

A night in Accident and Emergency

Saint-Pierre University Hospital is the oldest hospital in Brussels. Located in one of the city's most working-class neighbourhoods, Les Marolles, it occupies the site of a medieval leper colony. That social calling has lasted down the ages and is a key part of the institution's identity. The hospital describes itself as 'secular and social' and is proud 'to welcome all patients, regardless of their origin, philosophical or religious convictions, or social status'. We spent a night at Saint-Pierre, shadowing the hospital's accident and emergency nurses.

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Photographs:
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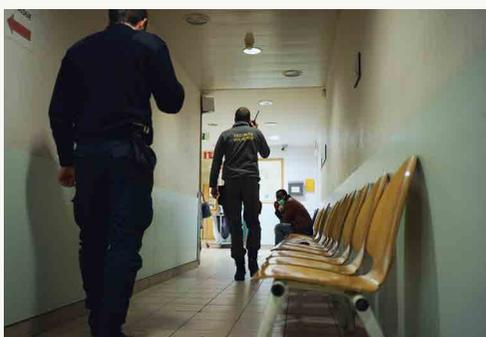
Wednesday, 11 February - 9.45 p.m.

The staff working the afternoon shift hand over to the night team. The two teams are gathered together in a glass-walled room reserved for doctors and nursing staff, known as 'HQ'. They are huddled around a set of wooden pigeonholes containing various documents about patients, such as requests from doctors to run tests. A nurse passes on the key information about the patients receiving treatment: 'In cubicle 3, there's a gentleman we know well. He comes every three months. It's extremely difficult to insert his drip.' 'In cubicle 4, we have a gentleman who has come in because he's confused. He's quite fretful and he's pulled his drip out. He's on valium,' ... and so on. The night team takes over.



10 p.m.

A security officer makes his way towards the triage unit, which lies just behind the automatic doors separating the emergency wards from the waiting room. This is where patients have their first contact with clinical staff, having had their details taken by administrative staff sitting behind a pane of glass at reception.



A few minutes ago, Julien was shoved by a man who was under the influence of alcohol. The nurse is not hurt and does not appear to be shocked, but a security officer saw the incident on one of the hospital's many surveillance cameras and wants to know more about what happened. 'Physical violence is pretty rare,' say the A&E workers, putting the incident into perspective. Verbal aggression, on the other hand, is commonplace, particularly at night and at the weekends, when inebriated revellers flock to the emergency department. They are taken to the 'stretcher room' to sober up.

At the start of the night, the main corridor of Saint-Pierre's emergency unit is invaded by a constant stream of patients' friends and relatives, cleaning staff, security officers,

police officers, paramedics and even prison wardens accompanying inmates from the nearby jail in Saint-Gilles.

10.30 p.m.

Julien is soon back at work after the incident. He flicks a switch to open the automatic doors leading to the waiting room, and calls out the name of the next patient. There is a lady aged 60 or so who cannot stop groaning. 'Who is she to you? Do you know anything about her health problems?', the nurse asks the woman accompanying her. 'I'm her neighbour. She's had a hernia operation but that's all I know,' she replies.

After checking her medical history and conducting a brief physical examination, the nurse suspects biliary colic. 'We'll put you on a drip to stop you vomiting; then we'll run some tests,' he explains to the patient.

On to the next patient. 'Hello, Mrs Mukanga (not her real name). Can you tell me what is the matter?', asks Julien. The young woman, who is pregnant, has lost blood. The nurse contacts the gynaecologist on his mobile. The woman is quickly taken to the emergency gynaecology ward.

The glass-walled triage unit is occupied by doctor and a nurse. Together, this pair must prioritise the cases. 'If we didn't triage, we'd be done for,' says Julien. 'It's important to look carefully at the people in the waiting room. The ones who are the most on edge aren't necessarily the most worrying cases. The people who are waiting calmly in a corner might actually be in much greater danger: elderly people who daren't show that they are actually in a really bad way, for example. With experience, you learn to spot them,' he explains.

10.40 p.m.

