The COVID-19 crisis in New York City

Interview with Bronx emergency room nurse: “Some critical patients are not getting the medication and IV pumps they need"

Clara Weiss
11 April 2020

As of Friday night, New York State had 172,358 cases of COVID-19, more than any single country in the world outside the US. New York City had 94,409 cases of COVID-19 patients. The Bronx is the poorest borough of New York City and is among the hardest hit by the crisis. According to Gothamist, the case fatality rate in the Bronx is higher in any other borough and up to 70 percent higher than in Manhattan. The Bronx has much higher rates of diabetes, asthma and hypertension and other preexisting conditions that have been observed to be prevalent among those who die from the virus. The WSWS spoke to a young emergency room (ER) nurse in a private hospital in the Bronx about her experiences.

WSWS: Can you describe your current position and what your average work day looks like?

Nurse: I am a registered nurse in the emergency room of a private hospital in the Bronx. Our hospital serves one of the most underserved populations in New York. It’s a very poor area.

With COVID-19 happening, I now get a new patient every 5 minutes. When a patient comes to the ER, they go through the triage process and then get sent to different areas. At this point, our areas are mostly alternative COVID. We see only respiratory patients.

When patients arrive, I do my initial nursing assessment. Then, the doctor comes and orders diagnostic tests or equipment. As a nurse, I make sure everything gets done. Then the patient is either admitted or discharged. If they are admitted, it is my duty to bring them to the units.

WSWS: How has the situation changed over the past two months that COVID-19 has spread?

N: The volume of critical patients coming in has changed. In my 13-hour shift, I see about 25–30 patients, and I can have 10–12 patients at once under my name. In fact, a lot of times I see 10 patients at the same time and a lot of them are critical. It’s generally a messed-up ratio in the ER [even before the crisis started]. It’s really unsafe.

Nine out of 10 people who come with shortness of breath have to be intubated. However, if they are still able to breathe with high flow oxygen, we don’t really want to intubate them. Once you have intubated someone, there is not a high hope that they will recover. At least I think of it as kind of like putting a stop to a ticking time bomb.

A lot of the patients come from nursing homes, they come from homeless shelters or prisons. It’s not just that they have respiratory problems. They have all kinds of other things going on, like liver failure, kidney failure, heart failure, what have you. It’s very, very stressful.

Personally, my patients have not passed away but just walking around the environment I see a lot of dead bodies being bagged. In terms of workload, it’s just very stressful.

In the beginning, people thought: “Oh, it’s for people who are older or people with comorbidities,” but what we are seeing is that people who don’t have any morbidities and are young are being intubated. There were 20-year-olds who were basically athletes who got intubated. Some of my colleagues who seemed healthy have been intubated. We don’t know how exactly the virus is impacting you. If you get it and it decides to overpower you it could just happen to anybody.

Our hospital is turning into a COVID only clinic, so the nurses don’t even have a place to rest. Even the break room is now being used for COVID patients.

We lack PPE [personal protective equipment]. Usually

nurses have to change PPE after every patient encounter, but because of the global shortage, we keep reusing it. We are getting only one mask and one gown per shift. It easily gets dirty, but it's like fighting for PPE when you speak to the manager to get a new one.

Wearing all that PPE is exhausting. Usually, a nurse has a 13-hour shift. When you wear an N95 it's like rebreathing your own air, it's easy to get dehydrated. We can barely take a break or go to the rest room and we fear taking the N95 off because there's just one. So if we take it off—what do we do? It's been so physically exhausting.

I have only six months of experience in the ER, but they already put me in a COVID area which is kind of unsafe. A lot of people who have graduated with me [in 2019] have no experience but they are getting hired left and right to work in ICUs. For the hospitals to just hire them [without additional training], I think it means putting both the nurses and the patients in danger.

WSWS: Are there drug shortages at your hospitals?

Yes, we are running low on several drugs. In fact, we are already out of stock of some drugs because we are intubating so many people. Patients on ventilators get a lot of sedative and paralytic drugs. There are generally huge side effects to these medications.

We received emails from the hospitals informing us that we have run out of etomidate as well as fentanyl and propofol. Instead of the latter, we've started to use morphine. We are also very, very low on vecurionium [used as part of anesthesia] and other drugs, and we don't know when we get new deliveries.

We're even running out of IV [infusion] pumps [a medical device that delivers fluids such as medications into the body of a patient in precisely calculated amounts].

That's very critical. You would think that's basic and that the hospital would have adequate amounts. But it's been getting difficult: there's so much medication that should go through IV pumps but we just don't have enough equipment.

When you have two critical patients, you have to ask: who needs this IV pump more? So yes, in some situations, critical patients are already not getting the medication and IV pumps they need.

Because of the shortage of IV pumps, they have also recently told us to do manual calculation for antibiotics which many patients receive for pneumonia. But that's inaccurate.

In terms of vents in general, a lot of hospitals are running low on them. In my hospital, they're reusing the tools for intubating patients.

Even though we are doing the best we can, we can easily make mistakes or overlook things. To be completely honest, because of the high volume of patients and the bad nurse-patient ratio and the general level of stress for the nurses and doctors, some things that we might have to pay attention to we dismiss because there is so much happening and there are not enough resources.

My hospital has still enough oxygen, but a colleague of mine works at a private hospital in Manhattan and they just ran out of oxygen. How is that possible in the richest country in the world? The hospital is actually part of a very wealthy foundation, Northwell Health.

What is going on America? We are not having the resources to provide safe care for both patients and providers. These things could have been easily preventable. If our government would have taken proper action starting in January all of this could have been preventable. Now, I'm afraid that our country is doomed for a while.

WSWS: Several media outlets have argued that the fact that African Americans and immigrants are disproportionately affected is a matter of "race." In reality, however, this is above all bound up with poverty. The underlying diseases that make for a worse outcome of COVID-19 are diseases of poverty and very widespread in the US…

N: I agree with that 1,000 percent. I heard about these arguments about race. But a lot of times, people in the African American population already have high blood pressure, asthma, diabetes.

The Bronx actually has the highest rate of COVID cases per 1,000 in New York City [not counting Staten Island, which has a higher rate than the Bronx]. Then comes Queens, then Brooklyn and only then Manhattan. That tells you a lot about the poverty rate in New York and how each borough is fairing in terms of financial status.

People here are living in a community where many cannot practice social distancing. A lot of them are essential workers. They are working at grocery stores, are doing deliveries, etc. They still have to go out and work. They're commuting. They're all infecting each other.