ER season 13, episode 4

excerpts

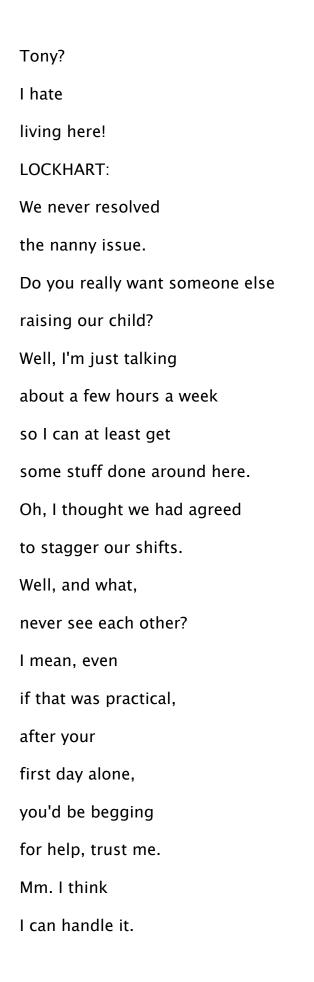
["the woman she works for. \n Oh. \n Wow, that's... \n What's she going to do? \n I told her to \n have an abortion. \n That's what I did. \n You got pregnant \n with the husband \n of the woman you work for, too? \n It "]

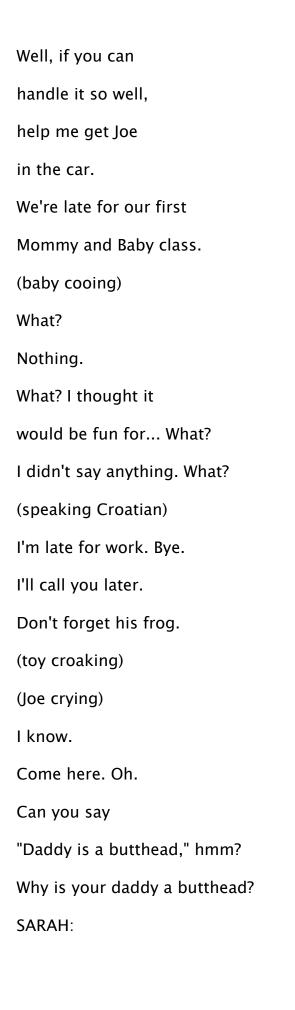
woman you work for, too? \n It "]	
t	transcript
Previously on ER:	
Are you loving	
motherhood?	
Yeah.	
PRATT:	
Oh, this isn't awkward?	
What? That you and I	
are equals now?	
Dr. Crenshaw is	
our new chief resident.	
Neela Rasgotra.	
Two years in the ER,	
then defected.	
It took you that long	
to figure out you were	
wasting your time?	
I'm your daddy.	
What's up?	

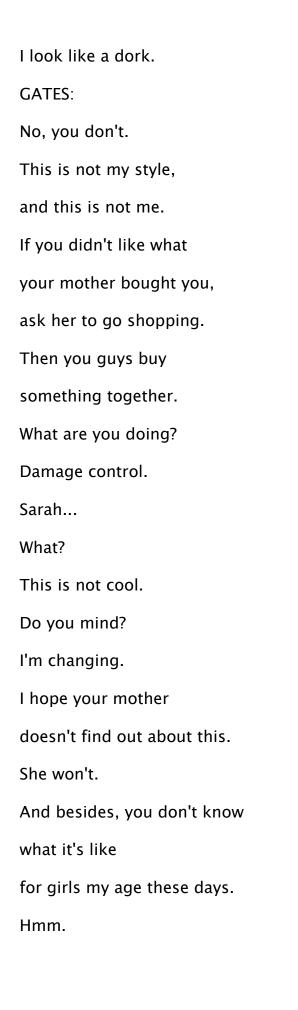
How's the new intern doing? She's very, uh, devoted. (quietly): Thank you, Jesus. Were you the best one there? How many people did you save? Did you rock? Next time you don't do what I tell you to do, or any other attending tells you to do, you're gonna find yourself getting bum-rushed right out of this program. You don't even appreciate the fact that I took the time and money to go out and buy you some new clothes. I didn't ask you to do that. No, because you'd rather go to school dressed

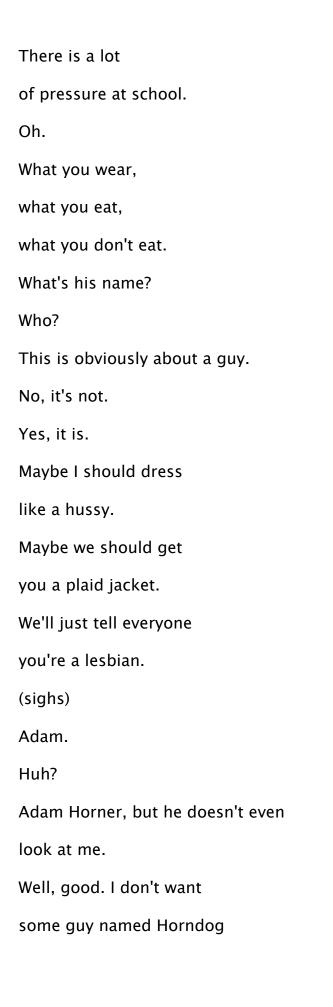
like a bag lady. Would you rather I dressed like a slut?! Because that's how most of the other girls dress. I'd rather you dressed like someone that has a mother that cares about her. Tony, would you please say something? Good morning. What's wrong with the way I dress? She won't even try on the clothes I bought for her. Those are nice. They're ugly, and I refuse to conform to some anorexic, media-fueled ideal of beauty. That's fine,

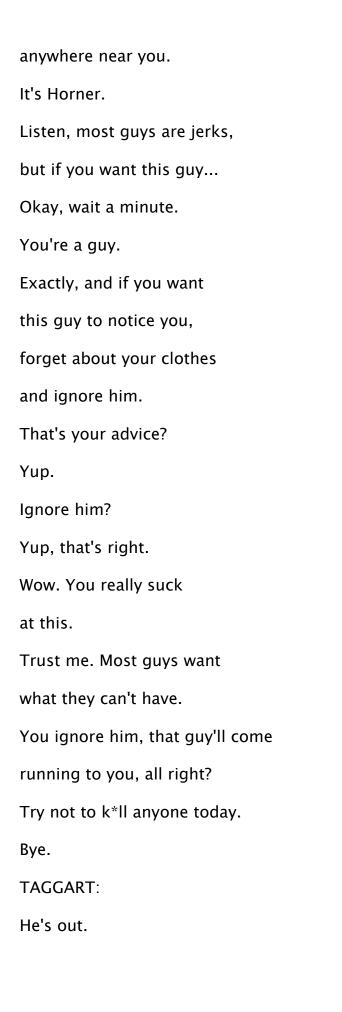
but you're not leaving
the house dressed like that.

