

HEAD WOUND

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Third Place, Personal Essay



My most recent volunteer shift in the ER was harsh and surreal. I worked graves, and followed one of the ten severe traumas that came in that night as it was received and processed.

The arrival was heralded by the overhead lights flashing neon green, accompanied by the intercom. "Trauma arrival, ETA five minutes." The team began to assemble in the trauma bay, and there was assorted chatting and bitching while everyone waited for the helicopter to arrive and land. It was three in the morning, and one of the residents was saying, "Holy *shit*, guys, where can I get some coffee? I'm never *gonna* be able to make my rounds tomorrow!" She looked too young and beautiful to be here, draped in a lead radiation jacket under the harsh white light, pulling on rubber gloves. The various locations and qualities of coffee available in the ER were launched into, as if a chopper wasn't right outside with someone on the edge of death.

The room erupted suddenly, and the airevac crew was swarmed on their way in the bay doors, their fragile load hauled up onto the trauma slab. The idle ER team magically transformed into a flawless machine.

Recorders appeared out of nowhere, standing like posts in the corners, frantically scribbling notes on the assessor's observations and the airevac team's shouted report. The X-ray machine swung into place, IV lines were placed, the body was palmed and a finding shouted at every touch. They circled each other like birds in flight, perfectly choreographed. Pressed against the doorway, I could hardly see the patient in the press of shifting bodies. The colors of the different uniforms were a patchwork of black and yellow airevac suits, the technicolor lead aprons, and the bland green of the general staffs' scrubs.

By the time we got to the MRI room, there was so much blood on the board, his body, the gurney, and the equipment that I could taste it when I breathed. It filled my head and throat with a strange primeval tang that set off alarm bells; some chunk of my brain that still thought like a lizard, programmed millions of years ago, and this smell made me want to bolt.

Blood was running down over my patient's eyes, which were swollen shut, as we ran him down the hall to the MRI room. His body was trembling with shock. His arms were crossed over his head and strapped to the board in order to expose his torso and skull to the MRI fields. He looked crucified, the most vulnerable thing I had ever seen in my life. His body was soon sliding into the slow, patient MRI machine, with every second ticking toward a precipice of death or recovery.

I was stunned and overwhelmed. Everything seemed sharper, brighter, and in that room of icy greens and stark whites, the clots, rivulets, and drips of

blood were astonishing, the color gorgeous. It was distracting, and I was desperately trying to focus.

I was stunned by the enormity of what was happening, trying to keep it all in perspective, to see any opportunity to put my inexperienced hands to use.

His face was a parody of expression, a swollen bleeding mask. The head wound was covered only with a loose pad of gauze, because the bleeding relieved cranial pressure. When the gauze was pulled back, a crushed chunk of skull and a ragged avulsion smeared across the top of his cranium. I stood by him, an impotent butterfly, touching him, fussing with the oxygen hoses.

I had to tear myself away each time I left the room for the MRI shots. I felt like my leaving might preclude an event I could assist with somehow, and I would not have missed it. He was somewhere between unconscious, dead, and fighting— his body was big, strong, and young. He was twenty years old. The techs struggled to secure him, maintaining his airway and spine while moving him in and out of the scanner. The bag-valve-mask on his face, its forced air filling his stilled lungs, was being pumped by one of the techs. It was his lifeline, his breath, his brain, and his future, all held in the hands of one man. The entire situation teetered on the edge of a cliff, its front wheels hanging off.

The MRI room was crowded with techs and doctors. Their body language drawled slowly that they had indifferent acceptance of whatever direction this would take, but their eyes and faces were glued to the glowing monitors, and the room was silent. The senior physician knelt on the floor before the screen, his low, economical words spelling out the future: traction, surgery, a funeral? In the corpulent hulk of his body, his face was intense and alert, his eyes missing not a single significant note on the MRI films, clear yet arcane, the language of the organic interior of the human shell.

As the slices of the brain and spine scrolled onto the screen, he watched quietly, then speaking suddenly. “He has air in his spine.” He was quiet and factual as he pointed to a tiny bubble on the screen. The room shifted on its feet.

A few minutes later, the beautiful young resident would explain to me that this meant he would probably die. “He’s not in a closed vault anymore, so the chance of intercranial swelling is possibly relieved, but this is very bad.” She gave a shake of her tawny-gold head, her pen scribbling. She was incredibly kind, and it was unusual for her to acknowledge my presence, let alone answer a question. Most of the residents looked through me fleetingly, as if I was an oddly mobile chunk of countertop. I trailed out of the MRI room, and followed the patient to his next destination, an observation space in the critical care section of the ER. I could tell where he had gone by following the trail of bright blood on the white linoleum. The neurosurgeon had been called, and we waited for him to arrive.

The girl who was on the four-wheeler with him was considerably better. Scared but intact and alert, with no obvious major traumas, she was eventually placed in the trauma holding space next to him. Mud and nasty scratches covered

her, but her pretty green eyes were alert, if stunned and frightened. A green curtain separated them while she waited to be x-rayed and assessed in greater detail, and she had not yet managed to acquire any relationship with her environment. She was unaware of the extent of his injuries, unaware even of the fact that he lay bleeding beside her. Her mom stood protectively beside her, watching and waiting quietly. The tubes and monitors blinked and wheezed loyally above them both, unnoticed.

Surprisingly soon, the neurosurgeon arrived. He was tall, European, succinct, and possessed of a comfort in this chaotic setting that spoke clearly of his authority and seniority. I got the sense that if he ordered the shattered boy to talk, we would have heard a tremulous, "Yes, sir!" His initial examination was perfunctory, mostly a visual inspection only seconds long. He stood, tall, calm, and immaculate. Anubis waited in his shadow.

The boy's mother was brought in, and she staggered to the trauma bed, her hand covering her mouth, unable to hold back a low, desperate wail. When he saw her, the neurosurgeon took her arm.

With grandfatherly kindness and the authority of a farmer scanning his herds, he informed her only that "This is your boy. He is alive for now. If we are able to control his injuries, which are numerous and grave, he will live. If not, he will die." That was all, and that was all and exactly what she needed. Since the surgeon was there, the doctors swarmed, tossing details and discoveries out as they did the exam with the doctor. In their excitement the mother was forgotten, and she sat, slumped and shattered, at the boy's bedside.

I glanced at the girl's face, and was stunned and horrified to see her eyes vacant in the way of those who are concentrating intently. She had become cognizant enough to focus on the voices next to her, and was slowly comprehending the gravity of her friend's condition. Her eyes met mine, and filled with tears in big blue eyes already red and swollen from crying.

I was too late to distract her or to ask that she be moved to a different bed; I walked over to her and put my hand on her shoulder. "Are you listening?" I asked. She nodded desperately. Her face crumpled. There was nothing to say.

When I came back the next week to check on him, he was difficult to find. When brought in he had no identification, so the airevac crew had named him Delta One for registration. Since he was registered under that name when I saw him and was re-registered under his own now, I had to hunt through the MRI records to locate him in the ICU. When I went upstairs late in my shift and asked after him, the nurses reported that yesterday he had been talking and was alert. One week after his catastrophic accident, his prognosis was leaning toward a total recovery.

