide pain relief to so many people on a daily basis.



Some of the difficulties of EM include the 24/7 rotating schedule, meaning night shifts, circadian rhythm disruptions (messes up sleep cycle), and working nights, weekends, and holidays. Also, overcrowding in the ER is a common occurrence, as many EDs of America are the safety net to treat anyone with a medical problem, whether they can pay for it or not."

Such a life is not for the faint hearted. It is a job of heroes, who give their lives selflessly for the renewing and sustaining of others.