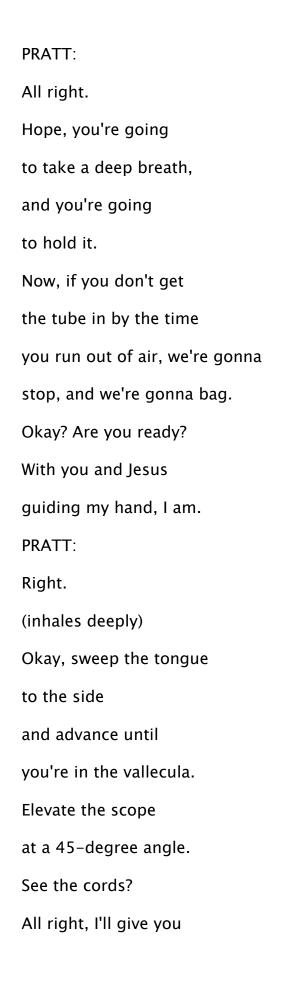


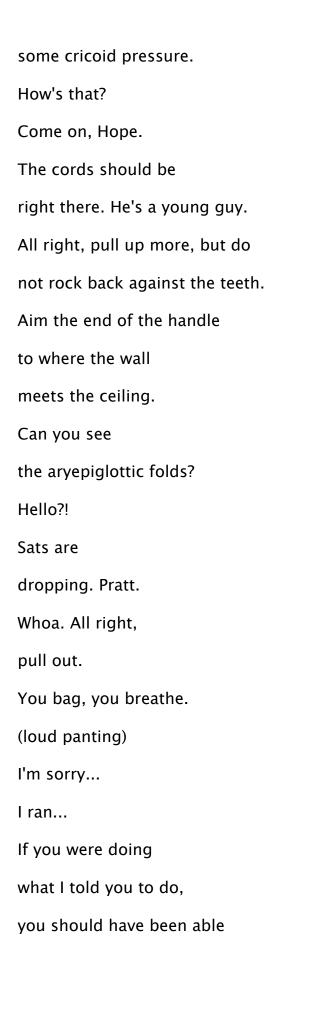


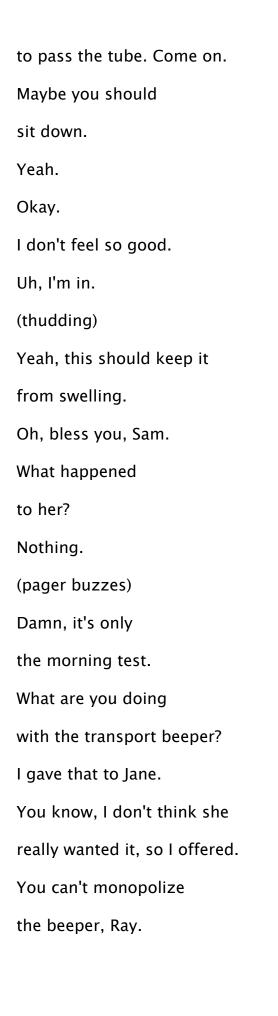


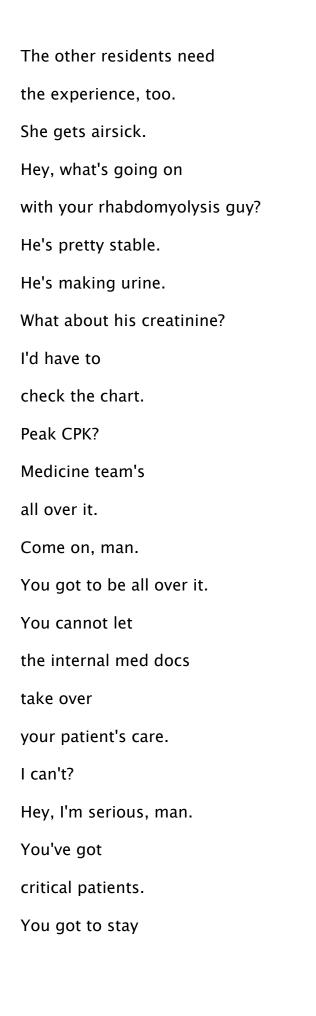












on top of the labs. I know, but the guy was ready to hand off, and I... And what? And that was a great talk. What the hell's going on with the PACS system? Down again. They said they should have it running in an hour, but they've been saying that since yesterday. So, is it true? Rumor is you k*lled an intern. Yeah, I wish. You know, everything in this place is crap. The equipment sucks, the students are incompetent, the interns

can't finish a chart,

the residents-- they don't give

a damn about their patient...

Yeah, okay, okay, Kovac.

I see what

you're going to say.

That I was the same way,

right? But I wasn't.

I didn't say anything.

Yeah, I could chart,

I could clear beds,

and I never passed out

tubing a patient.

I know, you were

really, really special.

You need to go through

in-service exam results

with your residents.

Have you seen these?

See, this is exactly

what I'm talking about.

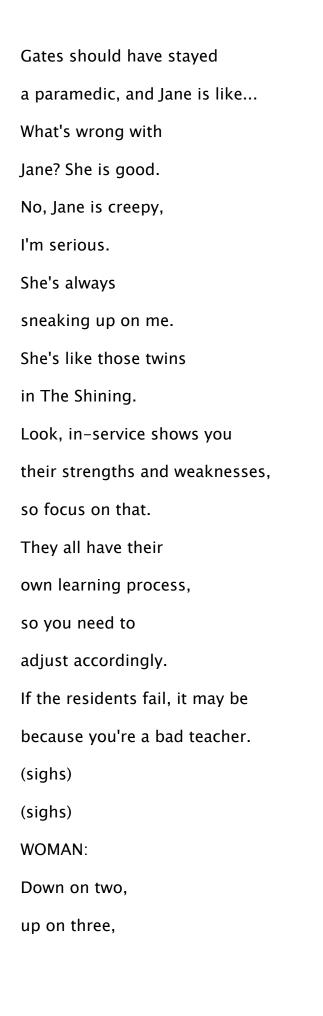
They don't know jack

about emergency medicine.

Solomon is an idiot,

Hope is annoying

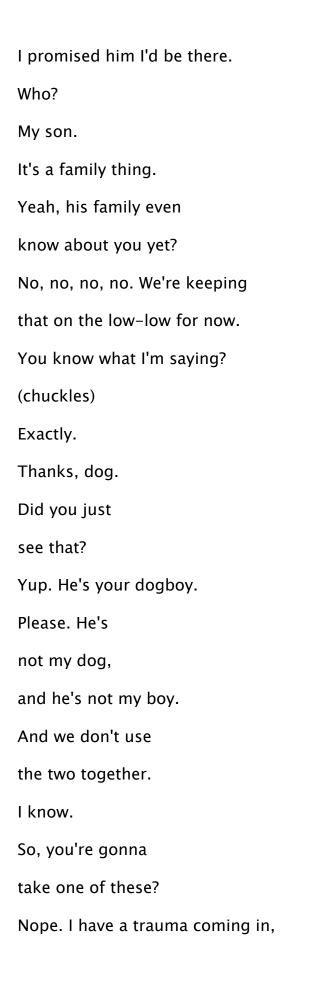
and incompetent,





Oh, well, you know, I'm a doctor, um, and... Then you'd think she'd know better. She is sitting right here. WOMAN: Well, um, then you should know that, um, a happy, healthy baby is always carried in a sling. Well, I do know that if you dress your baby like some sort of designer accessory, you're headed for problems. But don't worry. I work in the ER, so I'll be there to take care of her when she comes in 14, pregnant, with a drug overdose. Maybe this isn't

the best class for you. WOMAN: Thank you so much for the lunch tray, Archie. I particularly enjoyed the bread pudding. Oh, you're welcome, Emma. That's one of my favorites, too. Ah, the return of Goat Boy. I heard one of the doctors made a charm bracelet from all they took from his belly. Okay, here's what we got: stable CHF, going to tele. 76-year-old lady with pyelo, had levaquin. Incomplete miscarriage. Do a repeat pelvic in an hour to see if everything passed and the os is closed. Wait a minute, wait a minute. What the hell are these? Pass-ons. Oh, and her BP's a little low, like 90 systolic. She's type-and-crossed for transfusion? No, but that's a... that's a good idea. Do that, totally. Two-year-old with possible meningitis. Ceftriaxone on board. Currently at CT, needs an LP when he gets back. Morris, we do not sign out spinal taps. Since when? Wait a minute, wait a minute. Hold on. These aren't pass-ons. They're train wrecks. I'm not taking them. Dude, I can't. Max has a soccer game. It's the playoffs.



and you're not always going to have the luxury

of having another attending

on shift with you.

