

My Journey as a Front Liner

By Susheel Bathla, DPM ('94)
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I was deployed at ICU/CCU SIUH, Staten Island from March 27th until April 26th. I had a great deal of mixed feelings, excited to be a front liner, nervous and scared at the same time. Thousands of questions and concerns crossed my mind as I was standing in a line to be fitted for N95: Would I be able to handle the pressure? What am I supposed to do once I am done with my shift? Will I be bringing Covid-19 back home to my family?

I was briefed for about 15 minutes regarding my duties and responsibilities while I am putting my PPE on. While trying to concentrate what Dr. D was explaining, I was struggling to put all the pieces of PPE in a correct order at the same time. My vision was getting foggy with my reading glasses, protective goggles and face shield. The briefing was over before I was ready to get in the Isolation chamber.

Inquisitively, I mentioned to Dr. D that I am not a critical care specialist, She answered ... Yes, I know you are a podiatrist and you all are very well trained in emergency settings. After getting the affirmative response to if I have been aware of OR protocol, she said "let's do it."

Mr. S was lying in the prone position and was attached to an Intracranial Pressure (ICP) Monitor, Ventilator, Monitor, Chest tubes, Foley and rectal catheter. Prone ventilation is used for the treatment of acute respiratory distress syndrome (ARDS) mostly as a strategy to improve oxygenation when more traditional modes of ventilation fail.

He was admitted for DKA (Diabetic Keto Acidosis) and went on to have bilateral interstitial pneumonia. An anesthesiologist paralyzed the patient as it will reduce the pain a patient may feel during changing the ventilator settings and changing the position from prone to supine.

The small isolation cabin (I wouldn't call it a room) was packed with at least eight healthcare workers. In the midst of changing the ventilator settings and the position of the patient, a nurse pulled the draw sheet

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from under the patient out so quickly that the sheet flew and hit the resident's face mask and ricocheted onto mine. I wanted to duck, even jump, but there was no place. We had to sacrifice our face shields once we were done positioning as the hospital did not have extras.

N95, surgical mask, eye shield, (no face shield), cap, gown, double gloves. Evaluate patient. Sanitize before removing top layer of gloves. Remove gear. Dispose. Wash hands. Sanitize. Repeat. This was the norm from Friday to Monday (including weekends).

I was checking on office patients regularly by calling them from Tuesday to Thursday, specially elderly patients who are staying alone. Getting up with low-grade fever every third, fourth day didn't stop me from getting into my car and driving about 45 miles to the hospital. Stitching fabric face masks, distributing medical supplies to the hospitals, making care packages with basic food items and hygiene kits for low-income families kept me going, along with One of the quote from my Guru - "Hands that serve are holier than lips that pray."

The fact that I can serve for few days a week brought a sense of humility and a relevant purposeful meaning to my training as a podiatrist. I feel I am much more patient and tolerant. I have seen such a positive attitude along with compassion and empathy from so many health care workers, even during these darkest hours.

I wouldn't have been able to do it without the support of my loving family. The words of my Guru kept resounding in my ears "Help ever, hurt never. Love all, Serve all." I feel inspired to help those in need and would do it again (and again) when duty calls. My need is to stay human and give my best to serve anyone around me with what I am trained to do.