

ER Egg Shell Row

Tales from Mona O'Lovely



. . . I sit in the corner of Shobi's house and watch TV just like all those "real" folks in the hospital. I've seen "ER" with people screaming, sirens blaring, nurses and doctor running around, blood splattering everywhere, and people being hysterical. No wonder Shobi always tip-toes past the hallowed doors of the Emergency Rooms.

Ya see, Shobi has to push me on my gurney -- her hospital cart -- past those hallowed doors of the Emergency Unit to leave the hospital. That's where the handicapped ramp is. Ya know, I don't walk too well at my ripe old age! One day as I was minding my own business just sittin' there riding down past ER, those double doors come flying open and two doctors came out of the adjacent Doctor's room. They took Shobi, one on each arm and marched her right through those doors. "Hey wait for me," I yelled, so someone else pushed me in from behind.

Mind you, I've been in the ER lobby plenty of times and I'd been clowning at that hospital for years now, but this was the first time I went through the metal detectors and locked doors of ER. Lucky they didn't detect my pace maker. It was blinking like crazy over my heart. I think Shobi was in ER once when she poked a garden stick in her eye. She ran out of the house that day, but I saw her grab her balloon bag. I guessed she knew was going to be there for a while. Sure did leave me there worrying! She said she made balloons in the ER waiting lobby until the eye doctor could see her -- she was away for 6 hours! I got really worried, but she was OK.

Oops, excuse an old lady, I'm wandering away from my story here. I hear the ER doctors tell Shobi, "We have a four year old in here who is screaming and upsetting everyone." Shobi really didn't have much choice in the matter. They would have pushed Shobi right into that little girl's room, but Shobi started to tip toe and I think they got the message. Doctors can be pretty stubborn when they want something, but Shobi got her way. They left me to one side of the corridor, so I got a pretty good view.

Shobi stood out of sight by the door and blew bubbles into the room. "Who's there?" said the doctors to the sniffling child. The crying stopped for a moment. Shobi peeked in. "Eeeek" went the child. So she disappeared again. More bubbles. Shobi was there doing the old peek-a-boo routine for a good 15 minutes. I heard her thinking (ya know I can read Shobi's mind - but never you mind tellin' her that). She was thinking "I can do this, I'm good at this. This is what I do best." The child was engaged, but each time

Shobi peeked in the child got that look on her face -- you know the "I'm going to scream real loud right now" one. So Shobi would back out and blow more bubbles. I told her I wanted no part of this kid. So she took Birdie, her bird puppet, to the door. "Psst!" I whispered, "Give her one of the dolls. Kids like dolls."

Shobi listens to me sometimes. The kid still didn't want any part of Shobi Dobi, so Shobi finally gave one of the doctors the doll to give to the child. And that little so and so didn't want this beautiful doll. "Sorry," said the doctor when he returned and put the doll right back in my lap!

So I was pushed out the handicap plank and down towards the parking garage. I could hear Shobi thinking ". . . did OK today except I just couldn't get to that little girl. Oh well." She felt real bad about that. I try to tell her to let go of these things, but she is a real worry wart.

Well, just as I was trying to comfort Shobi, the very same little girl comes by with the biggest bandage on her chin. In fact the whole family came by. The little girl was frantically waving to Shobi as she went by. We both waved back. Then Shobi and I waited outside the garage for their car to come out. Shobi gave the little girl the doll. She was waving it at us as they drove out of sight. Ah shucks, it was so sweet -- made Shobi's heart sing.

It ain't over yet folks. The next time we were in the hospital Shobi thought she'd go into ER and tell the doctors about the little girl. She pushed me right up to those big hallowed doors of ER. We just stood there, not knowin' how to get in. It's not exactly a place you knock. Then the locked doors just opened all by themselves, and in we went. I think someone pressed a buzzer somewhere.

Well, folks, there we were walking on the sacred ground of ER. I whispered to Shobi, "This is like walking on Eggshells, we have to be so careful." Oh my stars, I could feel the fear and pain bouncing off them walls. Ya know, I've been in ICU, PACU, and every part of the hospital but ER. Shobi was literally tip-toeing around. Actually I'll tell you a secret, Shobi loves to sneak, peek and hide - so this was right up her alley. The doctors from the previous event



Mona directs traffic in ER
with the help of Donald Waite, RN and Tom Bressen RN

were not there, but we were greeted by the staff as if we were old timers. "Mr. Jones would like to see you. That woman over there is in a lot of pain. . ." Shobi's written previously about our ER experiences, but this is how it all started. Now ER is one of my favorite places to go. Favorite because I can sense the need of the patients and the staff. They all love Mona O'Lovely. I yell at them "Nurseeeee!" and they always come over to see how I am and I get to whisper in their ear, "I love you!"