You need to learn how to handle

these things on your own.

Mr. Jennings is

on his way up to ortho

and Lundquist

is out of here.

Nice job, Ray.

Here's four more.

Are you kidding me?

Is this about

the transport beeper?

The packing is webril,

and we wrap with bias.

We try to keep it tight

enough to immobilize,

but not to the point

of discomfort.

You don't want to

cut off circulation.

Solomon,

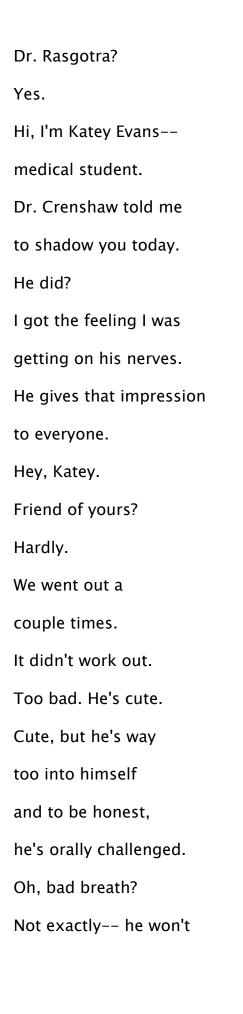
you know, you didn't do so hot on the Ortho section of the in-service. So what's the difference between a Jones and a Dancer fracture? Dancer's a proximal avulsion. Does great with conservative therapy. Jones is transverse, a little more distal and you got to keep an eye on this bad boy because there's a good chance of non-union. Let me guess: you just had a patient like that? No. Right. Come on. Who's got somebody in Curtain 2?

Uh, me, sir.

48-year-old PSVT resolved with adenosine. Excuse me, doctor. Is your boss still here? Excuse me. I need to speak with Archie. Dr. Morris is not my boss and I'm afraid he's gone for the day. Is there something I can help you with? No. Jane, you need to focus on Cardiology. What are the options with a hemodynamically stable wide complex tachyarrhythmia? Lidocaine if you think V tach. What else? (coughing) Amiodarone. Okay, I'm guessing amiodarone. Well, procainamide and amio can do the trick,

but you want to stay away from beta and calcium blockers 'cause you'll end up with V fib if you have a bypass tract. Right? So how'd you manage to fail every subsection of the in-service exam? I guess I just don't test well. Well, you better start. Come on. Have you got something to present? No. Actually I started with Dr. Kovac... Where are your charts? Let me see them. Well, I'm still working on them. I told you to keep them current. You got to do them as you go.

What part of this concept don't you understand? KOVAC: Five-year-old with crush injury to abdomen. He and grandpa were chopping down a tree. They're bringing grandfather with chainsaw injuries. All right, I got it. All right, keep working up your patients and grab a couple more charts. KOVAC: He needs O-neg, a second line, and page surgery. Where do you think you're going? Chainsaw injuries can be gnarly. No, no, no, you need to finish with the patients you've got before you do anything else.



go south of 14th Street. You know... He refuses to dine at the Y? Oh, I'm sorry. This is what I'm talking about. Making friends and saving lives. Does it get any better than this, ladies? No, it does not. So, Mrs. Draper is back for her 27th hospital admission. Status: postpancreatic pseudocyst. 27th? Yes. Someone needs to tell her the hospital stopped giving out frequent flier miles. Oh, and she's a chronic rectal discomfort. And you two get to work her up

and review her old charts.
All 27?

No. Why don't you forget

all about visits

six, 13 and, um...

what do you think, 21?

Yeah, that should

keep it interesting.

It'll be like playing

patient roulette.

Be prepared to present her

at afternoon rounds.

Smiles all around.

Maybe he should use

his extensive surgical skills

to remove that bug

from his ass.

Oh, saved by the bell.

We're paged to the ER.

I'm so glad I'm not

doing an ER rotation.

I have heard horror stories.

Oh, it's not so bad--

once you get used

to the smell.
The line is good to go.
Pressure's only 85
after the bolus.
How much O-neg?
40 per kilo.
800cc's.
Chest and pelvis films are back.
KOVAC:
Let me see.
Sam, your son's school called.
Said he never showed up
for homeroom.
First hemoglobin is 9.8.
What?
I dropped him off this morning.
Type and cross four units.
He's losing a ton of blood.
Crush injury?
Yeah. Unstable pelvis.
Open book fracture with complete
SI joint disruption
and lateral displacement.
SAM

I've got the T-POD. How's the belly? Spleen is okay. Looks like a small liver lac. So he goes to angio first? For embolization. Hypotension and pelvic fracture has... A 50% mortality. Blood at the meatus. Probably tore his urethra, but that'll have to wait. Along with his liver. If they can stop the pelvic bleeders in angio, he might make it to the OR. Okay, bring blood, FFP, and get him on a portable monitor. It wasn't a very big tree. It was only about eight inches in diameter. I was just finishing the cut

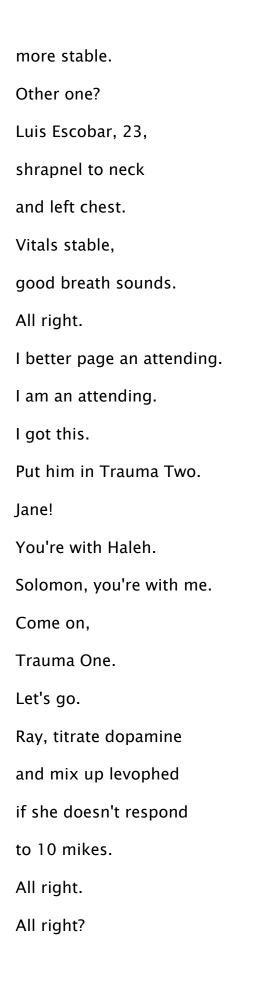
when the chainsaw broke... Ow!

Sorry about that,

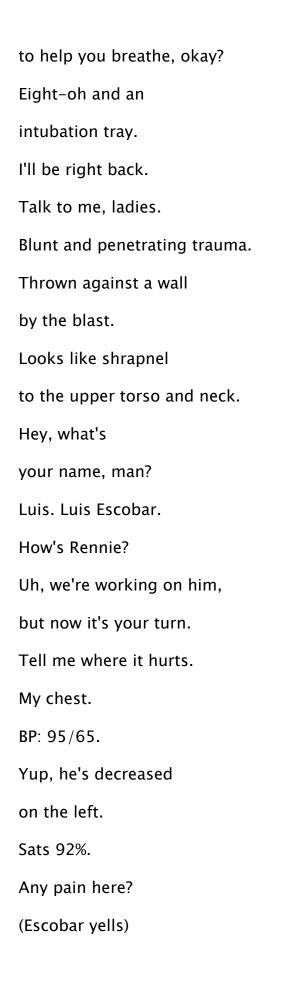
Mr. King. We're going to get you really numbed up right now. Another five of lido to me. How we doing in here? He's pretty lucky. Most of these wounds look superficial. I'm just going to clean and close. How's my grandson? Uh, his injuries are serious: he's bleeding internally, but he's hanging in there. Can I see him? KOVAC: Not right now. We're taking him upstairs and we're going to try to stop the bleeding, okay? You good down here if I go up to angio with him? Yeah. I'm good. Go.

