



MORE CONFESSIONS



OF A TRAUMA JUNKIE

“...shines a light on a caring heart of a paramedic nurse who shows the deepest respect for human life in all its manifestations.”

—Jeffrey T. Mitchell, Ph.D.
President Emeritus, International
Critical Incident Stress Foundation

MY LIFE AS A NURSE PARAMEDIC

SHERRY JONES MAYO

RN, BSM, EMTP, DAAETS

Praise for Jones Mayo's *Confessions* Series

“*Confessions of a Trauma Junkie* is a book written from the heart. It reads like a collection of short stories, but these stories are not fictional. They come from real life experiences. Some are funny; some are sad; some are hopeful, but all shine a light on a caring heart of a paramedic nurse who shows the deepest respect for human life in all its manifestations.”

—Jeffrey T. Mitchell, Ph.D.

Clinical Professor of Emergency Health Services, University of Maryland, Baltimore County, President Emeritus, International Critical Incident Stress Foundation

“A must read for those who choose to subject themselves to life at its best and at its worst. Sherry offers insight in the Emergency Response business that most people cannot imagine. This book details life through the eyes of a caring individual who is a devoted CISM practitioner and true professional, who continually accepts the crisis presented, employs best practices, focuses on the mission, and makes the trauma, pain and suffering a little easier to manage.”

—Maj Gen Richard L. Bowling,
former Commanding General, USAF Auxiliary (CAP)

“We are not alone. Sherry Mayo shares experiences and unique personal insights of first responders. Told with poetry, sensitivity and a touch of humor at times, all are real, providing views into realities EMTs, Nurses, and other first responders encounter. Emotions shared bind this fraternity/sorority together in understanding, service and goals. Recommended reading for anyone working with trauma, crises, critical incidents in any profession. It's heartening to know we share such common experiences and support from our peers.”

—George W. Doherty, MS, LPC, President
Rocky Mountain Region Disaster Mental Health Institute

“In this book, Sherry has captured the essence of working with people who have witnessed trauma. It made me cry, it made me laugh, it helped me to understand differently the work of our Emergency Services Personnel. I consider this a ‘MUST READ’ for all of us who wish to be helpful to those who work in these professions.”

— Dennis Potter, LMSW, CAAC, FAAETS, ICISF Instructor

“*Confessions of a Trauma Junkie* is an honest, powerful and moving account of the emotional realities of helping others. Sherry Mayo gives us a privileged look into the healing professions she knows firsthand. Her deep experience is a source of knowledge and inspiration for all who wish to serve. The importance of peer support is beautifully illustrated. This book will deepen the reader’s respect for those who serve.”

—Victor Welzant, PsyD

Director of Education and Training

The International Critical Incident Stress Foundation, Inc

“Never before has anyone depicted in such vivid detail the real life experiences of a street medic. EMS is a profession that at times can be extremely rewarding and other times painfully tragic. Thank you for telling our story through your eyes!”

—Diane F. Fojt, CEO

Corporate Crisis Management, Inc.

Former Flight Paramedic

“This true life documentation is an interesting look into the quality and care presented in the most traumatic incidents. All told, this book will bring a greater understanding of just how much these very special people are capable of, how caring they are, and why some burn out so soon. I definitely recommend this book on many levels. Who has not had some connection to this field at some point in their lives? This is how it is, written faithfully and dealing more with outcomes and feelings than with a gory tale. The book is very well written with a nice balance to hold the lay person’s attention.”

—Betty Gelean, *Nightreader*

“This is an extremely well written book. The author uses the English language in such an elegant manner the reader is sitting right there in the story without being so inundated with words that the story loses its meaning. The stories flow very nicely with just enough interjection from the author, to give background or explain terms to allow the reader to understand completely what is taking place.”

—Melissa Koltes, *Rebecca's Reads*

“Through the venue of real and personable human experience stories, Sherry's More Confessions is a powerfully written sequel that provides key insights into the need for those who work in emergency and disaster response, as well as their families, to actively and purposely recognize and consistently address their physical, mental, and spiritual well-being. All who read this book will be touched deeply in some way.”