ER sure ain't like the movies; it is not frantic, but the pain, urgency and fear are ever present. The staff is so receptive to Shobi. They love to play -- more than anywhere else in the hospital. Volleyball with the neoprene gloves (don't use latex anymore) over the computers. Red clown noses are being worn by all, and those whose noses won't hold a sponge nose we give Groucho masks. Let me tell you, these are a very special group of people indeed.

I gotta turn this over to Shobi's pal Carol Whitehead now. She says the next part is serious. I don't know, just 'cause I'm a puppet don't mean I can't get serious. I think she means you won't take me serious.

You know, you can write to me and ask me questions. I'm nine hundred and ninety-nine now and have a lot of experience. I even have my own email address too. It's MonaLove999@aol.com

Shobi's real busy these days trying to do everything right. I tell her "No need to be perfect - perfectionism is the killer of spontaneity."

So that's my wisdom for the moment. ♥ ♥ Mona O'Lovely

Gettin' Serious by Carol "Caree" Whitehead



Carol "Caree" Whitehead and Shobi at Kaiser Hospital in Oakland, CA. Caree is a Recovery Nurse (PACU) and has been an ER nurse and clowns with Shobi at Kaiser Hospital Oakland.

It's amazing what grief the ER staff puts up with. 70 percent of the people who come to ER are irritable. They have to wait and wait. They see other people go in ahead of them and they get angry. They don't understand the dynamic of triage. (If you are not breathing you come before those who are bleeding.) Pain and fear can cause a lot of irrational behavior. The staff has to deal with this on a daily basis. They are really getting the best of care; they just have to wait for it.

Staff has to keep their morale up to give quality care to people who day after day are not delighted to be there. That is why ER staff are such a close group. They find ways to affirm each other. We tell a lot of jokes. Humor is a big factor, even if it is "dark" humor -- the MASH kind. We celebrate birthdays, bring cakes -- there is always sugar around.

Remember it might be OK for a clown to give staff candy, but NEVER give a patient anything, even water without staff permission!

It's pretty unusual for the clients to come back and thank ER staff. The patients go somewhere else, so they don't get that kind of gratification. However, every now and then, staff gets back the sense that the care we provide makes a difference to someone's life.

Identification

Staff will wear name tags: RN - Registered Nurse; LVN Licensed Vocational Nurse; CNA - Certified Nurses Assistant; PA - Physician's Assistant; and NP - Nurse practitioners, UA are the Unit Assistants/Secretaries.

The intern's badge will say Intern, but the doctors' tags do not distinguish between "Resident" or "ER doctors." ER doctors are all Board Certified Emergency Room Doctors. Surgical or resident consults will be pulled in so there is no way of knowing the different doctors. But this is not important. I think Shobi's way of seeing everyone the same -- as equal -- is really a good way of approaching the staff. Everyone needs the clown. It's not about status, it's about respecting people. As long as your goal is to spread joy it goes beyond all status. The clown has equal vision.

Trauma Rooms - The Red Rooms

"Every ER will have Trauma Rooms. At our facility it is called the *Red Rooms*. They are labels with room numbers on red background. It is important to find out where the Trauma Rooms are in your hospital's ER. There will be activities in that area that you don't want to get caught in the middle of. And sometimes there may be things that you need to protect yourself from like TB. This is where critical or suspected contagious people are held. Stay away from these rooms unless you are invited by staff. Ambulance staff bring patients in and out often very fast. Even if you are invited into one of these rooms, you need to be alert to the critical nature of that patient."

Hallway People

We do Triage, if the ER is full they will divert. But when one hospital is on "divert" then usually they all are, which results in a lot of "hall way people."

In our impacted ER systems, all ER's have "hallway people." These are the people waiting for test results and medical decisions. The patients are glad to be there, but they have no privacy. Their needs are on some list somewhere, but they don't know it and don't have any idea what is going on. They are not given pain medication until they have been accessed, because the medication can mask their symptoms. The hallway people are often in pain.