Okay. I was being so careful. I thought he was safe. Don't worry, sir. We're doing everything we can to help him. Are you almost finished in here? No. Why? I could really use your help in Curtain 2. You've got to be a little bit more specific, Ray. Okay, Morris' little old UTI lady, the one that's just "waiting for a ride," has a systolic of 55. (sighs) Damn it, Morris. All right, here, keep irrigating and set up another suture kit. I'll be right back. Got it.

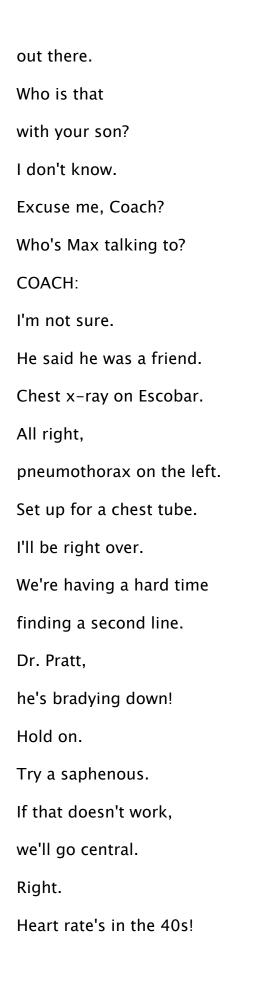
76-year-old,
fever and gram-negative rods
on the UA.
Morris said she was tucked,
nothing to do.
I guess he lied.
Yeah.
Tachy after two liters, he
should have seen this coming.
Access?
PIV, we're working
on another
HALEH:
Pratt!
Here.
BARDELLI:
Rennie Stevens,
welding t*nk expl*si*n.
Second- and third-degree burns
over chest, face, and arms.
Vitals?
Tachy, BP: 138/90,
sat 82.
Other one's

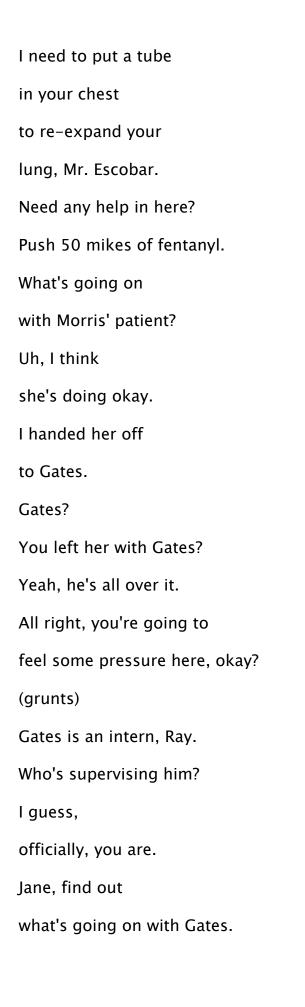


Alex, where are you? No, you're not. Don't lie to me. The school called the hospital. Yeah, well, you got ten minutes to get your butt back to... Solomon, help Sam make some room. Please give me something for the pain! All right, another five of morphine. Hang tough, Mr. Stevens. We're going to help you. Start a second line with two liters of LR, wide open. Full thickness over the entire chest. I'll alert the burn unit. Sats down to 83. Okay, listen to me very closely, Mr. Stevens. We need to put a tube in



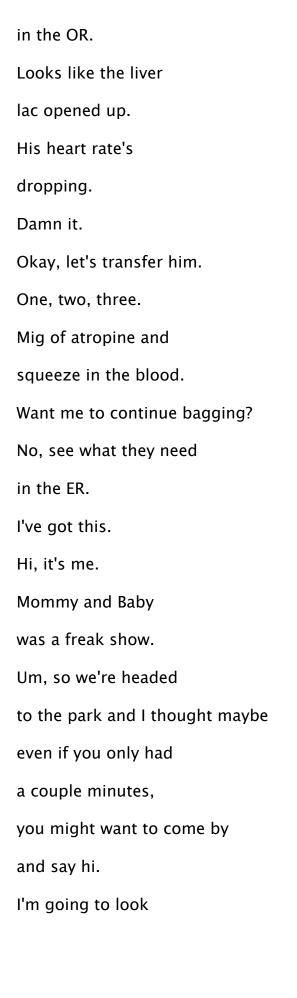
All right, CBC, chemistry, coags, type-and-cross for two, liter of ringers, C-spine, chest, and pelvis. Page surgery. I'll be right back. You're doing good, Mr. Escobar. (crowd applauds) **MORRIS**: That's it, Max. That's it. Hustle! MAN: Go, Stuart, stay with him. Come on, Max, come on. You take this guy. If you can't go around him, you go through him! Hey, come on, man. What? You're not setting a good example. Whoo! That's it. Nice, nice, buddy. You're k*lling them

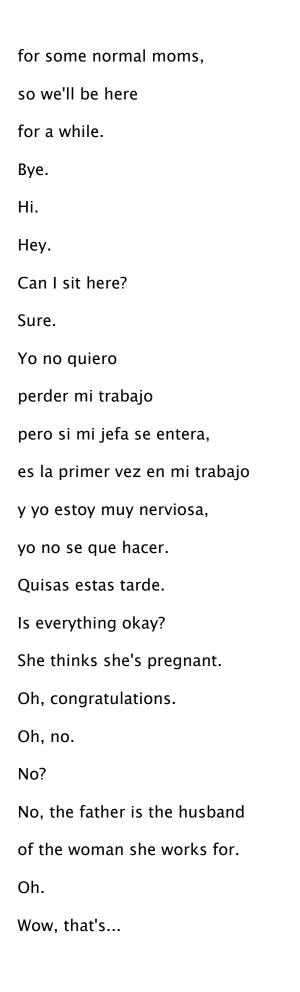


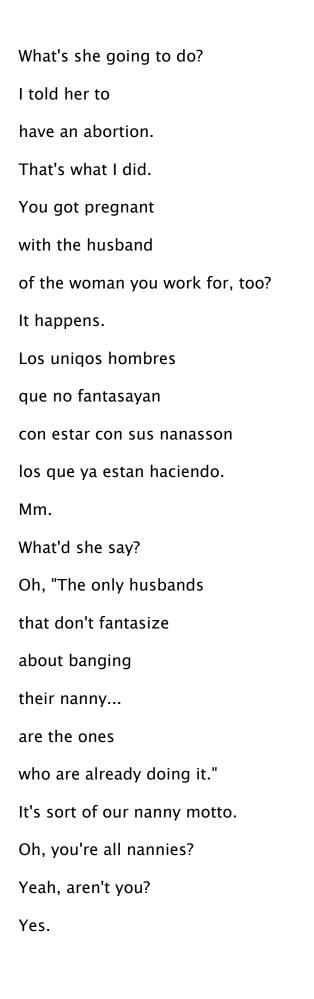


I'm not having any luck with the ABG. Angle the needle at 45 degrees. I can't see. My glasses keep fogging. Well, maybe next time, you should leave the hazmat uniform at home. Feel for the pulse. You see that? Yo, Doc. Your sheet metal guy in Exam 3 lost his foot pulse. Nurses can't get his leg out. All right, tell them to give him five more of morphine and, uh, grab me a Doppler. I'll be there in a few minutes. Someone grab me a central line kit. This young lady needs a CVP monitor.

