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We have travel agencies all across the country. Reach out to them. There are crisis needs everywhere. They need help. I know it's not-- it's not permanent, that's the biggest thing. People have stepped away from bedside and are doing other jobs. We still need help.

The community's always been good to us. And when I heard what they're volunteering, what they're doing, and what they're going through, their sacrifices have made it pretty easy for us to volunteer and make it much easier for them to fly up private.

When you got the call, this came as a call out to say, hey, is anybody able to help our team out? [INAUDIBLE] What did you think?

So I had previously asked, maybe about a week and a half ago, if there were needs anywhere. And I just was like, I would love to go and help somewhere. Because we fortunately haven't been hit yet, but I had asked to go. And I missed the meeting on Thursday, because I was doing patient care at work. I came out. My co-worker Mike was like, oh, yeah, I just talked to Erin. They're looking for people to volunteer to go to Colorado. It was like a matter of seconds. I picked up my phone, texted Erin, and she was like, yes. She's like, if you want, I'm going to put your name in. She's like, I don't have specifics yet. But she's like, let's do it. So that was Thursday.

So then Friday I'm slammed at work again. And I finally get a second look at my phone at like 5:30. And my manager, Erin, had texted and said, hey, we got to go ahead. I need you to do a few things. And at that moment, it was like, wow, this is so surreal. But I didn't hesitate. And I want to help. I mean, you sign up to be a nurse to do stuff like this. So.

Absolutely.

Yeah.

You're going to be working with people you've never met before.

Exactly.

Every day, you're working with people that you've never met before.

Yeah.

How do your skills in the hospital, [INAUDIBLE] how well do those go to play here in the ICUs, in the facilities? [INAUDIBLE]

So my background is really actually medical ICU, surgical ICU. So I use those skills everyday in the CV ICU. That was the one unit that I haven't really had much experience with. So that's why I took a staff job. But I'm just really excited to get back out there and start using my medical ICU, surgical ICU skills again with things manually proning patients, and drips, and looking at everything, not just from a heart standpoint, but from an entire body standpoint, an entire person's standpoint.

What is that term that you said, right before you said "drip"? What is the procedure that you were talking about?

Oh, manual proning.

What is that?

Manual printing is actually taking patients-- because when you think about it, when you lay down in a bed, you're laying on your back. Manually proning is flipping those patients over and laying them on their stomach. And it's better for lungs. The term, A-R-D-S, or ARDS as we say, acute respiratory distress syndrome, that is something that the manual proning is good for the lungs. It alleviates pressure. And it allows every secretion and everything to move when you're manually proning your patients.

And with this virus specifically, ARDS has been a huge issue.

Huge.

And things could change [INAUDIBLE]

Yeah.

Recognizing those symptoms is going to be crucial.

Absolutely. So we're doing the emergent, rapid intubation, pretty much on everyone that we have that ARDS picture. And then manually proning them as the virus progresses. [INAUDIBLE] would you tell other folks out there, are there people who maybe registered nurses or [INAUDIBLE] medical [INAUDIBLE], but have taken a step back a little bit, what would you tell those folks?

I have friends who have done that. And they're reaching out, asking what they could do. And I've just been telling, we have travel agencies all across the country. Reach out to them. There are crisis needs everywhere. They need help. And it's not permanent, that's the biggest thing. People have stepped away from bedside and are doing other jobs. We still need help.

You can reach out to the travel agencies. You could even potentially reach out to your former staff physicians and ask them like, hey, do you guys have anywhere you could put me? And we have nurses at other facilities here in Phoenix and Mesa and Gilbert that are being used as screeners. So asking those very pertinent questions. Do you have a fever, cough? How are you feeling today? Have you traveled outside of the US? Or where have you traveled over the past three weeks? So, we need people always.