—Harvey J. Burnett, Jr., PhD, LP,
President, Michigan Crisis Response Association
Sergeant, Buchanan Police Department
Assistant Professor of Psychology, Behavioral Sciences Dept.,
Andrews University

“I found each essay to be incredibly compelling. Several also reminded me of similar situations that would occur at the hospitals that I worked at, especially the humorous ones. I was also reminded that in addition to dealing with the job stresses and long hours, each person also has to deal with their own personal issues. I highly recommend “Confessions of a Trauma Junkie” by Sherry Jones Mayo to nursing and EMT students. I think it should be required reading for them. I also recommend this book to people who are already working in the field. They will enjoy the stories and I believe that it will be reassuring to them to know that they are not alone in both their feelings and their experiences on the job.”

—Paige Lovitt, *Reader Views*

“Thank you, Sherry Jones Mayo, for writing this important book so you and your coworkers who work twelve hour shifts, stay overtime, wear down your own bodies caring for ours, and put up with situations no one should have to, will get the recognition you deserve for everything you do for the rest of us. Thank you for caring for us, even when we are not desirable patients. I don’t know how you can do it—it’s not a job I could do—but I won’t forget what you and your co-workers go through everyday next time I need care. I know several EMTs and nurses to whom I’ll recommend this book wholeheartedly. I trust anyone who reads it will do the same.”

— Tyler R. Tichelaar, Ph.D.,
author of the award-winning *Narrow Lives*

“Life as a nurse or a paramedic is no easy task. They need to know their procedures and medical knowledge like the back of their hand. They need to be prepared mentally, physically and emotionally to deal with everything that comes through their doors on a daily (or hourly?) basis. Sherry Jones Mayo has been both, and in her book, *Confessions of a Trauma Junkie*, there are several essays and short stories that dive into her world: the tragic, the hopeful and the humorous. This book shows us a world that some of us know we could not be a part of. And maybe, will show you that yes, these people are people too, and they may understand how you are feeling.” Recommended by:

—Margaret Orford, *Allbooks Reviews*.

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**OF A
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MY LIFE AS A NURSE PARAMEDIC

SHERRY JONES MAYO

RN, BSM, EMTP, DAAETS

Folie à Deux

From the Reflections of America Series

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Dedicated to Mama and Dad,
Who taught me duty, honor, and respect,
And that second to God,
Family is everything.

La famiglia è tutto

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Foreword

I have the honor of introducing this life-lived book, representing how many of us within the Emergency Service (ES) professions waded through our careers and lives. We see a different side of life from our first call of the day, whether in the field, the communications center, the ER, or in-flight on a chopper responding to the unknown. We see more in a day than most will ever see in a lifetime, yet we keep on doing it; this book is a testament to how and why we are able to do what we do. Sherry expresses in simple easy-to-read terms the highs and lows within our days. Indeed; this book can be applied to all lives and all jobs, and once you read it, you will understand why I highly recommend reading it from its dedication to the very end.

I thank Sherry for the care and honor she bestows upon our families, appreciating that the most important family is the one we go home to after work. The significance and need for family awareness, so often overlooked, is entrenched within the pages of this book. Sherry paints a picture of the necessity of hearing what is said, and also the more essential and sometimes difficult task of closely listening for, and hearing, what is not said. She brings this out succinctly when speaking of being at home with our loved ones and being at work with our second (work) family, and how we live balancing an emotional house of cards on a sand foundation. We need to be aware of what our loved one/partner at home or work is saying, not saying, how he or she demonstrates thoughts and feelings, and if those behaviors are atypical for the personality we felt we knew.

