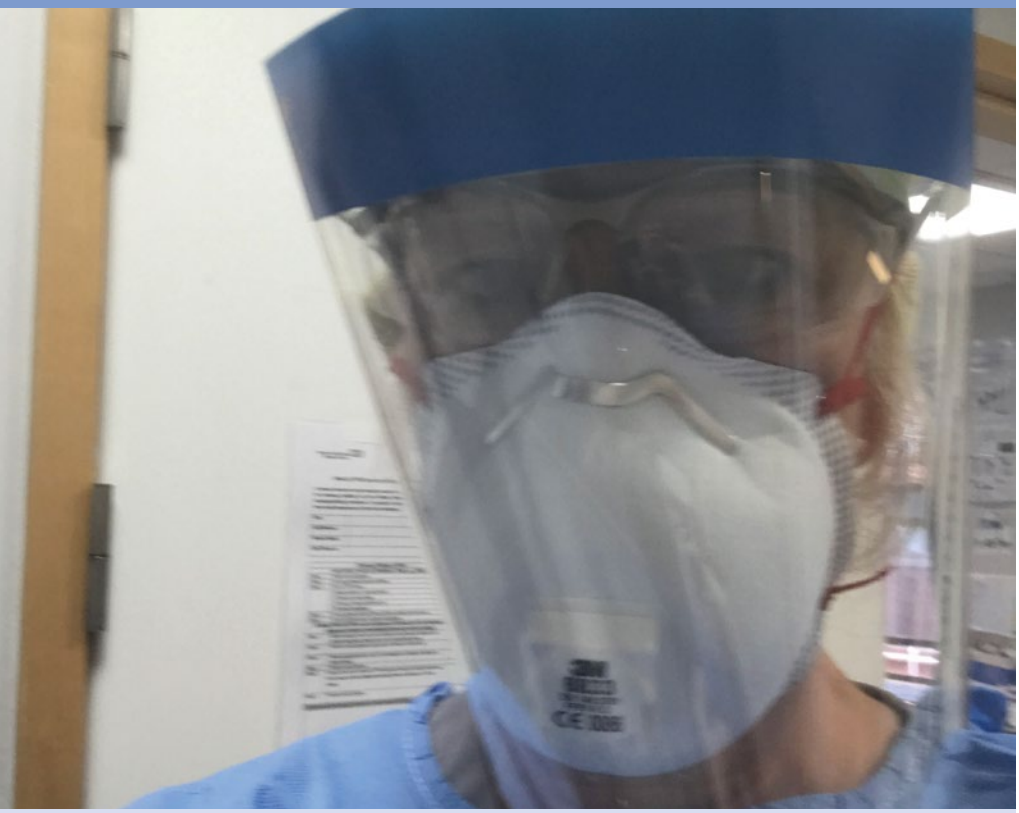
‘Like crossing a six lane highway with your eyes shut’



Mouthcare Lead **Loraine Lee**, who first qualified as a dental nurse in 1984, reflects on her redeployment experiences during the Coronavirus pandemic.

During my dental career, I have been tested for a safe mask fit many times in preparation for a pandemic that could potentially happen at any point, but I never thought that it actually would! When the COVID-19 virus first appeared on the news, it was something that was happening in another country and I didn’t think it would affect us in the UK. How wrong was I?

As dentistry and oral care ground to a halt because of the airborne risks they carry, I was given a choice of departments in which to help staff on the frontline. I was happy to oblige and stepped forward to help where I could with my experience and skills. Due to the uncertainty of how the virus was being transmitted or who had the potential to transmit, I felt the safest place to attend was the intensive care unit due to the level of PPE offered and patients being identified as COVID-19 positive.

Initially, I attended three of my usual 7.5-hour days in the ICU area familiarising myself with everything from the range of drugs, linen used and stock cupboards containing machine parts, to medical equipment and copious amounts of tubing. This for me was like looking into the workings of a jet engine: nothing was very familiar! I did, however, feel proud when I perfected my bed making skills with sheets and blankets. At this stage everything seemed quite relaxed and controlled.

The following week, I had to don not just the FFP3 mask but the gown, the head cover, the face shield, the gloves and for every patient contact the plastic apron: extra heat from the menopause and extremely claustrophobic! My initial challenge was to try to wear reading glasses under safety goggles; I would normally take the specs on and off as required but they either became steamed up and I was not able to walk in a straight line without walking into someone, or by not wearing them, I couldn’t read the drug or patient names! Eventually I worked out how to balance them on the end of my nose and the face shield became my best friend.

Compared to the previous week, it was suddenly like crossing a six lane highway with your eyes shut: not being able to identify what the alarm sounds meant on the machines, the extreme heat of full PPE, patients arriving hourly, having to find unfamiliar equipment for the doctors and nurses with rapid response and looking at ways of giving mouthcare when I could. This was also done with a new shift pattern of 12-hour days and nights which was like jetlag but without the holiday! Dehydration became an everyday occurrence.

I quickly learnt the different alarm sounds that week, which could be a five-minute warning that a sedation drug was due to finish, a fluid bag needed replacing, a blood pressure figure had changed, secretions had built up on a patient’s chest or sadly, a cardiac arrest – everyone reacted to that one! The first arrest was a sad awakening to the situation we were in: rapid treatment with an army of people, resus training sessions quickly being recalled in, for some of us in an alien setting. Then the door was closed on the patient whose life had ended, but no family came to grieve, the body just collected and taken away by the porters and everything disconnected...

