

MIND TO MIND

Creative writing that explores the abstract side
of our profession and our lives

Carol Wiley Cassella, M.D., Editor

Daddy Was There!

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AUBURN hair in a bowl cut, angelic face, and sparkling blue eyes, all packaged in 40 pounds of frenetic motion. The shiner was the give-away of the tumble, and resulting facial fractures needed to be fixed. My first encounter, a preanesthetic visit, with Aaron, a wonderful little boy whose behavior called out to me: Asperger syndrome!

He had an additional reason to be inconsolable. What 5 year old would be happy without anything to eat and nothing on the horizon to correct this deficit? Not even the nurse could solve this problem. Armed with two drinks, the oral premedication and apple juice to wash it down, she tried to help gain some control by offering what had been withheld to this point. This smart little boy, however, figured it out in an instant. He would have nothing of this potion. Intuitively, it seemed, he knew the midazolam would not taste good. In an instant, he spit it all out.

What to do now? How would inhalation of a pungent anesthetic vapor be accepted with ease? The solution: *Daddy was there!* Without hesitation, Daddy took on the unanticipated task of escorting his son into the operating room. Donning the mammoth, one-size-fits-nobody white paper “bunny suit” cover gown and chapeau that could second as a shower cap, Daddy was ready. Joined by the parent services nurse to attend to Daddy’s needs, we all made the journey to the operating room. A chair for Daddy, and Daddy’s lap and a security hug for Aaron. The mask was inched closer and closer to Aaron’s face. With calm, soft, reassuring words

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from Daddy, this potentially threatening assault was anything but. Why? Because *Daddy was there*.

Guided to the parent waiting area, Daddy felt a sense of relief and recognized his challenged son's accomplishment. Daddy also sensed that the alterations his son was about to experience, brought on by general anesthesia and surgery, would be all right for sure. Unbeknownst to all of us, much more to this story was about to unfold.

"Routine surgery" and "uncomplicated general anesthesia" were the messages for Daddy. The postanesthesia recovery period would be *pro forma*. Daddy was summoned without delay to his son's side; the nurses sensed the great help he would be in comforting his son. As he entered the recovery room, Daddy walked straight to the bedside—oblivious to everything except his charge. Talking to Aaron as he stroked his dependent's brow, *Daddy was there*.

The calm exploded in seconds. Sitting up on the litter, Aaron started to sputter blood. In an instant, his rhythmic breathing, which had reliably alternated with spitting and swallowing, became disorganized. Silence followed sputtering and then there was the deafening stridor of airway spasm. The emergency page, "Anesthesia now—Room 15," went out for all experienced hands to assemble and act. Before everyone's eyes, the child's hue transformed from a rosy complexion to mottled cyanosis. The oxygen monitor signaled the ominous change as the rhythmic, high-pitched beep progressively lowered its tone.

"I need the airway emergency box."

"Give me the Mapleson breathing circuit and turn up the oxygen flow."

These and other injunctions were heard in rapid-fire succession.

In all of this frenzy, *Daddy was there!* In the midst of 20 or more people, he stood upright, eyes transfixed in terror on his son. From the mass of people, in the flurry and excitement, Paula, a very experienced nurse, walked to Daddy's side, put her arm around his shoulder and uttered a reassuring, "He'll be *okay!*" She continued, without pause, to explain, reassure, support, and empathize with Daddy, who was there, as he believed he should be, for his son.

As medicines were administered, it became infinitely easier for Aaron to breathe. The hoped-for response occurred, as evidenced by the change of his complexion from a blue-grayish pallor back to a rosy countenance. With my beckoning gesture, Paula escorted Daddy to a comfortable rocking chair strategically positioned next

to the awakening child. During the next 10 minutes, a seeming eternity, the nurse and anesthesiologist walked Daddy through happy recovery for the child.

Some would counsel that parents have no place in the operating room during induction of general anesthesia for children. Others would chide that parents have no place in the recovery room or intensive care unit when children become unstable in life-threatening states. Had Daddy not been there, this child would have been deprived—deprived of a loving and supportive induction of general anesthesia, deprived of resuscitation that was witnessed by a parent whose unqualified love and support enabled him to watch and understand the critical incident.

The dust settled and Daddy felt comfortable to take a walk, to gain some space and private time to think about all that had transpired. Upon his return, he handed me a missive; a thank you note and a poem, combined. It was crystal clear to Daddy that he has a responsibility, a mission: to be there for his son. He was grateful that the anesthesiologists and nurses facilitated—and did not road-block—his desire and need to stay connected with his son. He was there because he understood Daddy's mission, as so eloquently expressed in his poem:

It's not that hard to understand.

A parent's job, a lifetime job—to help your kid get through it.

Whatever it is.

For as long as your kid needs your help to get through it.

OK?

Penned by Michael (also known as "Daddy")

This article is dedicated to the preanesthesia, intraoperative, postanesthesia, and family service nurses at the Children's Hospital of Philadelphia, Philadelphia, Pennsylvania. This team ensured the best outcome for Aaron—and continue to do so for all of the children for whom anesthesia care is provided. Many thanks also go to "Daddy," who read and contributed to this manuscript and gave permission for its publication.