One of my greatest takes from Sherry's latest book is the viewpoint of her personal familiarity as an Emergency Service professional. It is as if she is looking through a prism because Sherry gives a perspective viewed through the spectrum of an entire life filled with so many colors and dimensions, telling exactly how an Emergency Service professional lives. It brings us to the highs we are blessed with throughout our careers, and the

hilarity of some of the silliness in all our lives while taking us to that other spectrum, where the unknown is alive, well and as always, unexpected.

We can never be prepared for all emergencies regardless of how much we train. Sherry brings out how we cannot train for everything and we *must* always have a backup plan. Sometimes even those backup plans are not successful, but we can always say we tried our best! Since Sherry's first wonderful book, *Confessions of a Trauma Junkie* (2009), just look what this tiny place we call home, (the world), has gone through, like massive earthquakes in Haiti (2010) and Japan (2011). Whether it is the wrath of natural disasters or wars (because humankind does not learn from history), we need to work out what we could have done differently to help.

I am empowered by reading Sherry's book as no doubt you will be too, regardless of what you do professionally; it is a book about true life and living. It is both an introspective view as well as a stark reminder of the importance of being there for the ES professional, ready to deliver caring, non-judgmental thoughts and making the time to listen. We (ES) are always the last to ask for help, yet we will always be on the frontlines for others. Sherry captures and relates sights and smells of past traumas addressed (or not) and the silliness of all humankind within the covers of this book.

What Sherry Jones Mayo has once again taken to the reader (laypersons or in related fields) may seem like a moment in time yet has enveloped an entire lifetime, a career, a love, a day in the life of us the "street people." She speaks for the true Trauma Junkies of the world who have confessions as yet untold and careers with more to learn. My thanks go to Sherry for this wonderful book written about those of us who have been given the honor to care for those in need. My thanks and blessings to all of my global brothers and sisters both in uniform or in training who share the same creed of caring we all share within the Emergency Service professions.

Neal E. Braverman - Lt. Boston EMS (Ret.)
Co-Founder-Boston EMS Peer Support Team,
President Emeritus- The Metro-Boston CISM Team,
Founder - The *RESCUE* Network International
(Retired Emergency Services Critical & Continual
Understanding and Empathy Support Network)

Preface: Our Emergency Services Subculture and “It”

We in emergency services—EMS, police, trauma nurses, firefighters, military, paramilitary, and all who work in public safety and health—share a delusion, perhaps a *Folie à Deux*. Together we have formed a bond closer than most families, and with that bond are many universal understandings. We think we are superheroes as we run toward disaster instead of away from it, trying to protect total strangers from the ravages of illness, injury, harm, or their own self-inflicted wounds and drama.

Imposing ourselves into various crises, we try to apply all types of salves to soothe and heal, sometimes unsuccessfully, and we are not always able to keep from catching “it.” We think that we are above “it” and “its” effects. Yet, like a microscopic invader of our mental and emotional health and well-being, “it” gets inside and transforms us so insidiously that we may not notice.

“It” is our enemy.

Like a pandemic worthy of rock-star-concert fund-raising, “it” has invaded us in ways we cannot describe. I suppose “it” could bear the label of stress, a simple word that deceptively carries far more pathologic potential than six simple letters communicate. Celebrity medical professionals, psychologists, and the latest reality TV shows explain and excuse erratic and sometimes illegal behaviors, offering this one dismissive word, stress, as an explanation for pretty much everything.

“It” lurks in every moment of this special group, my group, who share the delusion that we who run toward Hell instead of away from it are above the danger. Thus our shared delusion, that we are physically and emotionally exempt from the ravages of stressors by virtue of our uniforms and mental fortitude. We have developed impenetrable, indiscernible, camouflage-colored Trauma Armor.

We rationalize that we are *safe*, although we know that safety is merely a fantasy. There is no safe place. We hold an illusion of

control about things that go bump in the night tightly to our vests. Please do not try to remove it, lest we crumble.

