

ANN JEFFRIES

Touch Me In The Morning

Family Reunion—In the Wisdom of the Ancestors Series

Copyright © 2013 by Ann Jeffries
annjeffries@newviewliterature.com

All rights reserved
Printed and Bound in the United States of America

Published and Distributed By
New View Literature
820 67th Avenue N, #7603
Myrtle Beach, South Carolina 29572
www.newviewliterature.com

Cover and Interior design: TWA Solutions
www.twasolutions.com

ISBN: 978-0-9915003-7-6

Library of Congress Control Number: 2014907678

First printing May 2014

This is a work of fiction. Names, characters, business, places, events and incidents are either the products of the author's imagination or used in a fictitious manner. Any resemblance to actual persons, living or dead, or actual events is purely coincidental.

No part of this book may be reproduced, stored in a retrieval system or transmitted in any form or by any means without the prior written permission of the publisher—except by a reviewer who may quote brief passages in a review to be printed in a newspaper, magazine or journal.

For inquires, contact the publisher.

Acknowledgments

*L*ife does not give us an opportunity to be anything other than a combination of ancestors from back through the ages to the beginning. I lucked up and got the right combination. For that, I will forever be proud of and grateful to my parents, grandparents, great-grand parents, ad infinitum. The Ancestors and The Creator also smiled on me by giving me a son and daughter who I can both love and respect. For these gifts, I am eternally thankful.

Ted and Tracy, you are the sunshine of many generations and of my life. May the quiet joys that we shared over many seasons of our lives continue to fill your hearts.

The journey continues and the struggle for perfection will never end.

“Most of us can recall the special warmth which characterized our families and, most of us, if honest, also see that our success and survival depended on the family from which we came.”

—Dr. Wade Nobles, 1978
Director, Center for Applied Cultural
Studies and Educational Achievement

What are we going to do, Satarah?” Jennie Jones, a young, petite nurse asked shrilly in her Butterfly McQueen sound-alike voice juxtaposed with her silky, platinum blond hair, milky complexion, and big, pretty, brown eyes. Those eyes were currently wide with fear and apprehension. “If we don’t get a doctor to come soon, he’s going to die.”

Satarah Whitfield did not spare the young nurse a glance as she continued to chatter like a magpie. Actually, Jennie was wearing on Satarah’s already frayed nerves by standing there wringing her hands and bouncing from one New Balance shod foot to the other. She could not hear the boy’s lungs properly with Jennie whining and yapping at her. Satarah was well aware of the consequences to the young boy on the Emergency Room table, if she did not take immediate action. As the head Emergency Room nurse and a Nurse Practitioner, Satarah had to make a life or death decision, and soon. She made the boy as comfortable as she could, but he was likely in shock and his injuries were severe. A nurse for eleven years she knew the procedures necessary to save the child’s life, but if she attempted to act, she, as well as the other two nurses in the small examination room, could lose their licenses. Or even worse, be prosecuted if the boy died at her hand.

“Pressures dropping, 80 over 50,” Mary Ella Baker reported as she monitored the child’s vital signs on the sophisticated medical equipment hooked up to his body.

Both of the boy’s legs had sustained fractures as well as one arm. Satarah checked his cold fingers and toes again. They were not pinking up

which meant that his blood flow was not getting to his extremities, he had a blood clot or any number of things could be happening. Without X-rays, a CATscan or a MRI, she could not determine whether there was head trauma or internal bleeding. Effectively, she was functioning in the dark, but there was no doctor available to make critical decisions or equipment to do the necessary tests. All the equipment she needed was in use serving hundreds of other patients with potentially more life-threatening injuries.

“Do we have any information on who he is or where his parents are?” Satarah asked to no one in particular as she removed the curved earpiece end of her stethoscope from her ears and the round metal disk from against the child’s chest after again checking his lung function. She suspected that he had a crushed larynx based on the bruising and swelling on his chest, at his thin neck and, as a result, he was not getting enough oxygen into his lungs. It was difficult working around the neck brace that kept his head and shoulders immobile. Although they were forcing air into his nostrils, his lungs were not inflating sufficiently.

“He was on one of the school buses headed to Florida from Richmond, Virginia, is all I know. Some type of school trip,” Jennie whined. “Two of the three school buses were totaled in the accidents. One of the other people, a teacher, in the accident said he didn’t know everyone on the buses.”

“Seventy over forty,” Mary Ella reported, casting concerned eyes at Satarah.

Checking his chest again, Satarah heard the decreased breath sounds. She brushed her hand over the boy’s tightly knit, curly-haired head. He could not have been more than twelve or thirteen years old, she surmised. About the same age as her own son would be, if she were allowed to keep him. Satarah refused to let herself dwell on her loss and pain at the moment. She was still blessed to have her twins.

“Call the surgical floor, again, Jennie, and get one of the doctors on the line,” Satarah said with urgency as she turned to the washbowl at her back and lathered up scrubbing her hands and short nails with a hard-bristled brush. *License be dammed!* She would not stand idly by and watch this young boy’s life slip through her fingers. She would do the tracheotomy or the

child was going to die. Once she stabilized his breathing, there would be time to deal with his other obvious injuries.