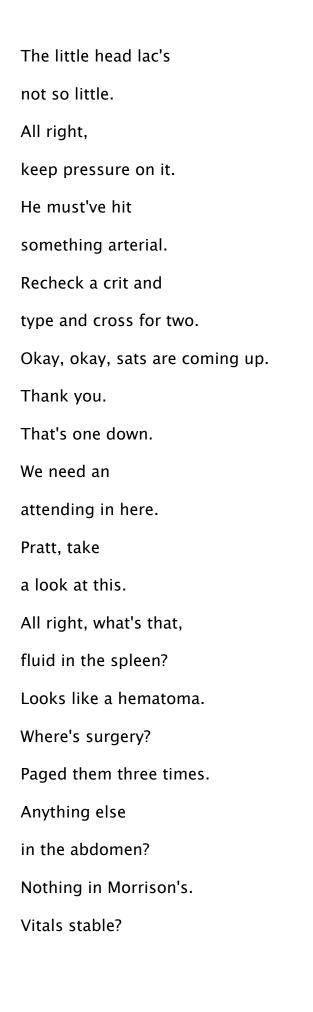
You're putting it in a central line? Yes. Early Goal-Directed Therapy for Sepsis-all the kids are doing it. Are we going to get in trouble? No, this lady is in trouble. We're trying to save her, that's what we do. God, give us the strength and the knowledge to help save this sweet woman. Hallelujah to that, sister. Good embolization of the superior gluteals and pudendal arteries. That ought to buy you a little time. Pressure's back down to 60. Another 400 of PRBCs. Crenshaw's standing by





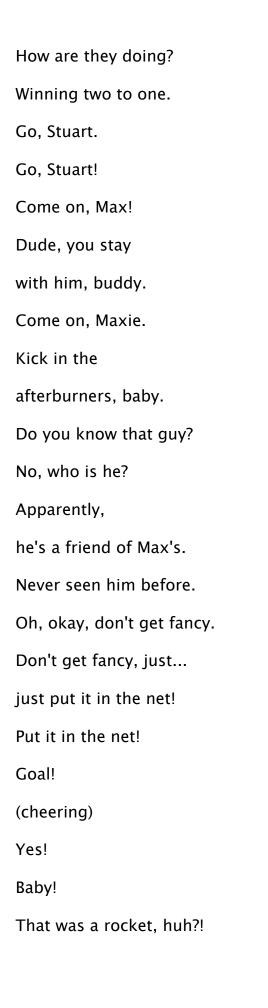


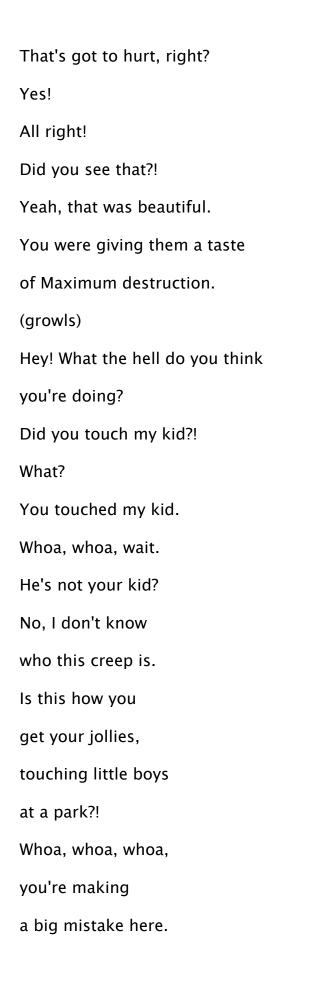
Yes, I am.
All right, tube's in position,
no pneumo.
Vent pressures
are almost 50.
Damn it. Chest wall's
restricting lung expansion.
He needs an escharotomy.
Ten blade.
Sats down to 84.
All right,
put the vent rate up to 25
and the tidal volume
down to 500.
Solomon, I need room, man.
Okay, Mr. King.
We're gonna find you
a new parking spot.
Mr. King?
Mr. King,
can you hear me?!
TAGGART:
Son of a bitch.
Pratt!

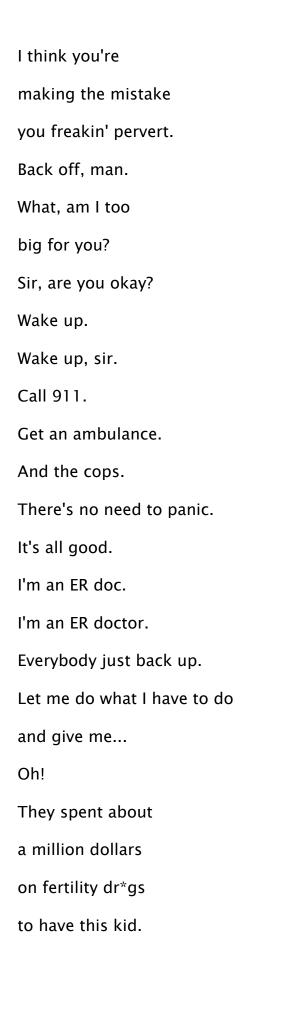


Tachy, but pressure's okay. Second hematocrit 38. Entrance and exit lateral to the midline. Doesn't penetrate platysma. Burn unit on two. IV blew. We can't get a second line in here. And grandpa's crit is down to 29. All right, I'll be right there. What's going on with Gates? He's asking for a rib spreader. What the hell would he be doing with a rib spreader? I'm not really sure. TAGGART: Pratt, what do you want me to do? Just a sec. What's going on out there? Sorry, sorry, we were

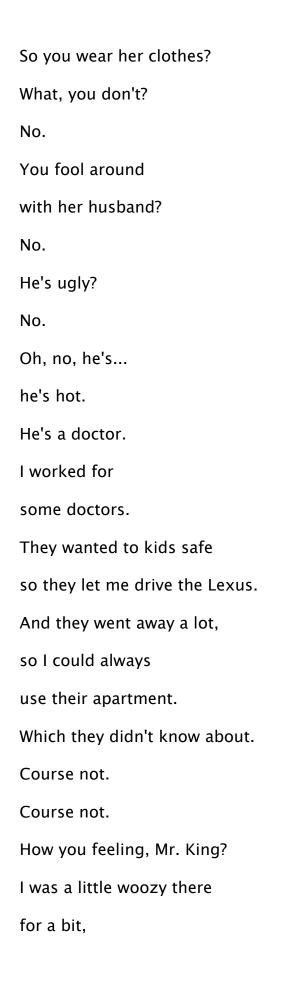
stuck upstairs.
What do you need?
Burn unit is holding.
All right, page Kovac.
Don't bother.
We left him
with a pelvic trauma.
The boy crumped
in angio.
All right, uh
Neela, get this guy up to CT.
Ray will fill you in on the way.
Haleh, transfer that
burn unit call next door.
Jam it into overdrive.
Go! Go! Go! Go!
Come on, ref.
That's a foul.
Come on, this is soccer,
not water ballet.
Way to go, buddy, dig deep.
Work that ball.
Hey. Sorry I'm late.
I got hung up at work.







