COVID Frontline Provider to COVID Patient

When I joined HOSA nearly 15 years ago, I knew that I would acquire many skills that would construct me into a competent healthcare provider and eventually a nursing leader. In high school and college, I was active on the local, state, and national levels of HOSA. I embodied HOSA, and I shared my passion for this organization with anyone that would listen to me. I developed my knowledge and comfort with public speaking, networking, communicating, and advocating, but I never knew just how appreciated this would be until this year. I always felt like HOSA gave me an advantage over my peers, but until I experienced the COVID-19 pandemic, I did not realize how much would tap into those years of cumulative preparation and training.

I am proud of the healthcare organization I work for as a nurse manager. I believe that my health system has kept all employees and patients at the forefront of their mission by ensuring we have more than adequate personal protective equipment (PPE), frequent updates on the latest research and practice guidelines, and senior leaders who are more than willing to round on the units on nights, holidays, and weekends. Some of the additional resources we have access to include free hotel stays for staff commuting long distances or wanting to isolate from high risk family members, access to peer support, and receiving paid administrative leave in many instances instead of having to utilize our sick, personal, or vacation banks.

I manage an intensive care unit, and we had the first COVID+ patient in the health system in early March, and I cannot be prouder of my team for paving the way and navigating unknown territory, asking the right questions, and escalating every concern. This pandemic changed the way I thought about being a leader, and I think we have made positive changes that will persist even after this initial surge, such as how we incorporate technology and communication pathways. I have never been afraid of “getting my hands dirty,” even though I am not directly at the bedside anymore, so I would don an N95 and face shield just like my team of nurses to help provide additional support for our COVID+ patients.

After a couple of weeks, I believe I had a community exposure despite my best efforts, and perhaps in part due to recommendations at the time against universal masking in public.

At first, my symptoms were mild when I tested positive for COVID. My symptoms then progressed into a sustained temperature of 104 degrees, heart rate of 120 beats per minute, pulse ox of 88%, and respirations of 40 breaths per minute. After my own “personal nurse” and amazing husband took me to the emergency department, I was scared. Scared I would be intubated. Scared I would be left alone because of the strict no visitor policy. I found out I had bilateral pneumonia and was in respiratory alkalosis. My white blood count and other labs were all very elevated. I was thinking, “Had I waited too long?”

Thankfully, I had amazing doctors and nurses who took care of me in one of my hospital’s converted COVID units. They did not hesitate to come in my room to take care of me. They had the PPE donning and doffing down to a science. Once I received a dose of an intravenous antibiotic and an oral antibiotic, my temperatures decreased. I was no longer having temperatures of 103 and 104 degrees; they almost instantly dropped to below 100. My breathing started slowing down with the help of some other medications, my pulse ox was coming up to 94 percent, and my heart rate was coming back down to normal.

In the last few weeks, all of my symptoms have resolved, and I am back to work supporting my team. I hope you stay healthy and safe during this challenging time. Think back to your days in HOSA and how you are better suited to handle this pandemic as a result. Be sure to take the time to practice self-care, but check on your neighbors and friends – even if virtually or six feet away. Be well.