In the next week, the tension was increasing as more patients arrived in ICU, HDU and the overflow ward was set up to receive others. The chaplains of the hospital

organised a prayer to be read for us before every shift. I never thought I would look forward to hearing what they would say and how they could motivate us when all around seemed bleak. I began assisting with proning patients, rolling them to increase their lung capacity, assisting the physios with suctioning of the lungs, taking hourly obs of the patients, emptying urine bags, monitoring the machines to be the ICU nurse's second set of eyes. Bedside care would include washing and changing patients, who had to be turned regularly to avoid skin damage, plus carrying out physio by massaging hands and feet to keep circulation efficient in those areas. I tried as much as possible to carry out my familiar role of mouthcare to prevent sores occurring, especially when a patient was proned onto their front for 12 hours to assist with their lung function. I got to know the patients and their lives by being responsible for sorting the property when they arrived, but it was turning my hand to just about anything that would help in the early days.

I could recite the names of drugs including Remi Fentanyl, Propofol and Norad to name a few plus the numerous liquid NG feeds given and the various bags of fluids that were required on an hourly basis. The components of the Optiflow machine became familiar when the kidneys needed help with the use of tubing and filters to keep the patients alive on the ventilators. I got quite adept at getting blood results from the computer and knowing the good blood gas results from the bad.

As the days and nights passed the patients changed with the shifts; you didn't always know if they had survived or died, but it was best not to know at times. Running the blood tests to pathology as the country slept, I thought about the patients' families, willing and hoping the results would show a spark of improvement in the morning.

Due to the supply demands of PPE we needed, I found myself being fit tested three times for three different masks as availability changed. I restocked everything, remade numerous beds, collected anything from everywhere, dropped off many things and was runner on many occasions such as to the pharmacy department when clinicians wanted to try a new drug. The rules of pharmacy ordering and collection is something of a political minefield and best left untold!

On a couple of shifts I used my knowledge from maxillofacial nursing to assist doctors with aseptic technique, to carry out the procedure of placing arterial lines in the neck or taking fluid off the spine - the procedure known as lumbar puncture - often in the early hours of the morning.

As the weeks passed my life at home became a military operation, my rota pinned to the wall, in anticipation of how to cope with the tiredness and eating patterns required. My partner was my brilliant saviour and soulmate having food on the table, bed ready for me to crawl into either at 9.00 at night or 9.00 in the morning, my uniform washed, or just providing a shoulder to cry on.

> *'This for me was like looking into the workings of a jet engine: nothing was very familiar! I did, however, feel proud when I perfected my bed making skills with sheets and blankets.'*

The effects of dehydration from wearing PPE for lengths of time and 12-hour shifts were difficult to cope with and sheer exhaustion reduced me to tears on several occasions: the injustice of being so tired, lacking energy, not understanding Zoom gatherings and the neighbours moaning about lockdown.

As we started to use the overflow ICU area, we had patients who were transferred out and in from other hospitals at all times, day and night using huge teams of professionals all pulling together. Our names and roles were written on our PPE, thank goodness, as I certainly did not want to be mistaken for a doctor! The HEMS team (Helicopter Emergency Medical Service - nine in total) came one night with military precision to transfer two patients but were so appreciative of every person's efforts, regardless of how involved they could be.

Unfortunately, it became evident that some patients were not improving on the ventilators and they were usually in ICU for more than 15 days and had serious health issues. I was given the task of reading heartfelt messages from anxious family members waiting at home for their loved ones to pull through - getting to know the person but not actually speaking to them. I saw the effects of the virus on the body, including brain and physical damage which had changed the person's life, but also the decline and passing away of life. I held the hand of four patients and comforted them as the monitors slowly ticked down and they slipped out of this world; I would then assist with washing and wrapping of the body and preparing it for removal, knowing the relatives were suffering greatly.

In the latter weeks, another cold area of ICU was set up to treat patients who needed intensive care treatment but who were COVID negative. Unfortunately, I had two shifts where two patients died here, one only five minutes into my shift who had been transferred from ED, and another elderly female whose health deteriorated rapidly. I developed a brief bonding with this lady with her infectious humour, and also her lovely husband, managing to give her essential mouthcare to ensure she had comfort and dignity at the end of her life

Comforting the relatives who were briefly allowed to say goodbye to their father from ED was difficult for me as it brought back tragic memories of the sudden loss of my sister. I had to dig deep and be strong for the young relatives whose father had a sudden collapse at home: they were in deep shock. Taking his personal belongings to the bereavement office suddenly felt personal.

The Thursday clapping, the donations of restaurant food, the gifts and support given were amazing and appreciated by all staff who were all dealing with a situation never before encountered. I witnessed fantastic pulling together, not only from ICU and the staff in the hospital in Redhill where I am based, but also with staff members I encountered from Crawley hospital, Gatwick Park and Frimley from all levels and a variety of departments all very much out of their comfort zone.

It still seems really surreal to have been in the hive of activity at the height of the pandemic and it certainly makes you think how fragile life can be but how people of all grades can work together in times of crisis.

I will never again assume the worst will never happen and encourage everyone to attend PPE fit testing!

Read about Mouth Care Matters: https://www.nature.com/articles/bdjteam201798.

https://doi.org/Missing DOI