A man turns up with a cut on his hand. Diego administers first aid. The average age of accident and emergency nurses at Saint-Pierre is low: many of them are around 20. The doctors don't push the average age up much either, the reason being that at night, all the doctors are juniors. Of the 43 emergency department nurses at Saint-Pierre, fewer than

10 are over 40. It is becoming increasingly rare for nurses to spend their entire career in an emergency department. The hours, which make family life difficult, the night shifts (limited to no more than five nights a month) and the stress, among other factors, drive emergency nurses away to other departments, often within 10 years. For the time being, Diego likes working nights, not least because of the convivial atmosphere. 'You also get paid extra for nights,' he admits.

11 p.m.

A woman sits on one of the wooden seats that line the corridor. She has just arrived from France and she is not feeling well. 'I've been here for over two hours. I know there are cases much more urgent than mine, but still ...', she complains to Julien. 'The only advice I can give you is to take some paracetamol,' he tells her. The lady remains courteous, but mutters a few choice words as she returns to her husband out in the waiting room. In recent years, Saint-Pierre has seen an influx of patients turning up at A&E for problems that are really the province of general medicine. 'People tell us that they come here because they work during the day. Then there's the fact that GPs are much less available than they used to be. We're in the city centre, easily accessible by public transport and open 24 hours a day,' remarks a nurse during a brief coffee break. 'We've got patients who come regularly, too. We explain to them that they should consult a GP. We make a note on their file and give them

a list of the GPs in each area.' There is also the 'Monday morning' phenomenon, when people flock to A&E on a Monday morning because they were too busy at the weekend...

11.50 p.m.

All the nurses rush to the triage unit. A woman who had been waiting in the corridor has just collapsed. She is placed on a stretcher. Her vital signs are checked and she is immediately taken to the resuscitation room. Very quickly, calm returns.



'We don't develop the same type of relationship with our patients as they do in other departments, where the patients stay much longer. Of course, we have our "chronic patients", who we sometimes see more often than our own families, and who we become attached to, but most of them are just passing through. Still, we sometimes call the other departments to get the latest news and find out if they are OK,' says Maïté, a young nurse full of compassion.

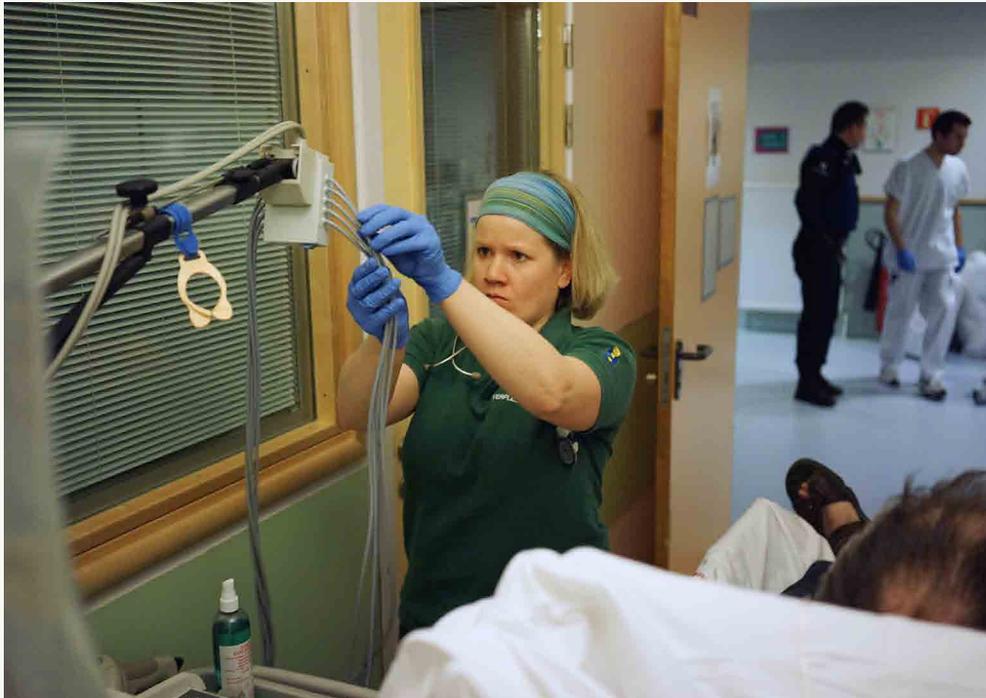
Thursday, 12 February - 2 a.m.

The nurses generally eat together between 2 and 3 a.m. There are a few Tupperware containers brimming with home-made salad on the table, but mostly it's takeaway containers and ready-meals. A call comes in. The mobile intensive care unit, or SMUR, has been called out to attend to an incident. Julien has to abandon his pasta.

