

6:52 PM, Room 6018, Heart rate: 152bpm

Sid always chewed gum while he gave report. It was a mindless habit. It occupied him.

He was large, overweight actually. He filled up the rolling armchair. He sat and chewed and talked his way through each patient on the monitor screens. He was good at what he did. As monitor techs go, perhaps the best. But he was bored. He was 42, divorced, and spoke with little inflection. He was putty faced with a mop of hair and heavy glasses. His fingers were thick and moved woodenly over the keyboard. I liked him, though. He was professional and detached; a measure short of cynical. It seemed part of the job description, the mindset. I had learned it from him.

There were three screens laid out with EKG blocks to monitor the heart rhythms of up to 36 patients. We covered several floors. Tonight we were at 33, pretty full. Each block was a little chaos of colors, differentiating patient name, room number, thresholds, heart rate, Irritating, bonging alarms. The EKG lines worked their way from left to right. More often than not they were irregular, fatly curved instead of sharp, undertoned with fatigue, geriatric.

It was shift change. The phones were ringing. Nurses frantically paired up; bedside talk, reciting numbers, conveying patient details, wearing game-faces, exchanging subtle glances packed with non-verbals. There was a frenzied movement of equipment, a hand-off of pagers, a cacophony of voices, noises, commands, methodical report. Clusters of white coats passed; intense young faces, posturing, jockeying for position. Families stood by in silence, hovering in doorways with drained and anxious faces.

Sid's voice droned on sonorously, flatly baritone; methodically, indifferently calling out rhythms, events, short histories. But I couldn't hear any of them. They were drowned out. It was room 6018. It was screaming at me. Through the fog of noise and confusion it was the only thing that did not fit. On the second monitor, fourth block down, Room 6018 was beating off the chart. Instead of the familiar dull sputtering waves, it was a perfect saw blade. It was a sinus rhythm, a healthy heart. Normal was 60 to 100 beats per minute. But it was on an Olympic sprint, a metronome on jet fuel, a blistering tachycardia.

"Sid. Hey. Sorry to interrupt. But, 6018. What the heck is that?"

"Hmm? Oh yeah, him. Interesting story. Little guy from one of the rural counties. Staggered into their ED. They shipped him up here. Sinus tach all day, above 150. Twenty-seven year old." Then he tilted down his head so he could look at me above the rim of his glasses. He paused for effect. His tone was now measured, superior, laced with contempt. "Full blown AIDS." He punctuated the words with a short nod.

"Wow, that's different." I paused. It still didn't assimilate. "How come no alarms?"

"Got the threshold set at 170. There's your reason." He pointed to the bottom right corner of the patient block on the monitor screen. Typed in neat capital letters was DNR-DNI; do not resuscitate, do not intubate. It was medical speak for "let 'em go."

I was mesmerized. There was no category for this, no proper filing. I stood there, holding my lower lip between my teeth. Moments passed.

"You okay?"

Sid's voice reached into the void. It grabbed me. He was staring up from the corner of his glasses. The look was calculated.

"Yeah..... oh yeah." The initial response was blurted. Reality had returned. He continued.

"Apparently he's a nasty one. Pulled his leads off several times. The day nurse was pretty put out. Quiet, though, for the last couple of hours."

"What'd they do, morph him?" It was code, a private language; short for morphine. We weren't nurses, but we knew things. Morphine was given for pain. But it also repressed the respiratory response, the body's inducement to breath.

"Nah. He just wanted something to draw with."

"Draw with?"

"Yeah, pencil and paper. Quiet as mouse since."

I stared silently at Sid, absorbing the words; shaking my head. Sid shrugged his shoulders.

Sid finished report. He hoisted his significant bulk from the monitor chair and gathered his things. He began his amble toward the time clock. As he passed in front of me across the nurse's station counter, he gave his usual salutation. "See you in the morning sport. Keep 'em alive till 7:05."

The sound and the fury receded. One by one all the medical staff exited stage left or stage right from the nurse's station, leaving only Carol, the Medical Receptionist and me. She didn't talk much. It was her best trait.

Time to settle in; run strips for the nurses, review some patient rhythm histories, and finally, try to figure out how, short of setting myself on fire, I was staying awake for the next 12 hours. A couple of minor patient alarms went off; just garbage stuff. A few patients had their leads off so you have to call. I hate chasing nurses. Everything is now set up. I look at the clock. Crap, only 45 minutes in. I hate the night shift. I'm hungry.

