## This is COVID-19

## *By* [***Steve Lisowski***](https://www.facebook.com/steve.lisowski.3?__cft__%5b0%5d=AZXYNwBwLIntOr01gcJ8Nbq3SDz2fGaiuvbje0KAvj_i2cY9Vs2ChA8SlgxuXIIGioVAdpkzCDFx7Rkc_zOikspWMY_Qipc30CP3dprQW0Zn0ygQY2RbGqJ1xg3TNyIcpBQ&__tn__=-UC%2CP-R)*, RN – Salinas Valley Memorial Healthcare System*

Imagine you wake up one day, with a runny nose and fever. You go another day or two and continue to feel worse. You go and get tested and lo and behold, you test positive for COVID-19. Healthcare providers give you an inhaler and some steroids, send you home and tell you to isolate. If you isolate the way you are supposed to, you are no longer seeing your wife or kids.

In the middle of the night one night, you just can’t catch your breath. Your wife asks if you need an ambulance through the door and you finally say “yes,” even though you don’t want to be taken to the hospital.

The ambulance crew arrives wearing N95 masks. They put a pulse oximeter on your finger, which provides information about the amount of oxygen in your blood. Your oxygen saturation is 82%, 90 or above is considered normal.

**Taken to the hospital**

You are taken to the hospital where you are isolated from other patients. You call your wife and speak with her in short sentences because you are having a difficult time breathing. Maybe you FaceTime with her. You tell her you love her and not to worry.

You try to sleep but you are having trouble. A nurse periodically tells you to lay on your belly. You try, but it is uncomfortable.

You get up to use the bathroom and can barely make it there. Your oxygen saturation has now dropped to 78%. The respiratory therapist (RT) comes in and changes your oxygen delivery to something called high flow nasal oxygen. The RT tapes the nasal cannula to your face. It is now blowing high levels of concentrated oxygen into your lungs. You call your wife and you both joke about how you look. She is worried and you tell her not to be, after all 96% of people survive COVID-19. You will be fine.

The day goes on with you watching TV and you are beginning to struggle again. The nurse tells you to lie on your belly. You can’t watch TV that way but oh well. The alarm on the monitor nearby keeps dinging and it is annoying.

This goes on for a few days.

**Gradual decline**

You keep feeling more and more winded. You’re missing your wife and kids if you have them. Now you cannot do anything without a nurse helping you. The monitor constantly rings. At this point, you cannot tolerate even standing without feeling weak and horribly out of breath.

One morning you have a coughing jag and you panic because you can’t get enough air. The respiratory therapist comes in with a determined look and puts a full mask for oxygen on you this time. It’s like being a fighter pilot and it’s scary. You breathe better but now you cannot eat because of this mask. You can only have occasional sips of water. Your wife calls but she can’t understand you because of the mask. You do your best to communicate with her. The doctor comes in and tells you that because of how you are doing, they need to transfer you to the intensive care unit (ICU). You text your wife not to worry and provide her the new room number.

Another two days go by.

**Intubation**

One morning a critical care physician (intensivist) walks in and says because of your breathing your muscles will tire out. They need to put a tube down your throat to help you breathe. He asks you if your heart should stop, would you want everything done to save your life. You say yes, but he says that if your heart stops because of COVID-19 there’s little chance things can improve. You tell him you want to live. He nods and closes his eyes a moment but just looks at you. He asks if you would want to be kept alive by the machine only. Eventually, you realize this is not what you would want and they change your code status to Do Not Resuscitate.

You call your wife and tell her the news. She’s crying and looks like she hasn’t slept in days. Your oldest child is very worried and constantly interrupts your conversation. Your youngest child plays in the background oblivious to the situation. This is the last time you will see them.

Several people come in your hospital room. A bright light is turned on and the intensivist towers above you and tells you not to worry. They are going to give you a medication to put you to sleep. You are looking around and then everything fades to black.

I don’t know if you dream. I don’t know what it’s like to be paralyzed. And you can’t tell me if something is hurting you. I have to use my training to assess you. I don’t know what happens when you start to wake up when we try to turn down your sedation a few days later and you look at me, wild-eyed and panicked, but not really seeing me. I try to comfort you. You are in my hands and you are counting on me. I will do my best.

**We are doing everything we can**

What I do know is how worried your wife has been every time she calls. I know how she hangs on every word I tell her when I update her on your condition. She is hopeful I will say something positive but I have seen this, I know I have to be very neutral. I assure her we are doing everything we can for you but your chest X-rays keep looking worse and worse. We are treating your fever. We have to keep increasing your oxygen on the ventilator. A week goes by like this.

You are still not getting better. We have video calls set up where your wife and maybe your oldest child get to see you with all these tubes in you. Do you know they are there? As they try their best to sound positive and reminding you of how they are rooting for you and how life is at home. I can see how tired and cried out your wife is. Eventually, I have to tell her the time is up on this call. She nods, understanding, but I know she wants to stay on longer. She wants to touch you again.

You’ve been in the hospital a month.

**The farewell**

One day, a palliative care doctor calls your wife. He explains that you are not improving and are unlikely to do so. He starts talking about the harsh reality of the future.

I hear him talking to your wife in hushed tones. He is compassionate and honest about your situation. This is about acceptance now. The next day the hospital allows your wife to come see you. This is a farewell.

I can only have her in the room for a few minutes. She is stroking your hair and crying. She is touching your arm. I look away. I have a job to do. I hold it together for you and your wife. You are both counting on me.

Everyone is being very supportive to your wife as she leaves. She can’t decide if she should look back or just march out. We understand how hard this is. We know she is barely hanging on. We’ve seen it before.

Did you feel her touching you? Did you hear her say goodbye? Part of me wants to think yes but a bigger part of me hopes you are not aware of any of this that you are dreaming of fond memories of your family or the beautiful places you’ve seen. That is what I hope is going through your mind.

**Gone**

Soon after, we give you a certain type of medication and withdraw the tube from your lungs. You don’t stay with us long. Your ravished lungs can’t oxygenate you. I watch your oxygen level drop rapidly and then your heart rhythm gets fast and irregular then way too slow. The monitor is screaming at us to do something, but now there is nothing else we can do for you. The time for intervention is gone. The doctor goes through the motions of listening to your heart so he can pronounce you. And just like that, you are gone.

We stand there a minute, maybe two if we have time. This is never easy. Maybe some of us say a silent prayer. Maybe someone strokes your chest or your hair, one final touch as you’re going wherever it is that our spirit goes. Another patient is coming and we have to attend to them. It’s time to move on. We have more work to do. Maybe we can save this next patient.

**Get Vaccinated against COVID-19**

We do our best to remember you in the coming weeks. We may not remember your name. We probably remember your room or what you may have looked like. We probably remember your wife. However, what we probably remember the most we don’t speak of- it’s how much you suffered, despite everything we did. Get the vaccine! This is COVID-19.

## *Steve Lisowski is a registered nurse at Salinas Valley Memorial Healthcare System and currently works in the ICU and COVID-19 ICU at Salinas Valley Memorial Hospital.*

Photo available upon request. Contact krusk@svmh.com