These are always good people to visit and in general the hallways in ER is a safe place to clown - to engage with staff and let them know that you are willing to visit others who would like a visit.

Often Staff will not fully be aware of the hospital clowns work and will say things like, "There are no children here," or "They are all too old," or "Don't go over there, she'll slug you." Shobi always says, "Is it OK if I try?" This way I am not questioning their authority, but still asking permission to try. Once the staff replied, "O.K., It's your funeral!" The woman was in a great deal of pain. She was in the hall in front of the Red Zone. So there she was, angry and in pain.

I handed her a stuffed bunny rabbit! She looked up at me, took a deep breath, and started to cry. I was reacting to her fear in quite a different way than the staff. The vulnerable clown to the vulnerable patient. Of course that is the privilege of the clown who doesn't have the responsibility of the critical medical part of the unit. When I left ER, the woman still in the hallway was clutching the bunny and sleeping. -Shobi



In disguises provided by Shobi, Red Noses and Groucho glasses, ER Staff Larry Masket, M.D. and Unit Assistant, Linda Barnett are caught in a moment of clown play.

Most of what you see in a series like "ER" is made for TV. Most hospitals don't have that kind of population. However, if you go to a county or general hospital, you will see "blood and guts" coming in the door. At a county hospital, a good 70-80 per cent of the people there are those who didn't fit into the system and this is the only they can get help.

Monitored Holding Area

Most ER's have an area curtained off for patients who are stable and either going home or waiting for a bed in the hospital. Sometimes they could be stable and just waiting for test results.

CODE BLUE is always when someone's life is at risk, not just when someone is dying. This could mean attempted murder, suicide, distraught out of control family members or someone who has stopped breathing. Be alert to the "crash cart" and be aware that staff will leave right in the middle of "play." There may be security around at this time also.

Hygiene

The most important part of ER for the clown is being conscious of washing your hands after touching a patient or anything in a patient's room. Hand washing is so vital to infection control. If you hold hands with a patient, you have to wash your hands afterwards. TB and hepatitis are epidemic in this country. Wash hands in-between patients and make sure you are not taking an item from one bed to another. If you have to "glove up," make sure you wash your hands after you take the gloves off, too. Germs love the environment inside of gloves.

If you hear "MRSA or VRE is present" get out of the way. Both are virulent bacteria that we have no medicine to cure. These are:

- MRSA – Methicillin Resistant Staph Aureus and
- VRE -- Vancomycin Resistant Enterobacter.

People who spend a lot of time in the hospital can contact this. It easy to spread from one unhealthy person (i.e. patient) to another unhealthy person (i.e. patient).

Walking on Eggshells

"Walking on eggshells" is a good way to describe an approach to clowning in ER. It is like holy ground that place and I see Shobi treats it that way. Respect for the staff goes a long way. It takes years of experience to confidently respond to an emergency and that is what you are going to find in an ER. Things that other

nurses and doctors would just shudder to think about, these doctors and nurses just do, because that's what they do everyday.

Staff Play

Clowns are "way fun" for the staff. It becomes a safe moment to have fun in an environment that's not created for that. To do this in a way that honors peoples' illness, that's where the professionalism in hospital clowning has to come in. I don't think it is something you can read about in a book and then go and do it. It is something that comes from deep inside. I think it takes practice and skill to allow your intuition to lead the way. ER is a place you would visit after maybe years of experience "on the floors." I think you have to be very observant. Observation skills have to be very tuned into the environment to know if you are welcome or not. And you'll know as you sneak in around. However be very careful where you poke your head -- never through a curtain!



I'm *Birdie Bird* or as the kids call me *Dirty Bird* - I just can't get those "b's" right. Shobi sometimes just puts me in the most embarrassing situations. She will pop my head over a curtain and make me look around saying, "Hi, can I come in?" Of course, I only have a bird's eye view so I don't see much. Sometimes

I tell them that. There is usually an answer "no way" or "No Birdie this is not a good time." If I don't get an answer at all I just get out of there real fast. Then I have to mumble to myself "didn't see a thing, I swear I didn't see a thing." I can usually hear staff laughing. Sometimes they will call Shobi back in as the patient wants to see what is behind me. I never do this in the Red Zone. After all if I didn't peek in nobody would even know we're there. It's important for staff and patients to know we are there for them.