11:38 PM, Rm 6018, HR: 144bpm

I'm staring. I can't stop it. That endless tachycardia rhythm line has jumped off the monitor and roped itself around my head, pulling me in.

Who are you, 6018? How did you slide so far, so young? All right, that's it. I'm calling.

The receptionist one floor up tells me his nurse is Estelle. That's good. She likes me. For months I had made it a point on breaks to go talk to the nurses, make a connection. It made the job easier. Estelle was short and round. She had more of a fast waddle rather than a walk. Never married, a single mom. But she had this gorgeous smile and flawless, creamy, milk chocolate skin. I had told her so. She liked the attention. A good nurse, she knew her business. Our conversations were amusing, flirtatious, ripe with subtlety. I asked the receptionist to have her call me.

Ten minutes later the phone rang. "You just wanted to hear the sound of my voice, didn't you?" Typical Estelle. No hello, no introduction. Just a natural assumption that you knew. Her words fired out quickly. She was in a good mood.

She told me his last address was some place south of Waynesboro, no driver's license, no real ID. Mother died three years ago. Cancer. No father, no other family listed. He was here alone. A rehabilitated druggie; got the HIV from needle use. He was small, thin, plain, quiet. He dozed some. But when he was awake, his eyes were observant, intense, brooding.

"They giving him anything for the tachycardia?"

"No sugar. His heart is all he's got left going for him. Everything else is shutting down. That little fellow is catching the angel bus, and soon. He doesn't look good at all. I've been checking on him, trying to talk to him. But he doesn't want anything. He sleeps some. A couple of times I passed by and he was drawing on that paper tablet.

"What's he drawing?"

Beats me. Like I say, he's not talking. Least ways, not to me. Someone gave him one of those little Bibles so maybe he's saving up for a bigger pow-wow. Probably not a bad idea. Anyway, why are you all business tonight? Something wrong with his leads?

"Nah, just curious."

"Gotta go. Come love on me sometime."

I hung up the phone, hoping that Estelle's words would quell the curiosity. All was quiet. Occasionally, minor alarms would sound; just more garbage. But the curiosity raged. The electricity of his heart was incessantly racing across the monitor, shrieking for attention. Housed in the dark of his fragile and unfurnished chest, his panicked heart was fashioning a hero's effort to compensate, stand in the gap. But it was an inevitable slide to exhaustion. I don't want to care. But my mind churned. I was sketching the pieces, weaving together the fabric of this feebly tethered life.

Time yawned. The minutes edged sluggishly into the deep of the night. The dull headache of fatigue was setting in, the wages of uncaptured sleep. I drifted.

Who are you? What was your life? Were you the result of some pledge of love, a bartered innocence, a broken bond, or just the random consequence of vacant passion? Did the world look upon your arrival eager with promise or did you enter only to find a land of shadowed rooms, meager supply, despondent voices, scant mercies? Did you ever know your father? Did he look into the well of your infant eyes and bury his voice deep within your memories? And sheltered in the drape of newborn sleep, when all dreams were new, was that your greatest peace?

"You gonna get that?"

"What?" I responded.

"That phone, you gonna get that phone?" It was Carol, the medical receptionist. She wasn't happy. Apparently my phone had rung several times. Her voice was acidic, unsparing, smoldering; it pulled me back into orbit.

It was a nurse from upstairs. One of her monitored patients was leaving the floor for a short while. Probably for a respiratory break with lady nicotine. I put his monitor on standby. I glanced over at Carol. She was absorbed in her paperback; content, oblivious. Somebody from housekeeping drifted by. Out of view behind me I could hear the voices of some nurses; idle chatter as they pulled drugs from the Pyxis. My head hurt. I stood for a few moments. Carol looked up at me, expressionless. She returned to her book. I sat down and took long deep breaths, trying to stay awake with extra oxygen. But in only scant moments, my thoughts returned to 6018.

What was your young life like? Did you venture with wonder in to that curious world of the classroom, only to find yourself a stranger? You were small, uncertain, turned inward. Were you the prey of the school yard, hounded by laughing bullies?

You draw. Was there a kind word, an approving smile, a doting teacher that offered some small victory in those fragile years? Was it with charcoal and paper that you first discovered solace from your loneliness? And yet, did you still yearn to be part of the pack; to year by year create an acceptable counterfeit of yourself, to act out a version of yourself that found a place, a role to play? Or were you always cast as the outsider, a shadow, uncertain of your part, quietly, desperately searching for an entry into the light and fellowship?

