

The Wee Hours

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ON call again. In the house. Sunday. It starts at 0700. The previous night's crew is waiting for you. They look haggard, like you're going to look. They give report: what they did, what you will be doing. They're champing at the bit to leave.

A large hospital, with numerous ORs, a busy OB service, a packed ER, and an ICU out of Dante's Inferno, is now staffed by an anesthesia department of two: you and a nurse-anesthetist.

Usually, it's orthopedics that awaits. The elderly have fallen, and their fractures need repair. The only person grumpier than the CRNA is the surgeon, who was "bumped" last night, and has to be somewhere else today. So, could you please "move things along" with that 90-year-old patient?

By mid-afternoon, after your orthopedic adventures, after postop rounds, and a couple of labor epidurals, it's time to make out Monday's OR schedule. But, you don't have enough "providers" to staff all the ORs. So, you make phone call after phone call, hoping to enlist some help (otherwise, you might not make it home tomorrow). Then, the ICU calls. Can you please intubate someone? Next, the ER calls. It seems that the LP they did on a patient last week has resulted in a headache, far worse than the original. They need a patch. At least, by now it's dinner time. Navy bean soup.

Your next task is seeing preops. Deciphering charts, examining teeth and airways. Patiently explaining tomorrow (glad you won't be there). Constantly wiping off your pen. Putting on those silly "isolation" gowns. Last stop, the anesthesia office: post the schedule, and prepare for the wee hours.

Outside, it's pitch dark. Inside, white phosphorescence. No wonder no one can sleep in a hospital. Past the janitor, his head down, polishing the floor. Up the stairs, past the ID swipe, into the land of women: L & D. Check the cart, check the C-section rooms, make sure it's all there and ready. The march of the labor inductees has begun: bags packed, they waddle in, like penguins from Patago-

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nia. You resist the temptation to go to the call room. Too far, and there can be no expectations (of sleep). And, you wait, for that first urgent C-section or that first fetal dysrhythmia, to have your first cup of coffee.

At 0600, you see the light. A surge of cortisol accompanies the sight of the heart staff hurrying in to set up. You're doing an appendix, with the CRNA. She's growling like a pit bull now, but you don't care about that. The patients have been safe and comfortable. You've managed a smile for everyone, you didn't need back-up, and your relief is on the way. Poor soul.