Look at her, that's not a million-dollar baby. Right, like, take the hint, lady. Maybe there's a good reason why Mother Nature doesn't want you having kids of your own. (speaking Spanish) The woman she works for is a bitch. (speaking Spanish) She felt sorry for her husband. He seemed so lonely. (speaking Spanish) She was always going away with her friends. And all she did was shop. My boss has closets full of clothes she never wears. Which is good for me.



but I feel better after my nap. Bacitracin and a gauze dressing. These need to come out in seven days. You know, I could probably take those out myself. No. You need to come in for a wound check. Hey, make sure that guy's X-ray goes up with him to the burn unit. He's had three liters of fluid and needs seven more in the first eight hours. Is there any chance I can be with my grandson?

I can be with my grandson
I don't think so,
but we can get an update

CT's back on Escobar.

on his condition.

Grade three splenic lac. Okay, good. Consent for surgery and he's all yours. Sorry, but my chief wants to observe him down here for a while. You just told me he tore his spleen. With no free blood, and stable crits. His belly's tender, he's tachycardic, and he'll have other fluid losses through his burn. The OR's full. We can't take him right now anyway. Well, we can't keep him down here. We're getting slammed and he's tying up a trauma room. I don't know. Put him in the ICU.

Crenshaw says we can't use our last bed in ICU. Hey, that's not Crenshaw's call. What do you want me to do? I want you to get rid of him. If his crits are stable for six hours, he can go to telemetry. Neela... Louise Escobar's girlfriend is here. All right, I got to go find Gates before he kills somebody. When I get back, that guy better not be here. Systolic pressure in the 70s after aggressive fluid resuscitation but responded well to a dopamine infusion at 10 mikes per kilo per minute.

What have you been doing?

Excuse me. Central venous oxygen saturation is in target range of 88%. At this time, patient remains guarded but stable for critical care service. What is that? I'm dictating my notes. And you're kidding me, right? There's no time for you to send stuff to a transcription service. I need your notes on the chart now. Well, I find it so inefficient to write everything down. Yeah, well, that's how we all do it, so you better figure it out. And what were you doing with a rib spreader? Well, one of your minor victims from the expl*si*n came in

with metal wrapped

around his leg.

It was occluding blood

flow to the foot,

so I used the rib spreader

to pull the metal off.

Seemed safer than a

blowtorch, right?

Yeah, right, right, right.

Okay, hold on, hold on,

one second, one second, man.

I get it, okay.

You're the cool guy, the

paramedic who became a doctor.

And I'm pretty sure that

all the residents are eating up

your w*r stories

and tales from the street--

I don't tell w*r stories.

But this is the ER.

And we have a way

of doing things,

a curriculum for shaping

young doctors, even you.

Oh, is that what this is about?

You feel the need to "shape" me?

Why don't you just teach me.

I like the shape I'm in.

I can't teach somebody

who thinks they know everything.

What are you talking about?

Talking about you running

around here unsupervised.

Putting in central lines.

What was I

supposed to do?

You were busy in

a double trauma.

I saved some woman's life

and some guy's foot.

And what would have happened

if you had messed up

on either one?

I don't know.

Who would have been responsible

for that? Not you.

Me. It would have been

my ass on the line. So do we have to go through this every damn shift? I don't know. You going to ride my ass every damn shift? Because you seem to be missing the point here. I didn't mess up. That's not the point, and that's your problem. Who's got the urosepsis case? Dr. Gates. At your service. Maya Tennyson, Critical Care. Yeah, excuse me, Dr. Tennyson, but we're in the middle of some... She's still on dopa at 10?

She's holding

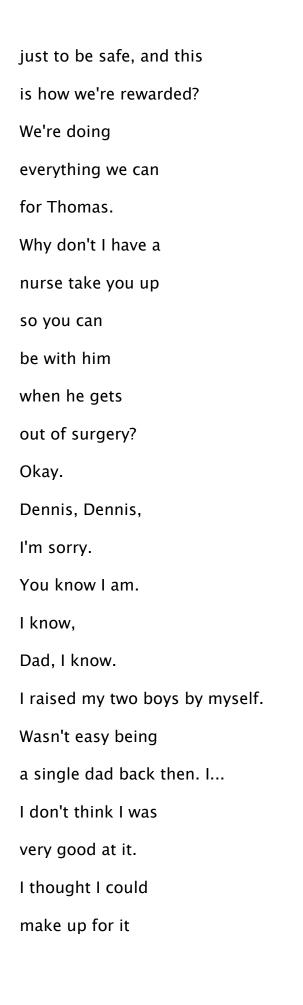
her pressure

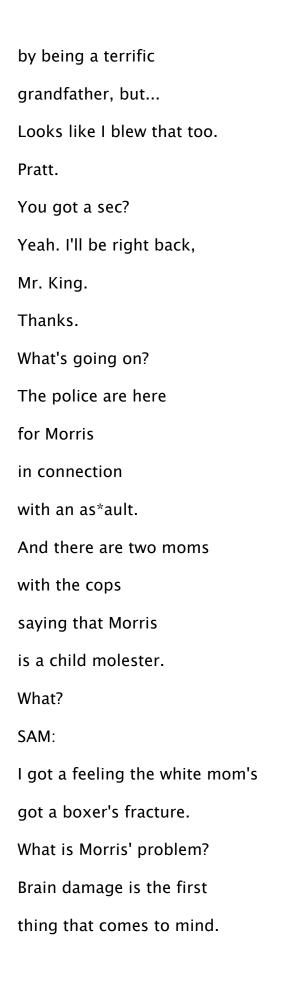
like a champ.

Hmm, nice work with the early goal-directed therapy. By the way, I love the dictation. I can never read anyone's writing down here. The Bluetooth. You just speak in this little machine right here and it prints up instantly at the desk. I like it. This ER needed an attending with some initiative. Hey, I'm the attending. He's an intern. Well, actually, the Bluetooth was Dr. Pratt's idea. Huh. I want to see the rest of your charts now. I bet you do. Hey, Timmy, do they still

put people's names on hats and stuff like that in the gift shop? You know what? I think so. But if you want to write your name in your underwear or something, man, a Sharpie works just as well. No, no, no. I just need to get a gift for somebody. What the hell happened to you? I was att*cked by ninjas. What's it look like? Who's this? Obnoxious soccer dad, blunt head trauma with LOC, breathing on his own, normal vitals. What's open? Talk to me, Morris. Nothing to talk about. Guy came at me.

