

## COVID-19 STORIES: CAITRIN SMITH, RN



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Caitrin Smith is a registered nurse working in the Intensive Care Unit of Confluence Health. A Wenatchee resident, Smith has worked as an ICU nurse for nearly 11 years, seven of those at Confluence and four at Virginia Mason Medical Center in Seattle. A middle child of five siblings, she and her family moved from Seattle to Wenatchee in 1998. The majority of her family works in health care, with her father Dr. Alan Smith, a Cashmere Bulldog, retiring this year after a long and happy career as a gastroenterologist with Confluence Health. “We have shared patients over the years, and I miss seeing him roaming around the ICU to steal our good coffee,” Smith said.

**Q: Why did you become a nurse?**

A: I grew up listening to my dad answer calls from the hospital; most of the time I didn’t understand what he was talking about. But as I grew older, I found it more and more interesting. I wanted to learn more, and nursing was a great way to do that. Nursing attracts caregivers, which I have always been to my family and friends, so it was a fairly easy decision/transition.

**Q: How long have you been a nurse? Have you ever experienced anything like this pandemic before?**

A: I have been a nurse for 12 years. I have never experienced anything like this pandemic.

**Q: We're still hearing people say COVID-19 is no worse than the flu. How is it different than the flu?**

A: Both influenza and COVID are contagious respiratory illnesses; however, they are caused by two different viruses. COVID symptoms usually take longer to appear compared to influenza symptoms, which means people are contagious for longer, allowing a longer window for the virus to spread. COVID also causes more serious illness in certain populations when compared to influenza. We have a vaccine for influenza, and the vaccine for COVID is not available yet.

I have been an ICU nurse for 10 of my 12 years. In 10 different flu seasons, I have never cared for this many people, who are this sick – for this long. The H1N1 pandemic killed an estimated 155,000 people worldwide. There really is no comparison to what we are dealing with now.

**Q: How hard is it on the families who can't have their loved ones with them while they are in the ICU? And how does that impact you as a nurse?**

A: This has been the most difficult part of this pandemic. Patients with COVID are not allowed any visitors. Most of my days prior to this pandemic were spent talking to and updating family members, because a majority of our patients are unable to speak with us. COVID patients requiring ICU-level care are almost always on a ventilator, or life support. A breathing tube is inserted down past the vocal cords, to allow a machine to move air and oxygen in and out of the lungs.

Most family members are seeing their loved ones on a ventilator for the first time through an iPad screen. This is how we try to show families what is going on inside of their loved one's room. It is incredibly emotional to hear families reacting to seeing their loved ones for the first time hooked up to so many machines and wanting so badly to be there with them. We do allow a small number of visitors if a patient with COVID is dying. These visits are especially emotional, because visitors haven't seen their loved one in so long, and now they have to say goodbye.

**Q: We're now several months into this pandemic. How are you and your colleagues doing?**

A: I wish I had a more positive answer for this question. We are exhausted. The physical work of caring for these patients is exhausting, and the emotional strain of the politicization of this pandemic is even more exhausting. These are people who live and work in our communities, fighting for their lives, with families and friends who love them; they are not just statistics. There is no "magic bullet" treatment for COVID. With steroids and an antiviral medication, our outcomes have improved, but the most valuable resource throughout this whole pandemic has been enough staff (nurses, respiratory therapists, certified nursing assistants, etc.) to care for these patients. Not enough staff means our patients don't do as well, so there is constant anxiety about another surge.

We try to find fun moments when we can, and the teamwork within the two units caring for these patients is unbelievable. None of us really believed we would still be doing this work nine months later, but we continue to show up day and night to care for our community.

**Q: We're also still hearing some people say masks don't work, or this is just a political issue. How do you respond to these kinds of comments?**

A: I am not sure why anyone would push back on something that can help keep their loved ones and neighbors safe. We wear seatbelts in the car and helmets on bikes because evidence has shown that these things keep us safe. We had no idea what we were dealing with this spring. As we've gained more knowledge, we've learned that masking helps slow the spread. I would rather be part of the solution instead of the problem.

**Q: What message would you like to pass along to the community?**

A: I think it's important to hear what happens if you end up in the ICU with COVID. Being on a ventilator, with a breathing tube inserted past your vocal cords, is incredibly uncomfortable, which is why we give you pain and sedating medications. This is usually still not enough for our COVID patients. Their lungs are so damaged that we have to use a medication to paralyze their body to allow the ventilator total control.

If that isn't enough to keep oxygen levels where we want them, a team of seven of us will flip them onto their bellies to help recruit every bit of lung tissue possible. Patients lay on their bellies for 16 hours, then are flipped back over for eight hours. We have repeated this process for weeks. There are tubes in a patient's throat, mouth, bladder, arteries and veins. Frequently these patients require dialysis – some for the rest of their lives. Many have the breathing tube moved from their mouths to their necks (a tracheostomy) and eventually leave our hospital to enter another rehab center.

The process is long, scary and debilitating. We've had many patients in their 40s go through this process. My message is this: Wear a mask, wash your hands, socially distance – so you or someone you love doesn't have to go through what I've just described.