

GLORY DAYS

As I walked along the stark white corridor of the old Prince Henry Hospital with its Nightingale styled ward layout, so that all patients could be viewed from the nurses' desk, yet were afforded little privacy, the smell of stale human bodies, starched linen and hospital grade disinfectant hit my nostrils. It was my first day on the Delaney House Vascular ward and I was in my second year of nursing.

Having completed my university degree amongst much animosity that I was in the second year to go through a University and not a College of Nursing, I had already survived the scrutiny of hospital trained nurses and had endured a first year of initiation at Wollongong Hospital working double shifts and trying to get my practical nursing skills up to speed quickly after three years of study. After the first year I thought I had made it. Off probation and moving to Sydney, away from home and finally spreading my wings. Top it all off with the cheapest ocean view accommodation in all of Sydney (thirty dollars a fortnight per room) and I was set for an initiation into this new life in the big city.

That first shift turned out to be the most memorable of my entire career, and I have since worked in the United Kingdom as well as all over Sydney and specialized in Intensive Care Nursing and seen more than my fair share of drama.

Once I was introduced to the staff I took handover and received my patients for the shift. Among my patients was a lovely Greek lady in her late sixties who had just had an open femoral bypass graft (And yes this was in the days before angioplasty and star-closes). I remember the off-hand comment from the Nurse in Charge as we inspected the patient's wound and checked the circulation to her leg as 'and if it starts to bleed just shove your fist into the hole'. A loud crash rang out as a patient attempting to mobilise unaided fell to the floor and we rushed to their aid, attempting to minimize the damage. The rest of the shift was a blur of trying to familiarize myself with patients, their paperwork, medication and wound care while finding out where supplies were kept and discovering the little nuances of a small old hospital with lots of outdated buildings and no connecting corridors or elevators.

At around 8 pm I did my final medication round, shooing out the visitors and settling patients down for the night of rest. As I checked on the Greek lady with the most beautiful smile I thought she looked a little pale. Her blood pressure was raised and pulse rapid. She said she had no pain but was just washed out from having so many visitors. I settled her into bed making a note to inform the intern on duty and sat down at the nurses' desk to write in the patient notes (few computers then).

About twenty minutes later I heard a small noise and went to investigate. My Greek lady was sitting upright with a bright red stain pooling on her starched white sheet around her lap. I pulled the sheet back and in a second was confronted with the largest

bloodiest gush I had ever witnessed. It seemed quite natural at the time but quite absurd now in hindsight but I did form a fist and shove my hand into her groin, while paling in color to match the patient's own!

For the longest minute ever we both gazed into each-others horrified eyes before realizing that we had both been holding our breath. When we finally drew in a gulp of air we looked immediately to the femoral wound that appeared to no longer be pulsing so strongly.

In a loud bellow that woke all the patients I alerted the other nurses to our plight and before long a cast of what seemed like thousands but was in fact seven doctors and nurses and wardsmen arrived. There was much talking and debating but on the whole decisions were made above and around us while not one soul asked how the patient and I were feeling. It seemed that we were at the epicenter of a storm at sea. After ten minutes I found my voice, cleared my throat and loudly interrupted the Surgical Registrar who was barking orders around us. I asked if everyone could hush for a minute so the patient could speak. Then I asked the Greek lady who by now was even paler than before, if she had questions for the good doctor. She asked immediately if she were about to die.

The surgeon floundered and then realized his duty to the patient and started discussing emergency surgery, consent and possible complications. The Greek lady wanted her husband informed and once a consent was hurriedly signed it was determined to move her to the Operating Theatre. I asked timidly how we would move her onto the theatre trolley to be told that would not be necessary... the lady would be taken on her own hospital bed to theatre, but the most awful part was I too was along for the ride. The surgeon told me in no polite manner 'you release pressure on the patients femoral artery and she dies, understand?' I nodded weakly as the patient implored me with her large eyes watering from unshed tears. I told her to be brave and whispered that when she recovered she was to bring me some home-made Greek sweets.

The ride on the old metal hospital bed seemed to take forever, up and down ramps, in and out of corridors to the operating suite. We made it and the lovely lady held onto my upper arm the entire way as if to strengthen my weakening fist with her own willpower. Suddenly we passed into a sterile cold stark room with gowned nurses and doctors awaiting us. I was shortly relieved of my role and shooed from the room to wander through the maze in an attempt to find my way back to my ward.

Later as I washed the blood off my nurses uniform, had a shower and collapsed into bed I said a prayer for the Greek lady with the beautiful smile. I fell asleep listening to the ocean waves but dreamt only of a dark red sea.

The next day I found the patient had been taken to Intensive Care and was hanging in by a thread. A week passed and little changed, then a hospital-borne infection set in and I feared she may never make it.

Two weeks later she was back in the vascular ward and gave me a big hug. At first we were both so nervous, and I recall checking on her ugly, scarred and reddened wound frequently during those first days back. Slowly her smile and confidence returned and we began to laugh together and forge a bond. The patient thanked me several times over for saving her life, but also for speaking up as her advocate that she could ask what was going on when nobody seemed to be paying her the least attention. Her husband tried to fatten me up with all manner of Greek food!

It was a very rewarding experience in that not only was a patient's life saved, but more that I became determined to better myself so that I could react in an emergency and understand the aspects of critical care. I applied for a transfer to the Emergency Department and also for a place on the postgraduate Critical Care Course at University.

It wasn't always hard work and no play. Prince Henry staff were very social, barbeques held weekly for the staff, drinks at the golf course and leisurely swims off the beach.

What I didn't realize then was my days at Prince Henry were to be cut short as the smaller hospitals in and around Sydney were methodically closed one by one and staff and specialties merged into the larger hospitals which absorbed the patient load with apparent ease as they became super centers of health, each specializing in their own area of care. I moved to the Prince of Wales Intensive Care and packed up my belongings from the nurses' home. Now it is has been sold off to the wealthy and the old Prince Henry is no more, but occasionally in my travels through other hospital wards and corridors I will see a familiar face from the past and we will smile as we recollect on our 'Henry' and the glory days we shared there.