This book is a compilation of experiences between me and my brothers and sisters in uniform. Tales from folks who work in emergency and disaster response situations, medical and mental health, paid and volunteer, come from all over the country and span over 20 years. To protect the innocent (or guilty), some names have been changed. Because EMS and ER folks commonly work for multiple agencies, any attempt to identify specific patients is quite futile. The facts and locations of each story have changed significantly to protect patient privacy.

Dare I say HIPAA? More formally, the Health Insurance Portability and Accountability Act of 1996 includes the Privacy Rule which strictly prohibits disclosing identifying particulars.

Those who read my mental meanderings know I am a spiritual being in a physical body who acknowledges a universe created and managed by a higher power. I recognize there are gifts bestowed by that power, that by myself, I am simply a collection of energy and matter. I am also my mother's child, a product of her wisdom, kindness, generosity, and heritage.

As long as I have my family, "It" will never win, because I have a safe place to go. Family is the reason I am alive, the reason I found my voice, and the reason I tell these stories. Sometimes family members are the *source* of the stories, but so far no one has required therapy. Take from this minor self-revelation the greatest survival mechanism: support systems.

Having extraordinary people whispering encouragement and walking with you through the hard stuff is incredibly important. My support systems include a wingman from Chicago, and adopted brothers from all over the U.S. Thanks to all, including big sister Nonie who stands with Mama, Gary, Topher, and Missy in my cheering section.

Learning about the emotional aftermath of trauma comes from the International Critical Incident Stress Foundation (ICISF) through Jeffrey T. Mitchell, PhD, CTS; George S. Everly, Jr., PhD, FAPM, CTS; Victor Welzant, PsyD, and Dennis Potter, LMSW, FAAETS. They are the teachers who preach the message of Critical Incident Stress Management (CISM) and provide proven methods of preparation and response thwarting the


Boogie Man. These are present-day slayers of dragons, real and imagined.

Husband Gary has learned the fine art of silence and protective hugging instead of trying to solve problems without solution. I thank him (and you) for having the courage to peek into the protected emotional reality of emergency services workers. Our world is a place where the dreaded “f” word (feelings) remains defensively shrouded behind a labyrinth of gallows humor, too much caffeine, and closed ranks, lest “it” should find us.

Truth: we are fallible. We are human. Through this book, I want you to know what we think and feel in the course of our day, our duties, our lives, and how we bring you home with us. If we seem emotionally detached, it could be that you have touched our hearts, and we are trying to keep a professional distance to continue working.

On the anniversary of my Dad’s death, daughter Missy wrote, “It’s not that I forgot the date, Gramps, it’s that I choose not to remember when you left.” That is how we often deal with things; we do not talk about them. We need to talk *more* about what is inside, but our coping mechanisms include an extremely well developed stiff upper lip. If you remind of us of something or someone in our own lives, we will probably pull even deeper inside to protect ourselves, to intellectualize and keep functioning.

We have families, we have children, we suffer physical ailments, we know what pain feels like, and we bear scars (both emotional and physical). We do not usually share those things with you because on the job, they are of no consequence. We leave our personal lives and complaints, to the best of our ability, at home. When we are on the job, all that matters is *you*.

Part I	ER and EMS: Inside the Double Doors	
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Patients say things to us that are far better than comedy writers might ever imagine. When we try to repeat those stories, we may lose a little in translation, but clearly, patients do not always speak the same language as health care workers. Sometimes the health care providers themselves botch communications in creative ways. Whether the double doors lead to the back of an ambulance or the entrance to the Emergency Room, we all share “say what?” moments that are confounding at the time, but provide fodder worth sharing with our coworkers after the call (or ER care) is over. Here are a few conversations between people who thought they were on the same page only to find they were not even in the same book.

I’m Sorry... Could You Repeat That?

“Is that going to hurt?” I am inches from your arm with a sharp needle that is about to pierce your skin and enter your vein. There are nerve endings that are invisible to the naked eye; we know they are in there, but we cannot see them. Sometimes we hit one, sometimes we go through the vein (especially if you jump, wiggle, flail your arms, and scream). We are not trying to cause harm, and a fast IV is better for both of us.