While Jennie dialed, Satarah held up her now sterile hands so Mary Ella could glove her. They made steady eye contact as Mary Ella, also an experienced ER nurse, silently, but swiftly, prepared Satarah for what, she too, knew was necessary. In their silent stare, they understood that if anything went wrong, at best, they could lose their licenses and open the hospital up to a wrongful death suit, or, at worst, be brought up on criminal charges or both. When the time came, she would deal with the consequences of her actions.

“I’m still not getting an answer!” Jennie whined and hung up the telephone. When she turned to the patient, her eyes grew wider darting between Satarah and Mary Ella. Then her mouth flew open. “*What?... what are you doing?*” she screeched.

“What I have to,” said Satarah, calmly. “Increase the drip on the sedative, Mary Ella, then get a crash cart and glove up. Jennie, get a tracheotomy kit and four-oh silk. Stat!”

Though her hands wanted to shake, her nerves riding on tender hooks, when Mary Ella began sterilizing the field and then handing the surgical knives to her, Satarah was focused, steady as petrified rock when she made the first incision between the boy’s Adam’s apple and the Cricoid cartilage.



An hour later, Satarah sat alone in the bay specifically colored to put small children at ease while she monitored the boy’s vital signs. He could not appreciate the effort that went into the wall murals and maybe never would.

They almost lost him.

There was still blood on the floor—his blood. Her hands trembled a bit at the thought of what she had done to someone’s child. They shocked him when he went into ventricular tachycardia, but they stabilized him, achieved sinus rhythm, and then opened up his airway. As she had suspected, a pinched esophagus prevented normal airflow. She was able to thread the tracheotomy tube through his mouth past the obstruction

and into his lung within minutes. While she sutured the incision, Mary Ella started the respirator that steadily pumped oxygen into his lungs. With the tube holding open his airway and the respirator working at full tilt, his vital signs began to return to near normal.

Running on adrenalin, Satarah was beyond tired and she dearly wanted to rest. However, the blizzard and resulting accidents that involved three busloads of junior high school students, four jam-packed inter-state buses, seven tractor-trailers, numerous cars and motor homes and hundreds of people, contrived to bind her to the hospital for the last forty-eight hours with a skeletal nursing staff and no Emergency Room doctors. Satarah and her nurses triaged patients in the halls and waiting room area until the more seriously injured patients could be evaluated and then moved to the surgical theatre. Regrettably, they were not successful in saving everyone, but fortunately, that number was few.

Since there were very few administrators in the hospital, Satarah had taken on the additional responsibility of pressing the available kitchen workers, housekeeping personnel and maintenance crew into service to get less gravely injured people into available beds in the hospital and see to their needs. All available Emergency Room doctors were pressed into surgical duty while part of the nursing staff continued to treat the steady influx of patients in the Emergency Room hallways. Satarah abhorred assembly-line medicine, but during this crisis, everyone in the hospital was forced to operate on a factory mentality.

The snow was still falling heavily, winds were high, the temperature was dropping, and the roads were impossible to travel. Emergency medical personnel or other emergency service organizations could not get to them through the disastrous storm. Yet, area farmers cranked up their harvesting and other heavy farm equipment to help clear the six-mile stretch of road from the hospital and high school campus to the interstate. Neighbors with four-wheel-drive vehicles were making perilous round-trip runs along that road transporting the injured and the stranded to the hospital or the county high school for shelter as their conditions warranted.

Summer County General was not a major hospital, but it was the only one in the county and the closest one to the interstate where the accidents occurred. From what little information Satarah had time to hear, Interstate

95 was a disaster area for miles in both directions. An oil tanker truck was burning out of control and a poultry truck flipped over spilling its load of live chickens. Eighteen-wheelers had jackknifed causing more casualties and injuries. Huge steel girders were stacked like so many pick-up sticks across both the north and southbound highways. South Carolina had experienced hurricanes, tornadoes and even snow before, but this blizzard had to be the worst that Satarah had experienced in her twenty-nine years in the South. The February storm downed trees, telephone and electrical wires throughout Summer County. The hospital was operating on its back-up power systems and the end of this crisis was nowhere in sight.

Satarah turned back to her prize patient. She had set his broken legs and arm. His fingers and toes warmed and pinked satisfactorily to her touch, but he was still very pale. She gave him an antibiotic, a mild sedative, and painkiller along with the saline solution to stave off dehydration. He was resting quietly with his blood pressure hovering around a normal range for a child of his approximate height, weight and age and his heartbeat was steady and even with no arrhythmia. She was still concerned about possible head trauma and internal injuries, but his eyes responded to her penlight stimulation so he was not in a coma, yet, and the bruises, lacerations and contusions seemed more superficial than serious. Nevertheless, she would feel a lot better if one of the doctors, preferably not Dr. Reynard Steward, could come and evaluate the child sometime soon.

Automatically she turned to the shouted vital signs of the fire department medics rushing through the ER sliding glass doors as the volunteer firefighters wheeled in three more gurneys and assisted the walking wounded. She was out of the cubicle and already climbing on top of one of the patients to continue administering CPR as the firefighter climbed off. While riding the gurney, keeping cadence, she issued orders to her exhausted staff. The firefighters were double-timing it back through the electronic doors as her nurses responded to the new crisis—six more patients.

No, Satarah thought silently as her new patient's heart began to beat with a restored sinus rhythm on its own; they weren't going to get any help or relief anytime soon. Still, they were performing small miracles and beating back the Grim Reaper from stalking their heels like a dark shadow.