

Today is Friday, 10 April 2020. For many, it's Good Friday. For others, it's Passover. To be completely honest, for me that's more of a time reference than a religious holiday of huge significance, though I was raised Irish Catholic and have been a member of one Presbyterian Church or other for many years. There are now millions of Covid 19 stories to be told around the globe. Mine is only one, but I'm going to be telling mine from the viewpoint and knowledge base of a seasoned RN with a Masters in Healthcare Administration. I haven't worked in a traditional, clinical nursing role in several years. I'm 51, and in overall good health. A little seasonal allergy misery, perhaps prone to bronchitis with winter colds, but nothing that ever made me more than two or three days worth of sick. I've been active to varying levels over the course of my life.

I'm a bit of a news junkie, and I like to keep up with science news as well as news in healthcare through professional publications. Back in January, I read the first rumblings of a new virus emerging in China. The timing, I thought, could not be worse given the New Year celebrations about to take place. Just one case getting loose through a major international airport had, I knew, the potential to unleash utter havoc. So I was watching. And I was nervous. Pretty much every person I knew brushed off my speculations of impending disaster as "over-dramatic". I'm kind of used to this. I have a tendency to get a feel for a big picture trend, without really being able to point to the reasons for my assessment. So, I watched. I held down the desire to hit the panic button. I had witnessed 9/11 unfold from my hometown without benefit of a TV screen to lessen the blow and been unnerved by the sight of fighter jets flying over my childhood home. In any event, freaking out would do nothing to avoid whatever was coming.

My daughter (who as I write is days away from her 16th birthday) is an aspiring ballet dancer. She had surgery on her ankle in the Fall of 2019, but we are still troubleshooting an ongoing issue. This meant repeated trips into New York City from our home in far Northwest New Jersey. Usually, I park in my hometown and take the buses and subways. It's less stressful than driving the whole trip. Our last two trips were on the 11th and 18th of March. I drove to the Upper East Side, having heard of the Manhattan attorney who'd been "Patient 0" in the first New York cluster of community cases. Mayor DeBlasio's protestations notwithstanding, this was making me twitchy to say the least. I was making noises about quarantine preparation at home, and taking heat for being an aspiring "prepper". I was self isolating as much as possible and working from home in my role with a non-profit, getting into hot water for that decision and others I made with the goal of protecting people as much as possible in mind. I'd risk my job rather than put others at risk though, so I stubbornly refused to budge. Those trips to New York gave me pause, no matter what anyone else wanted me to believe.

Heading into the last week of March, I'd had the mildest of dry coughs for a day or two, but chalked it up to those seasonal allergies. My daughter had the same faint, occasional cough. On Friday, 27 March I started to feel just a bit "off" overall. Perhaps a slightly worse cough? Was I imagining that my lip balm smelled ever so slightly less potent? By late that evening I had

a low grade temp, 99.5. By 11:00 I had chills and it was up to 100.4. I took some NyQuil and went to bed. I poured sweat all night long, tossing fitfully in and out of sleep.

You might be wondering how, fully two weeks later, I know the details of my temperatures and symptoms. Well, it's a nurse thing. Documentation in detail is just one of the things we are trained to do as a matter of habit. In nursing the adage "Not documented is not done" is just one of many by which we live and die. Saturday morning, I poured the last cup of coffee I'd have for quite some time and realized with a jolt of horror that I couldn't smell it with my nose right in the cup. This was not good. Neither was the cough which was getting worse. It was hacking. It was dry. Now it took hold in violent paroxysms that left me feeling like I'd rupture my diaphragm or fracture a rib. Fortunately, it wasn't the continual cough you'd have with a regular cold or flu. It came in waves. Brutal waves, but with long periods of respite in between. Still, I didn't feel more than mildly ill: exceptionally tired, the slightest of a sore throat and stuffy nose, no appetite at all. The temps were low, still no more than 99-100. Nursing intervention: push fluids. That was hard because I was getting vaguely nauseous. I rationalized. Lots of liquid can make your stomach feel bloated and nauseous. Just keep going a little more slowly, I thought. Dehydration is an enemy.

On Sunday, we had a "virtual visit" with our family doctor. This only served to confirm we were "presumed positive" for CoVid 19. Aside from that, all we could do was what we were already doing. No testing available. I know. You're shocked.

I'm going to take a second here to digress from the story. It needs to be pointed out far more than it is that CoVid 19 and Coronavirus are merely two shorthand terms for this disease. Its full, scientific name is SARS-CoV-2. By snipping off the SARS portion of the nomenclature we are allowing, in my humble opinion, the general public to lose sight of the true, distinctive, and most dangerous aspect of this. SARS itself is an acronym that stands for **Sudden Acute Respiratory-failure Syndrome**. The precipitous collapse of the respiratory system happens so devastatingly fast that it's a race against time. That is the key that makes it so dramatically different than any other simple cold or flu. This is the part that left me stone cold terrified. The slide to failure that could cascade faster than it could be curbed.