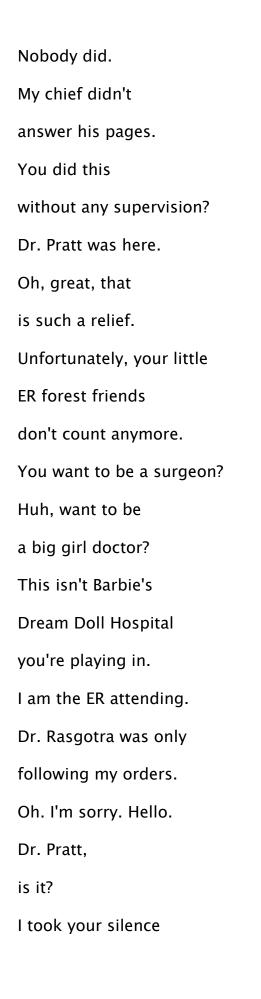
I defended myself. I'm patching him up. Why'd he come at you? Have you ever been to a kids' soccer game? Those parents are crazy. I would never do anything to hurt my grandson, Irene. It was an accident. What were you thinking? He's only five years old. He shouldn't be anywhere near a chainsaw. He wasn't. Then why is he in surgery? Hey, I'm Dr. Pratt. Uh, Dennis King, this is my wife, Irene. I can't believe this. We only leave our son with family,





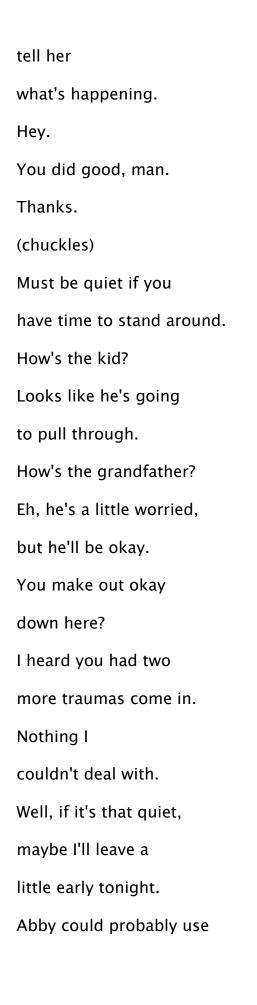
Dr. Pratt.
Escobar's losing his airway.
RASGOTRA:
Why didn't you intubate
prophylactically?
PRATT:
His face was spared.
He didn't seem like
he had respiratory issues.
PRATT:
Damn, he's already got
too much swelling.
Page Crenshaw again.
And get someone
from ENT down here.
Sats down to 76.
All right, somebody
get me a smaller tube.
A 7-5, 7-0.
It's too late for that.
You might need
an open trach.
Heart rate is dropping.
Please help him.

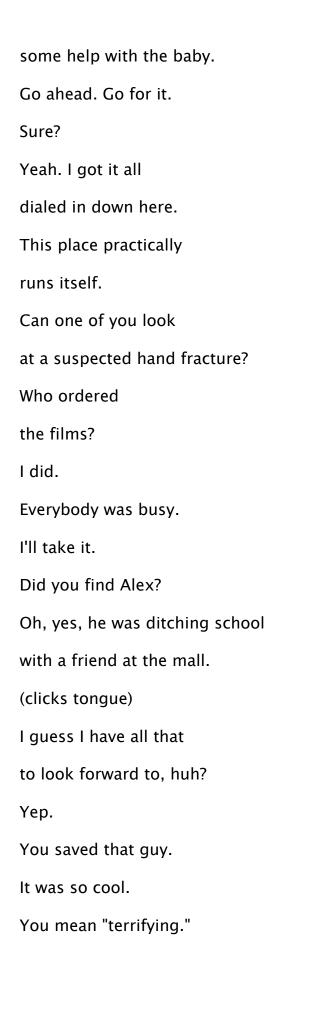
He was just talking to me. Damn, that 7-0 won't pass. He needs a trach. ENT is in OR 2 on a radical neck dissection. They can't come down right now. ENT needs to be here. Well, they're not, and this guy needs an airway. And you're sure you can do this? I think so. You better know so. How many have you done? I've assisted on several. Oh, man. All right, OR Girl, please do not make me regret this. Okay, Katey, Betadine and sterile sixes. Without electrocautery juice, this will be messy. All right, Haleh. Can you take Tina to the Family Room? Sure. No, no, I want to stay with him. Come on, honey. No, I want to stay... We'll come and get you as soon as we make him more comfortable. Okay, 15 blade to me. Neela. Oh, I was hoping there would be a reasonable explanation for your incessant paging, but you know what? This is not it. I had to do a tracheotomy tube. Oh, really, and who told you to do that? Because I sure didn't.

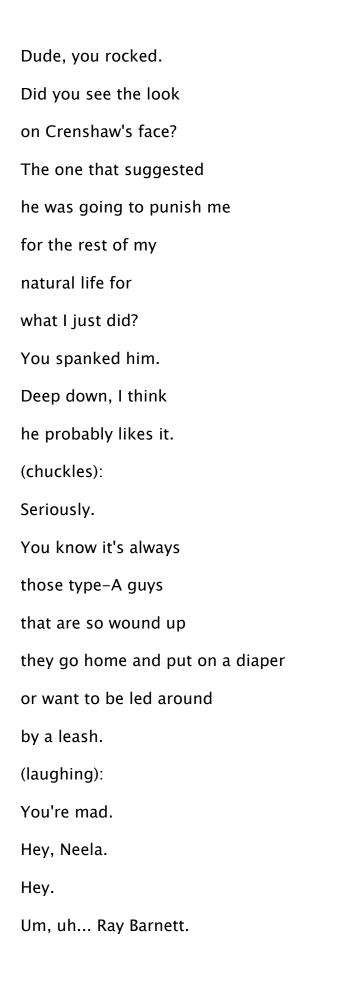


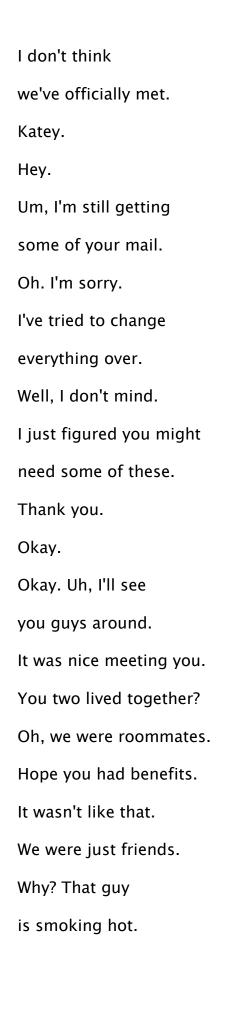
for subservience. You know, not a lot of ER attendings have the skills to do a trach. Very impressive, Dr. Pratt. Well, you just, uh, take care of my girl here and we'll call it even. You don't need to worry about that. Dr. Rasgotra gets plenty of my attention. Oh, I think I can manage this from here. Why don't you girls, uh, finish up down here. You've done more than enough. Believe me. Wow, you're so lucky. He seems like a great guy. Yeah, right. I'm going to go