I am very good with needles, and I can get an IV where other folks might not even attempt it. After 11 years in a Detroit Trauma Center, I can get blood out of a rock, and almost all past coworkers have at some point asked me to get an IV for them, including the resident physicians. I will pull the skin tight, enter with lightning fast speed, draw the blood, and have the line connected and taped down before you can say ouch, even if it is

in your foot. I *am* that good, but no matter how high my skill level, I am stabbing you with a sharp instrument.

Yes, it is going to hurt.

~ ~ ~

Mikey* began working in EMS long before me and remained long after I left; he is still running around in ambulances scraping people up off the roads and coming into their lives at the most inopportune moments. Mikey says he has more “Huh?”—“Say what?” incidents than he cares to admit. Maybe it is a sign of the times.

On his first call of the day, Mikey responded to an unknown medical complaint in an apartment building. Sitting on the edge of her bed was a female patient who burst into tears when she saw Mikey walk into her room. When asked what was wrong, the patient responded that she had double vision and could see two Mikeys standing in front of her. Trying not to laugh at what struck him as a comical visual image of sudden personal cloning, Mikey and the patient concluded that a trip to the hospital was probably in order.

As Mikey and his partner were tucking the patient into the stretcher with fashionable EMS blankets, there was a sudden knock on the door, and the patient asked Mikey to see who was there. When Mikey stuck his head out the door, a “frumpy little man” who lived down the hall looked up at Mikey and demanded to know what was going on. Temporarily dumbfounded, Mikey repeated, “What is going on?” Most folks who see two uniformed men wearing radios, carrying a medical jump kit, pushing a gurney piled with heart monitor, equipment, and an oxygen tank can figure out what is going on without a lot of explanation. To his credit, Mikey gathered every bit of self-control and resisted the temptation to utter what he really wanted to say, as this unknown visitor wanted an explanation for the 911 emergency: “Sir, we are having a Tupperware party, and we were just about to start burping our lids. Want to join us?”

~ ~ ~

* Some names are changed; the first time a pseudonym appears in the text, it is marked with an asterisk

ER tech Campbell* relates a triage moment representing too many confounding exchanges with patients as staff tried to determine the patient's chief complaint. A young man walked up to the desk and told Campbell the patient's girlfriend "burned" him. Campbell asked if it was with water, oil, lighter fluid, curling iron, the stove, or... The man shook his head repeatedly while looking down, repeating, "My girlfriend *burned* me!"

Becoming exasperated, Campbell thought if she could not determine the mechanism of injury (cause of the burn), perhaps she could establish the location of the injury. "Sir, can you tell me *where* you were burned?" Without raising his eyes, the young man said, "On my Hmm-Hmm," and the skies opened to rain down realization on this normally perceptive young woman. The fellow was trying to obtain treatment for the sexually transmitted disease he believed his girlfriend had given him.

~ ~ ~

A local firefighter/paramedic tells me about a conversation witnessed between his partner Chris* and a patient. A 30-year-old healthy female without any medical history and taking no medications complained of chest pain, insisting that she was having a heart attack. The advanced critical care paramedics connected the woman to a 12-lead EKG monitor (same as in the emergency room), assessed her vital signs, and tried to reassure her that she was not having a heart attack.

Incensed, the woman insisted, "I AM having a heart attack! I am a nursing student, so I KNOW what a heart attack feels like!" As the medic in charge of her care, Chris engaged mouth before brain, telling the patient, "Yeah, well... I took a cooking class once, but that doesn't make me a chef."

~ ~ ~

Medic Jeff S. traveled by ambulance to a home in a large mid-Michigan city, dispatched for a patient who could not "make water." Upon arrival, Jeff attempted to obtain the chief complaint from the patient's wife, who insistently repeated the same words without clarification. Although Jeff rephrased the question several times, he always got the same answer, and still had no idea what the wife was trying to convey.