

# Blood, sweat & bandages

*My Life: Dameron ER nurse Stacey Cline*

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The alarm sounds at 4:30 a.m. to jar Stacey Cline awake.

An emergency room nurse at Stockton's Dameron Hospital, Cline doesn't start her shift for two more hours, but she gets up early in part so she can iron her hospital scrubs. Having them look neat matters to her.

Some coffee while she catches the morning news on television gets her by until she can grab something in the cafeteria during the first of her two 30-minute breaks.

"I need time to get going in the morning," said Cline, a 37-year-old single mother of three boys. She's in the ER by 6:45 a.m., ready to begin her 12-hour shift, and spends the first 15 minutes learning about the patients she's assigned to cover.

The assignments change daily. Sometimes she's the triage nurse, seeing patients as they arrive. Other days she handles the most severe cases in Rooms 1 and 2. On this particular day, she's responsible for the four beds in Rooms 3 and 4.

As her shift begins, Cline cruises at a steady pace, monitoring, examining and noting all she sees so the ER doctor knows what to expect when he sees each patient.

Contrary to the image of an emergency room in movies and on television, the life of an emergency room nurse is not about rushing a patient in from an ambulance or hand massaging a heart in an opened chest. It's about performing duties doctors don't do - handling catheters, intravenous insertions and medicating the sick. It's examining a patient to give the doctor an idea of what's wrong, closely monitoring a response to treatment and suggesting a course of action if necessary.

The nurses of the emergency room "are underappreciated for what they do and what they put up with," said Dr. Brad Reinke, director of Dameron's emergency room.

They're often under attack by patients or those who bring in patients, who arrive in a stressed state, expecting the emergency room to provide fast care to all. That rarely happens. Patients can wait hours behind others who arrive with more serious conditions. Nurses, the first to see them when they get to a bed in the ER, are left to answer for delays beyond their control.

If patients take their frustrations out on nurses, doctors know better. "Without them, nothing happens," acknowledged Alan Genicoff, an emergency room doctor.

He and other doctors who staff the ER see each patient that comes through the door, some for no more than five or 10 minutes. The nurses are the first to see them, give them their first glimpse of a hospital, then remain in constant contact during their stay.

On a recent Friday, Cline inherited from the night shift one patient who had arrived with low blood sugar. Hours later, the patient's blood sugar still had not stabilized, and Cline set about having her admitted to the hospital.

Another woman under Cline's care had arrived with abdominal pain. She had spent hours at Dameron before it was determined she should be sent to San Joaquin General Hospital in French Camp to see a gastrointestinal specialist. All that waiting left her hungry.

"You go deal with her," Genicoff told Cline. "I can't handle it."

Cline smiled and walked into the curtained room to explain to the woman she was not allowed to eat in case immediate surgery was needed.

Cline seems a natural for the nurturing, caring tasks of nursing, a career she didn't begin until 2005.

A mother at 18, she always worked full time to help support her family, but she never went to college. That changed in 2002 when she was financially able to leave her job and return to school.

"I hated what I was doing," Cline said of her customer service job for a phone company. With three boys, the youngest a toddler, Cline couldn't spend four or five years in college. She also needed to pursue a career that made going to school financially beneficial.

"I always wanted to be a nurse," Cline said.

As a little girl growing up in Stockton she dreamed of being a nurse or being a meter maid who got to drive around in one of those cool little cars.

It took Cline, a graduate of Tokay High School in Lodi, a year to complete prerequisite classes and two more years to finish San Joaquin Delta College's nursing program. She passed the state licensing exam on the first try two months after graduation. By then, she already was working in Dameron's emergency room.

With nurses in short supply, newcomers gain on-the-job training in specialized nursing areas. Cline, though, knew she was best suited for the emergency room.

"For the most part, you're busy all the time," she said. "You never know what's going to walk in the door. You have to be ready for anything. I like that. I like being busy, not having time to sit down. It goes by faster when you're working a 12-hour shift."

It's not a type of nursing for everyone. "This is a hard," said Cheri Shirey, nurse manager of Dameron's emergency services. "It's a lot of standing up, changing gears, thinking on your feet."

Being prepared for anything is part of the job that appeals to nurses, they say. Learning something new on the job is another perk. The most rewarding benefit, though, is providing care. "People come in not feeling well and leave feeling better. That happens almost every day," Cline said.

Cline's day is a steady stream of checking on patients, medicating them when necessary and notating their charts every two hours. She continually returns to the desk in the cramped ER quarters, which is the heart of the department. It's the gathering point for the six nurses on duty, the doctors and other personnel.

The mood is light.

"We all have a sense of humor and laugh inappropriately to hide our feelings," Genicoff said. The mood change was palpable, though, when nurse Trish Descent began recording the medications being used by a patient who has stage 4 cancer. At least 20 bottles of prescription medications fell out of a brown lunch bag, a sober reminder of the seriousness of what the nurses do.

This particular day was relatively quiet. There was no great crisis, no trauma case. About 45 patients came through during Cline's shift, many of them older patients from convalescent hospitals. A 6-month-old baby with breathing problems arrived, too. He was a patient of Lynn Kellogg, a nurse four months out of Delta's program. She announced to all that she had successfully inserted an IV tube into the child, winning praise from all corners. "Good job," said Max Bryant, the shift supervisor, who gave her a thumb's up. "Everyone is going to know what you did today," Cline said. Finding a vein in a child that young is difficult, Cline explained.

Kellogg basked in the support of her colleagues.

"I like the ER because of my colleagues, the camaraderie," said Bryant, who keeps the department moving with his calming but efficient demeanor.

Nurses stood at the desk filing their reports. Doctors did likewise, and Bryant kept an eye on all that shuffling paperwork.

Bryant's role - running the nursing staff during his shift - is one Cline soon will undertake on the night shift. It is a promotion, and the hours are more practical for someone going through a divorce and raising boys ages 18, 15 and 7. "I'll be able to get them to school and pick them up, get through homework and dinner," Cline said.

Working the day shift, Cline leaves the house before the boys are up and arrives home in time for a quick meal before she's off to bed.

Not on this particular Friday, though. An evening shift nurse had called in sick. Cline struck a deal to work the night shift and take her scheduled Saturday shift off.

The evening staff arrived, and the handoff of patient information began anew. The day nurses began making their way to the exit doors. Cline shifted from emergency Rooms 3 and 4 to Rooms 5 and 6, where a new cast of patients awaited.

Her day was starting all over again.

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