and find the girlfriend,

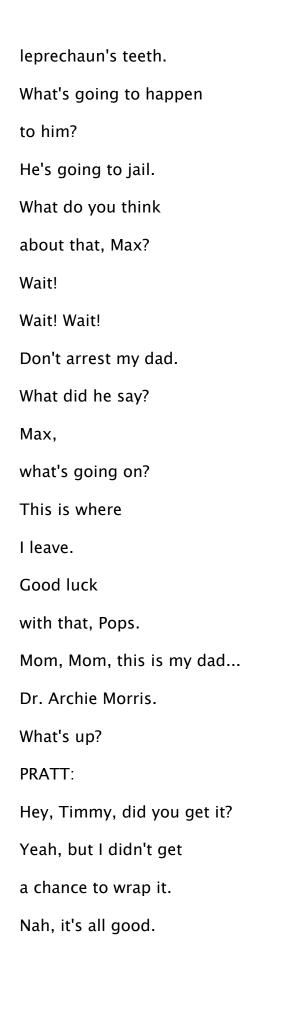




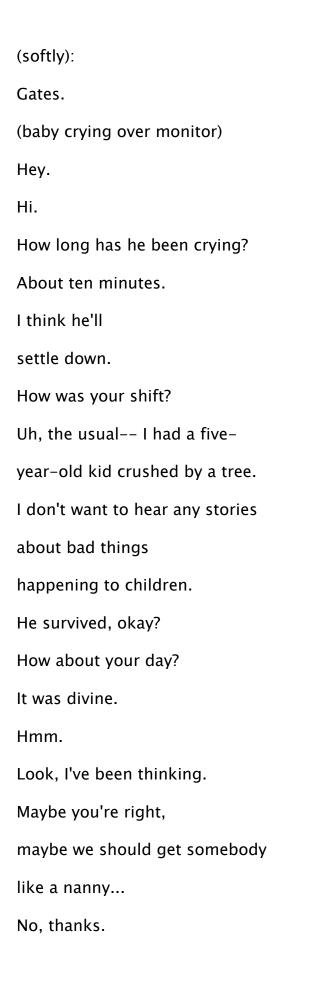


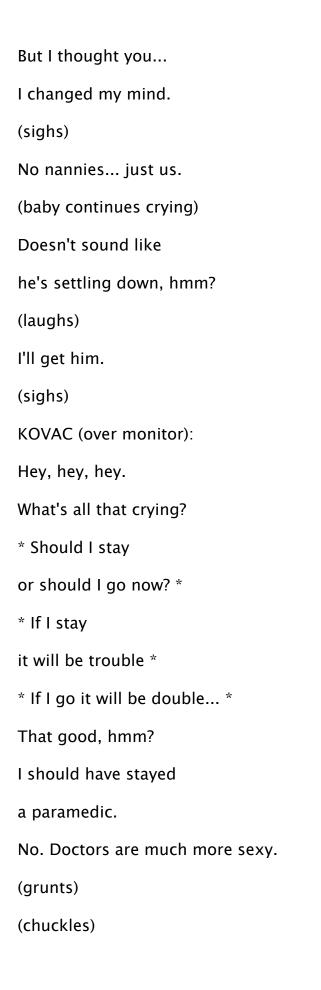


Does he have a girlfriend? Not that I know of. I just remembered something. Um, I'll catch up with you later, okay? Sure. (sighs) Witnesses confirm that the other guy started and you just pushed him away. I told you that. But that doesn't explain touching the kid. I wasn't "touching" him. My relationship to the boy is complicated. It's, uh, sort of a secret. No, no, not like that. Well, your hand isn't broken, it's just sprained. It would have been worth a fracture if I would have knocked out that freaky little



(chuckling)
Gates! Wow, just the man
I was looking for.
Here, I got a
present for you.
What's this for?
It's so, uh, people
know who you are.
Hey. You didn't
have to do this.
Yeah, I did.
Let's see.
(chuckles)
What the hell is this?
(Timmy, Pratt laughing)
Students wear
short coats.
It helps remind
everyone, including you,
that you are
still learning.
You feel better now?
I feel great, man. Yeah.
(laughs)



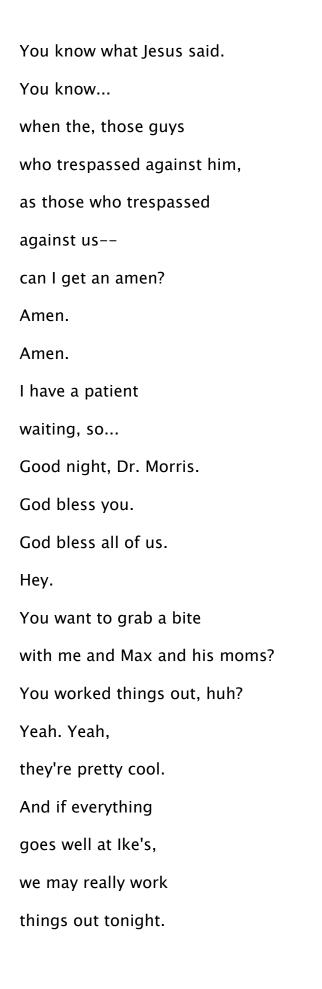


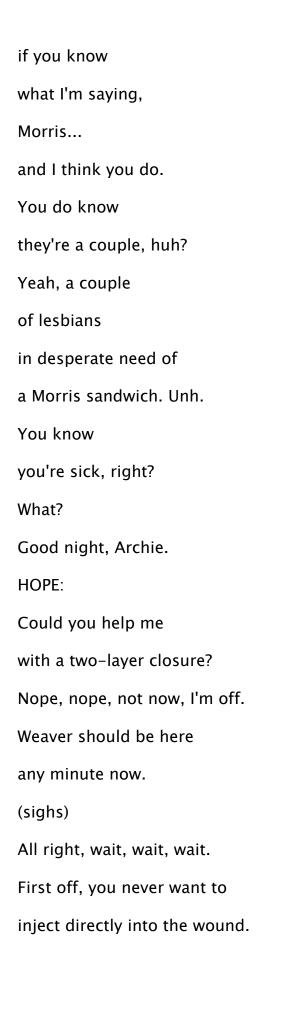
Rough day?
Yeah, one of my attendings
has it out for me.
Either that
or he's in love with me.
I can't tell which.
How was your temp gig?
Same thing,
different people.
(sighs)
Nobody knows you.
Nobody really talks to you.
It's like being
the office ghost.
Do you want a drink?
No, I have to study.
GIRL:
Knock-knock. You decent?
I'm in my thong.
Guess what?
I take it your
homework is done?
Yeah.
I've got some stuff

from school you need to sign. I left them on the table. All right. There's lasagna in the fridge if you get hungry later. Thanks. Well, you were right about Adam Horner. Oh, yeah? Yeah. I ignored him all day, even when he was looking at me, and tonight he IM'd me. The Horndog comes through. It's Horner. Watch it. I bruise easy. Did you save anyone today? Yes. Actually, I separated a pair of Siamese twins. Must be gross seeing all that blood, huh? Nah, I saw more blood

when I was a paramedic.
Besides, I'm half vampire,
so I kind of dig it.
(laughs)
Do you want me
to help you study?
No. I want you to work
things out with your mother.
I'd rather shave my head.
Oh. All right, good,
I have a razor
in the bathroom,
we can shave it
into a nice
little Mohawk.
(laughing):
Okay, I'm just kidding.
I'll talk to her.
Sometime.
Tonight?
Yeah.
Hey.
Good night, baby girl.
Night, Doc.

(over boom box): For the next hour, we're going to be talking about abdominal pain in the elderly patient. Now, I don't have to tell you what an important disease this is... No pass-ons, no major tragedy, no deaths. Gates still here? You just missed him. What about his charts? They're over there. Hey, you know, from what I've seen, cat's a good doctor. Oh, he's all right. Plenty of room for improvement. Dr. Morris, I heard some guy att*cked you. Are you okay? Oh, yes, yeah, I turned the other cheek.





It distorts the anatomy for your repair. He needs regional anesthesia. Have you ever done an infraorbital block? Not really. Okay, well, it's pretty easy once you know the tricks. Now, first, what you want to do is you want to use your left index finger to palpate the infraorbital ridge. Got it. Good. Now you're going to inject one centimeter lateral to the ala and advance upward until you're five millimeters from the ridge. Good, good, very good.