Back to Sunday, 29 March. By afternoon, the fevers started ramping up. Not so high, at 100.6 but Tylenol wasn't touching it. At all. 500 mg and an hour later it hadn't budged. Normally, you alternate with Motrin in this case. I'd been told to avoid it. Contraindicated was the exact word my family doctor used. This is more than merely a suggestion. It's a flat order of prohibition. "Fine," I thought, "Nursing intervention: ice packs." I spent the next ten days packed in ice like a shrimp in a fish market. Ice packs in impolite places never felt so good—except after childbirth. In spite of this, feeling like a flounder gets real old, real fast. On top of that, for too many of those ten days I felt scarily close to about as dead as the fishmonger's unfortunate catch.

One more aside, why was I so obsessed with those temps at this point? They were not as I noted ragingly high. They just wouldn't come down. The answer: sepsis. Sepsis is part of the body's reaction to fighting infection. However, it is an out of control or even out of proportion reaction and it can be deadly. Sepsis can turn to septic shock, and shock can slip into organ failure. Supportive measures to try to combat the symptoms were the best I could do. Control of the temps and try like hell to hydrate were the only means at my disposal at home. Those were slipping fast. March 30: 101.7 on enough Tylenol to risk liver failure and the ever present ice pack. March 31: 102.2. If it didn't come down, the doctor's office was now recommending the emergency room.

April Fool's Day lived up to its reputation in spades. I had shivered and moaned through the night. In the early morning for the first time in my life, I called 911 for an ambulance to the nearest ER. It is unfortunately not the hospital my doctor attends, a factor that likely didn't help. I was there no more than 4-5 hours before they sent me home. I was literally begging in tears not to be sent home. Worse still, they gave me 800mg of Motrin on an empty stomach setting off waves of projectile vomiting that wouldn't stop for days to come.

Another day and the fevers raged higher: 103.5, 103.7, 104.5. Even adults can have a seizure at temperatures that high. I'm frankly surprised I didn't. We called the family doctor again. If we could make the half hour drive ourselves, he'd admit me directly.

I vaguely remember the tent outside the ER. I remember the ER not at all. Nor do I remember being transferred to the nursing unit. I was also unaware that I was admitted to a CoVid designated ICU. It's probably just as well. I remember pain, burning with fever, nausea, vomiting on the floor, soiling myself with diarrhea, peeing myself from coughing so hard, nose bleeding from the drying effects of continuous oxygen, being helplessly tangled in tubing and wires. I remember hearing, through the walls, the woman in the room next door moaning; she was quiet once they finally intubated her. And overarching everything was the abject fear that I was certainly going to die. In fact on Saturday afternoon, 4 April I was so sure I sent a very personal text to a friend with some specific requests. Thank God we didn't need them.

I was sick enough to be given a trial of hydroxychloroquine. Anyone who wants to imagine this drug is no big deal because it's common enough ought to be repeatedly smacked in the head until some sense is knocked into it. No, I do not mean this as hyperbole, and no it is not too strong. Pacifist as I might be, there is no excuse for this special kind of stupid. I am grateful I had no cardiac effects. However, it made me—if you can possibly imagine it—even more violently ill. Already destroyed by the Motrin and the virus, my stomach just could not handle one more insult. Thankfully the course of treatment is only a few days. I grew to dread the med pass that would bring the next dose.

I was also sick enough that the doctors nagged me to use the prone position. I sleep on my tummy lots of the time anyway. Not in that hospital bed, trussed like a turkey in all sorts of gadgets. Any effort to get there with pillows and blankets to prop and position was a gymnastics

event that left me utterly spent. I gave up. It would have to wait until I was home. In fact the first thing I did after I dragged myself into the house was nap on my tummy until I woke up in a puddle of drool in my own bed.

This is my third day at home. I had the presence of mind to ask for help from my church. There was a walker and a shower chair waiting for me. Some of the families will help with some gluten free dinner items for my daughter. I still haven't mustered the strength to shower, though I gazed longingly at the shower in the hospital at every trip to the bathroom. I'm 51 and I need a walker to go 15 feet from one room to another. The incentive spirometer for breathing exercise shows a scant half of the expected normal lung volume for a woman my age and height. I can only imagine what my chest x-ray looks like. I have no idea when I'll be able to climb the stairs or do even the simplest of things on my own. I'm in desperate need of a good, long cry but the price in headache and stuffy nose is too much right now. Nor do I have the luxury of a girlfriend to hold me through it. There are rumors that you may not be immune even after recovery, a thought I cannot bear to contemplate. I have a thousand reasons to be thankful, among them that I avoided a ventilator. I am aware that white, middle class privilege is high on the list of reasons I have survived. I will heal in time.

I'm writing mainly for two worthy reasons: education and history. Education, so that the people of today can *for the love of everything that is good and holy, learn!* Learn that this thing is so unlike any viral or bacterial illness you have ever seen or known that all the words I've crafted here cannot do it justice. History, because one day others will seek to learn about this time. I hope I can be of value to the record. I wish you all the blessing of safety, health, and peace wherever this may find you.