Just half an hour or so later, the emergency nurse is back. 'A lot of the callouts we get are for minor problems. People call an ambulance for trivial things because they think it will speed things up. It's part of the job. Working in this neighbourhood, you get used to it,' says an irritated Julien.

To ease the pressure on the SMUR, which in theory should only intervene in potentially fatal cases, a dozen or so hospitals in Belgium now have a PIT, Paramedical Intervention Team, made up of an emergency nurse and an ambulance driver, but no doctor.





a recently hired logistics assistant are having an impromptu debate about the changes occurring in the hospital sector. They mention a hospital in the poshest area of Brussels that has just opened VIP wards and where the security officers wear suits. 'They look like bouncers,' they joke.



'Here, everyone is welcome. You don't need to bring a credit card,' says Virginie, who applied directly to Saint-Pierre on completing her training because she couldn't imagine working anywhere else. That was in 2002, aeons ago by A&E standards. Many emergency nurses join other departments after a few years or reduce their working hours.

'I'm an emergency nurse at heart and I love my job, but two years ago I said to myself, "I need to either cut back my hours or leave". I know a few people who are close to burnout but don't realise it,' says one concerned member of the team.

The debate is interrupted by one of the two homeless people who have been taking shelter in the department's corridor since the middle of the night. In a trance-like state, he wanders into HQ. After insulting a young doctor, he is politely asked to leave.

5.30 a.m.

It's all hands on deck again. Everything has to be ready for the morning team. The entire team of five nurses (there are seven during the day) set about filling trolleys, checking that equipment is working properly, changing bedding, etc. Some patients have woken up and require treatment again.

6.30 - 7.00 a.m.

The staff working the morning shift begin to arrive. It is time for the traditional handover. 'In cubicle 1, there's a gentleman with partially cured tuberculosis. He panics easily.' 'In Resuscitation Room 4 is a 70-year-old lady with a history of cardiac problems who has come in with chest pains. The doc wants to keep her in...' ●

Julien loves the PIT. 'I like the feeling of independence you get when you go out on those calls, when there is just a nurse and an ambulance driver. In the PIT, you're pretty much on your own,' he says with relish.

3 a.m.

Two paramedics bring in a man aged around 60 who is suffering from a COPD (chronic obstructive pulmonary disease). Maité takes charge of him and puts him on respiratory support. The medical team decide to perform an ABG (arterial blood gas), a blood test to assess a patient's respiratory function.

3.30 a.m.

This time it is a pair of police officers who show up, accompanied by a man in handcuffs who is clearly irritated that his night has not turned out as planned. In the statistics, he will be counted in the 'seen and examined' category. That's the term used to refer to people who are brought to A&E before being remanded in custody for 'minor' crimes (burglary, breach of the peace, disobeying police, etc.). The law requires the police to file a document certifying that the person in question is physically capable of spending a night behind bars. These special cases are often referred to Saint-Pierre, whose social mission has not escaped the police.

'Saint-Pierre is not like other hospitals. We are located in a very disadvantaged

neighbourhood, with a population who neglect their health and who live in often squalid housing. We deal with a lot more infectious diseases than other hospitals,' explains Fabienne, who is the senior nurse on duty tonight, with 17 years of A&E experience under her belt.

Maité, too, emphasises the special identity of Saint-Pierre University Hospital. 'Saint-Pierre is the only hospital where nurses and doctors greet each other with a kiss on the cheek, where nurses address doctors using the informal "tu" form and where the doctors don't wear ties,' says the young nurse with surprise. She previously worked in the intensive care unit of a large university hospital in one of the capital's most upmarket suburbs.

'In intensive care, you end up getting into a kind of routine. By the end, I felt like I was talking to machines. A&E has a bit of a sexy side to it. A lot of students apply to work here. There is a real air of mystery about A&E,' she explains.

'In intensive care, the diagnosis has already been made. It's less exciting. We've got a great relationship with the doctors here, too. A lot of them don't hesitate to ask the nurses for advice, which is rewarding,' adds Julien.

4 a.m.

After the rush at the start of the night, the corridor and waiting room have gradually emptied out. Staff members chat, share a joke and wind down over a cup of coffee. Maité and