



BREATH

TAKING NIGHT IN ER AT TAIPEI TZU CHI HOSPITAL

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Around 10 pm that evening (June 27, 2015), I was on duty for an evening shift in the ER. TV in the waiting room was broadcasting breaking news about the explosion at the Formosa Fun Coast. Meanwhile, I heard the conversation between the fire department and hospital personnel. At the same time, the clerk from ER was asking the nursing unit to answer the phone on line six, the head nurse was helping patient, so I voluntarily answered the phone. I heard a commotion from the other end of the telephone line.

“Senior, I am from xxx Ambulance Company. There are many people wounded in this exploration. The nearby hospitals are filled to capacity. We are sending victims to Hsin Tien hospital. Please make the necessary preparation to admit patients.”

“How many wounded people are still there?”

“We are not sure, but there are probably still a couple of hundred people wounded. It is pretty chaotic here, so I want to call you first.”

“Ok, I understand.”

Attending a Huge Number of Victims

After hanging up the phone, I reported to my immediate supervisor. Then we spread the news to doctors, nurses, and colleagues. My instinct was a series of questions: “It has been a while since the explosion, are there really so many patients? Will they really be brought here?”

There were so many questions in my mind; colleagues were also discussing how to handle this situation. Thus, when a phone call informed us that many wounded would come to the hospital themselves; we were ready. As an emergency nurse myself, I was very anxious and standing by the door waiting for the patients’ arrival. I have been as an emergency nurse for four years and experienced many ER triage to save lives, but have never thought that one day I would be facing so many patients in Taipei.

The first patient arrived, and was quickly seen by a doctor who ordered an IV. I asked, “How should I do the insertion for IV when this patient is wounded all over the whole body?”





Everyone was busy, such as cleansing, changing medicine, and comforting patients. At the same time, the head nurse asked if we had enough resources to attend to patients. Our team leader said, “Not enough! Not enough!” Thus, the head nurse raised the emergency alert to level 9. After we took care of the first patient, the second one arrived, and then third one. The emergency room was quickly filled with four patients in less than 5 minutes. Patients were being attended one-to-one in the emergency room; I didn’t leave the emergency room from that moment.

The challenges of Taking Care of Burn Patients

When I was faced with a patient, I recall from memories how to care for burned patients. For example, when applying oxygen, I used one with mist to avoid causing dryness and therefore discomfort to the respiratory tract. I first injected patient with IV, then to avoid dehydration, etc. Suddenly I wish I was the thousand-hand bodhisattva, so I could do many tasks at the same time. While I was struggling, the first reinforcement team came to our rescue; they are from the internal medicine unit. They yelled, “We are

here to help, just tell us what to do.” It was so wonderful that they helped to hook up IVs, and changed the medication. At the same time, Doctor Hu Ya-Hui from Metabolism section came into the room and gave us a hand. During the process, she kept on saying with tears in her eyes, “They are all so young!”

Then came in another patient, a nurse yelled, “Prepare Endo (endotracheal tube)!” Then we saw a person burned to charcoal black and the whole body without skin. We tried to find a spot to inject IV, doctors suggested intubating immediately. Thus, we increased the pressure to the IV little by little to administer the medicine. With the assistance of anesthesiologist and other nurses, we were able to apply medication as well as intubating to stabilize the patient’s vital signs temporarily.

Chaos to Calm

Finally, with the assistance of colleagues from emergency room, my first patient was transferred to the Intensive Care Unit (ICU). It was almost midnight. I rushed back to the emergency room and found the area chaotic. Section B was filled with burn patients. Every one of them had more than 40% burn. Those who came to help from other units were struggling. The painful cries from patients were everywhere, some had their swimming rings on, the floor was flooded with water, and medical supplies scattered everywhere. I joined the team with doctors and nurses and helped finding things and preparing the material. The emergency room was like hell at the moment.

With the help of many volunteers who arrived in doves, the atmosphere became calmer. It was around 12:30 am, the chaos was finally over. Patients were transferred and taken over by the ICU teams. The emergency room was quiet again as if nothing had happened.

Twelve days later, a patient passed away. Dr. Wang said, “The medical book states if a patient suffers 90% burn and can still talk, do not intubate. We must give patient and family members some time, and let them talk and say good bye.” This patient was the one who was intubated in the emergency room. I felt so sad about the patient’s passing. I wish there would be no more casualties and wish these patients would be able to go home healthy. There will be a long way to go for full recovery. I was not only at the front line with these patients, my heart constantly prayed for their full recovery.