When adolescence came with all its' confusion, rant, and shame, was that the start of your unraveling? Did those turbulent years stoke the fires of a brooding intensity, a raging furnace? Did you wake each day to a lonely world that moved your angry heart to slowly abandon the voices of pew and steeple? Did bitterness set in, forcing you in your disillusion to hold in contempt those things that were previously wrapped in wonder? No longer content to mask your desolation, in the vibrancy

of your middle teens, did you boldly declare the marks of your separation from the crowd; hair, clothes, cigarettes, the dark face framed with boredom and apathy? Did you find yourself bored with all of life, recklessly pursuing some ever new passion, finding fault and contempt in everyone you knew, never truly caring for anyone, and desperately seeking a means to quell the unending disapproval and hatred of yourself?

And finally, unable to fill the unplumbed wells of your solitude, you chose to medicate your pain. Under the foolish notion of youthful invincibility, you bore upon yourself the means of your own destruction. And there, sequestered in the fog of your secret life, your drug-induced delusions, did you find, if only for a moment, the peace that you were seeking? Did your intangible loneliness find solace, or was it hollow, an empty pleasure?

Alicia, the charge nurse was tapping on my shoulder. She wanted to know if I wanted lunch.

"Sure."

2:19 AM, Rm 6018, HR: 120bpm

6018 is sliding. He's dropped 25 bpm in the last couple of hours. Not good. The math doesn't work. He may not make it to daylight. I can't think about that right now. Lunch was a chicken sandwich and 30-minute nap.

Why do they call it lunch? It's the middle of the frigging night. Right now the world is asleep, not eating lunch. Lunch will be tomorrow, with sunlight, not here, in the deep of night, watching the sputtering electricity of frail hearts. Except for you, 6018. Your heart is not frail. Just what is your name anyway? You have a name don't you?

I clicked on his screen block, causing it to expand. His first name was Samuel. I rolled the name around in my head for a few soundless moments. About then is when all hell broke loose.

It always starts with an alarm, a wicked annoying bonging. Room 6204, just across the hall, had an 8-beat run of Ventricular-tach. Not a good thing. It's a heart in panic mode. It gives me an adrenaline jump. But just as quickly, it returns to a gasping normal rhythm. I cut off the alarm, start printing the strip and paging the nurse. Bullet dodged. Then it bongs again. This time it's V-fib, and it's not stopping. This is a heart that's just quivering, not beating. If this goes on long enough, the next rhythm is a straight line. I'm yelling. Nurses begin to emerge from everywhere. Carol overhears the code. White coats rush down the hall with sleepy, frenetic faces. Someone's yelling for the crash cart. I let the paper strip run constant. It's protocol. I'm standing, pointing, shouting across to the room "Still in V-fib." The proximity is a luxury. You can't do this when they're on another floor. A code is always a combination of cool heads and chaos, an intuitive, spontaneous, unspoken assignment of roles. My part is already cast, but for the nurses and docs, it's often a fumbling assimilation of what character to play. Who calls out drugs, who grabs the cart, who does compressions, who charges the paddles. The room crowds up, frenzied voices, frantic words, commands are flying everywhere.

Finally, above all the noise and thunder someone yells "clear." Then it happens. The symmetrical beat of a normal rhythm returns. Everyone holds their collective breath, waiting, watching. Nothing changes. Still a normal rhythm. Silent looks of confirmation are exchanged, body language relaxes, the room exhales a group sigh. A few more commands are called out. But slowly, methodically, the players begin to drift away, retreating to their own small stage of responsibilities. It's over. Fortunately this drama was short, one act instead of three. And as always, the real hero was ol' sparky, the defibrillator.

I get everything together, all the strips and histories, waiting for the onslaught of residents who want to play 20 questions. It's the job. Being a monitor tech is like taking off, flying, and landing an airplane; moments of sheer terror followed by long hours of boredom.

4:40 AM, Rm 6018, HR: 87bpm

My head is cracking. It's the dull, throbbing, irritation of sleep deprivation. But in an odd way, the headache is your friend. It keeps you awake. The adrenaline from the earlier code has long passed. The nurses have somber, sleepy faces. There is a small rise of activity; getting vitals, blood draws for labs, dispensing meds. But for the most part, all is quiet again.

