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Through the Eyes of a Rookie

Muhammed AbdalRahman

4:45 AM: “Engine 6, Medic 6, 21-16 Lancaster Drive Major Medical Emergency, Seizure Alert, Code 3.”

Sirens and alarms blaring on repeat from the firestation’s speakers force me awake. I sluggishly sat upright and shoved myself into my boots before walking out into the pitch black hallway. After what might have been the fifth call of the night, everything just felt like routine. As I walked, I couldn’t tell if I had actually slept or if I had just been in a barely lucid loop of the previous calls.

I’m bathed in fluorescent light as I open the bay door and load into the truck. Boots, tones, and engines roaring. Adrenaline coursed through my body, fighting my fatigued state of mind, as we peeled off into the street. I sat in the back and tried to rest my eyes for a moment. Thoughts of what the call could be raced through my head as the muffled and rhythmic sirens blared into the early morning. For all we knew, it could’ve been completely unrelated to a seizure, and be something else entirely.

4:53 AM: We’ve made it to the scene. I hopped out onto an ill-lit suburban street with my Airway and Med bags in tow, bee-lining to my Field Training Officers. Flashing red and white lights painted our path as we quickly made our approach to an unassuming house. A soft yellow glow seemed to be coming out of the open door.

“DALLAS FIRE DEPARTMENT!” an FTO shouted once we made it to the porch .

No answer met our ears. We entered the house, scanning the surrounding rooms. Then, we saw her. Sprawled behind the coffee table, a woman lay unresponsive. We moved with haste and caution, assessing the scene for any hazards or present threats.

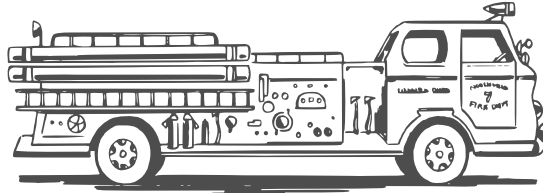
“Ma’am, can you hear us?” the same FTO tried directly talking to her when he reached her side.

We still received no response. Her skin was very pale and she was barely moving. I checked her breathing and pulse while a medic kept trying to wake her up.

“Pulse strong and regular,” I reported. “Breathing shallow and deep”

Her breathing turned into a groan mere seconds after I made my assessment, beginning to gain consciousness.

As she continually tried to convince us that she was fine, we at least made sure that she didn't get to her current predicament by falling before helping her up. We lifted her by the arms gently from the floor and led her onto the couch, the woman now more aware of her surroundings by this time. The color had returned to her face and she was able to speak now, giving my FTO her brief medical history while I hooked her up to the monitor for her vitals.



“Were you doing anything when the pain started?” my FTO asked.

Before she could answer, a man that must have been her husband came rushing down the stairs with a handful of papers and his phone, the flashlight still on.

“I tell ya what happened!!” he shouted, a heavy Southern drawl lacing his words. “We was havin’ dinner, and a couple hours after dinner, she said she done got the cramps! Now, ain’t I told you that you was exaggerating, Fernanda?! Now we here with her hootin’ and hollerin’ on the floor!”

Thankfully, some firefighters pulled him back to calm him down and ask questions, so he wouldn't further disturb her.

“Y—hiccup—uh... he right,” she responded indifferently.

“Pulse 90, Blood Pressure 137 over 86, Respirations 18 and here's the 4 lead,” I read off the monitor to my FTO, trying to get back on track.

From there, my FTO explained how she could go to the hospital where they would be able to run more tests. In his opinion though, he thought that her situation probably had something to do with simple heartburn, based on the information he had received. If she refused transport to the hospital, she could always call 911 back or go in her own vehicle to better diagnose the issue.

“That sounds—!” She paused for a moment.

When the moment passed, so did her gas.

“Oh my!” the woman's expression was filled with embarrassment. “I apologize! I feel much better now, though. Thank y'all for all the help.”

A little flustered, I got up and shuffled over to my other FTO, where I reviewed the Narrative Summary and Vitals with him.



5:15 AM: We had made it back to the station with 45 minutes left in our shift. I had mixed feelings about it, since we didn't have any "exciting" calls, but I still enjoyed every minute of the experience. After submitting our reports, I listened in on conversation about the call we just had.

The firefighters discussed non-emergency 911 calls, some frustrated with the waste of resources and time. While I agreed with that logic at first, I remembered what my instructor had once said to us before we graduated. "To us trained professionals, it may not seem like an emergency. But to that person, it is a real emergency in their world. Even if it's lil' ol' grandma asking you to bring plants inside."

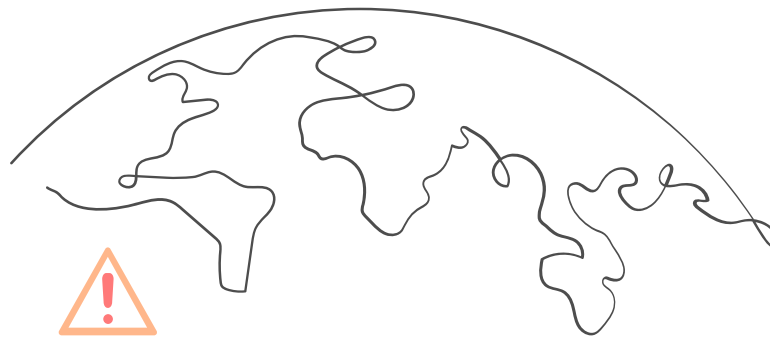


In this field, no matter where you go, it is extremely easy to become jaded. The things we constantly encounter are almost never normal, so we cannot expect our own level of a "normal" reaction to such things. "We can't selectively numb emotion... Numb the dark you numb the light." (Brown)

What we can do, however, is arm ourselves with this mindset and keep reminding ourselves of the idealism that we came into this profession with.

I say "we," but as I write this, I myself am still profoundly green. I often see so many ahead of me, all fighting this same battle of empathy and understanding the various people we come in contact with. Those same firefighters who complained about the non-emergency 911 calls were the same ones who I witnessed having a genuine interest in every patient, truly care for them, and be their advocate.

I only hope that, through everything, I am still able to remind myself of what it means to be there for those who are scared and have their world shaken.



Reference

Brown B. (2012). Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead. <https://ci.nii.ac.jp/ncid/BB12851855>