Come on Samuel, come on. Stay there, stay right there. You're in the norm. Hold there, stay there. Let the meds work.

Why is no one with you? Surely there must have been a girl. Perhaps a small frail thing like yourself, drawn to you for your passion, the unchecked furnace within. A girl, a sensuous, gently curved creature with yearning arms and tender eyes whose heart reached for you with a slender supply of strength. Was there that moment for you? That incredible cosmic moment of the knowing look, the spontaneous smile, the laughing, dancing eyes that glow with early love. But did your torment turn her away? Did you learn that even with her you found cause to exercise your talent for concealment? While pouring out the sad measure of your life into those sympathetic ears, did you only seal the plot of your inexpressible solitude? The story told, the mystery gone, was she gone also? Oh Samuel, why alone?

It's time to print the final patient EKG strips for the nurses. The 5 o'clock strips go in the chart. Something for the white coats to look at. A six-second captured moment that tells the story of an entire evening.

5:55 AM, Rm 6018, HR: 49bpm

The floor is warming up. Daylight starts to appear out the patient windows. Activity starts to crescendo. A cardiac step-down unit is like an extended holding room—you're either coming or going. Post-op patients are roused from precious sleep and made to walk around the unit; stretching muscles, measuring steps, inhaling deep volumes of oxygen. Pre-op patients are being scrubbed, shaved, assured. There's an energy that comes with daylight. It pours over you. You feel it. You know the shift will end soon. The last hour always passes quickly. For me, all the "to do's" are done. I'm simply waiting, watching, mesmerized.

Oh Samuel. What has been your life these past months? Poor and alone, broken and unsheltered, in the dust of forgotten streets. And now, what are you thinking? What words are left for a life that is measured in minutes rather than years? Are you bitter at the unkind patterns of fate? There you lie in solitude. Is there at least one voice in your dreams, one voice from the past that still whispers solace to your broken heart, one voice from childhood from which you can draw love and courage? A voice of tenderness, of complete acceptance, a voice that still edits your day? How could you know you would possess a life that would always know hunger? Yet now your poor and tortured heart is slowing down. Why? All your days, your dreams, your rage, your shame, your tears have brought you forward to these final hours. And what are you drawing? In these closing minutes between the moments of sleep and dreams, what image still stirs in your memories? How can we know what moments will sway a lifetime? Where is our place? What is our part? Samuel, who were you, and why?

6:57 AM, Rm 6018, HR: 43bpm

I give report to Sid. Not even 7 and he is already chewing gum. I am about 4 patients in and then he interrupts. "So how'd our boy in 6018 do?" I cannot find words. I simply click on Samuel's expanded chart showing the gradual decline in beats over the course of the night. Sid shakes his head. But before he can speak, I glance at him sharply. I'm fatigued, inwardly furious. The look is hard and short. He sees it and doesn't speak. His face turns blank. There's a pause. He nods quietly, expressionless. I continue. I finish report and give Sid the chair. It's time to go home.

Out on the pavilion people are moving in all directions. There is a still and deep breathed silence to the morning. The glow of early light fills the space. The air is soft, warm. The dogwoods are out. The aromas of April push through the buildings and I walk my way across the bricks and concrete. It's Friday morning. I'm off for four days. I'm exhausted. I can't stop thinking.

8:54 AM. Room 6018. Asystole (flatline)

The resident looked into the faces of the medical staff gathered in the room. It had been 20 minutes. He released a deep sigh. "Okay, let's call it."

10:07 AM. Room 6018.

A housekeeper has pulled up all the blinds. Cleaning up rooms where the patient had died was always unsettling. Light seemed to cleanse it. As she swept up, she saw a piece of paper on the floor with the dirty imprint of a shoe. But when she picked it up she noticed that someone had drawn on the other side. It was the portrait of a woman in her middle years. Her features were delicate. She held her hand partially over her mouth in a pensive and worried manner. The tilt of her gaze was distant and sad. But her eyes were soft and accepting. And scribbled at the bottom in small, awkward lettering was the single word "soon."

By now, many miles away, I lie in the cool, silent air of my shaded room. For the moment, the questions no longer rage. It is the temporary and dulling opiate of deep sleep.

Back at the monitor station, the electricity of frail hearts still travels silently across the screens. Sid's chewing gum. And the nurses are well into the work of another day.