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From Caregiver to Patient and Back Again ... My COVID Experience

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From Caregiver to Patient and Back Again ... my COVID experience

As a Registered Nurse and a member of the nursing faculty at a public university, my primary role and instinct is to be a...

CAREGIVER

Like many other 9-month faculty members, I enjoy the opportunity to supplement my income with outside employment (PRN). In addition to teaching, I also practice as a nurse in an acute psychiatric unit.

For the most part, our patients must be considered “medically stable” to be admitted. Because of the COVID pandemic, our facility, like many others across the country, has struggled with the decision of who to admit or not to admit – do we take COVID positive patients? We want to provide care for the most in-need, the already marginalized, at-risk psychiatric population, but because of the inherent need for “therapeutic milieu”, how do we provide a safe and healthy environment without creating further risk of transmission within a closely confined group?

As we struggled with this question, for the first several weeks of the public lockdown, we had no COVID positive patients. We did implement masks for staff, frequent wipe-downs, etc. We also tried our best to encourage the patients to wear masks to prevent the spread. Unfortunately, psychiatric patients (especially the elderly with dementia) do not always comply with even frequent reminders to “put your mask back on”. We often found their masks rolled up into the wheels of their wheelchairs, stuffed down in their bras, or elsewhere!

Week of April 12

My manager called and asked me to work an evening shift on Wednesday and Thursday nights. I worked again a full 12-hour shift on Sunday April 19. Little did I know how those days would affect my life....

Week of April 19

April 20, one of our closest Sunday School friends died as a result of COVID. She had been on a ventilator for 22 days. It brought the COVID home to us and really rocked our world.

April 21 was my granddaughter’s birthday. We waved at her from our car in a drive-by birthday party down her street. As we headed home, I remember that I had a vague, non-specific headache and later that evening I had a little low-grade fever. I have migraines occasionally, so I assumed that was what was going on. I treated the headache with my triptan but I couldn’t figure out why that didn’t work. I thought maybe seasonal allergies then tried treating it as that. Still no better. Here begins my transition to ...

PATIENT

Over the course of the week, my symptoms increased to body aches and the headaches increased in severity. In March, I had influenza A and all this felt similar, so I thought maybe I had a

relapse of the flu. Because I never developed any respiratory issues and my taste & smell were intact, I kept saying “it can’t be COVID”.

So much for thinking like a nurse!

As the weekend arrived, my headache continued to escalate. Acetaminophen and ibuprofen provided absolutely no relief. Then on Sunday, the pain peaked and my fever spiked to 102F. By then, I was absolutely miserable. Acetaminophen would lower the fever enough to keep me from panic but nothing helped with the headaches. I have never had meningitis, but I told my husband I think this must be what it feels like. If I had a nurse to ask me, I would have rated it a 9. I’ve never had bone cancer either but I’ll reference that as a 10.

Week of April 26

Side note: My husband had been scheduled to have cataract surgery this week. He had to get pre-tested for COVID before the surgery. So Monday morning he got swabbed.

Monday afternoon, my headaches were so bad, I took some Tramadol. That brought the headache from a 10 to an 8. During the night, I woke up with the pain back at 9. So, I took one more, which took the pain level down to a 7.

By Tuesday morning, I found that every time I picked my head up off the pillow, I vomited, or rather dry heaved. (After not eating anything for 3 days, the Tramadol was not playing friendly with the empty stomach.) You should know that normally, my husband will turn and run whenever anyone starts vomiting but this sweet man held me up in the worst of times and cared for me through it all.

We called our PCP and reported what was going on. He got me an appointment for testing the next day. In addition, he cautioned me to self-check my pulse oximetry. If it dipped below 92%, I needed to get a chest x-ray done. I promised to monitor it closely. When I told him how bad the headache was, he prescribed ketorolac. For the next 4 days, that was my saving grace.

On Wednesday, my husband’s test results came back ... **NEGATIVE!** Even in my misery, we rejoiced together. Surely, we expect similar for me.

But that afternoon brought another twist in the story. A nurse from Employee Health at my hospital called with the news that those last days I worked, one of my patients has now become symptomatic and has tested **POSITIVE.**

Now our concern escalates even more. You see, not only do we have to worry about me, but my husband has Ankylosing Spondylitis. For this, he takes medications which suppress his immune response. This really ups the ante when talking about co-morbidities!

I begin recording and tracking my temperature and symptoms to report daily to Employee Health. Over the next 7 days, I, the nurse, will chart on myself.

On Thursday, we got a call that my test was **POSITIVE.** I was concerned for myself but the worst was the look on my poor husband’s face when I told him my results. He was so worried about me, then when we both realized the implications for him, we were fearful together.

Later that afternoon I told my husband, “I am now another statistic”. I went to the Louisiana Department of Health website and found that as of that date (April 30), there were 28,001 confirmed COVID cases in Louisiana. I took a screen shot with a circle around the 1, and a note “that’s me!” I texted it to all my friends and family, which of course started a flood of texts, emails, prayers, Facebook postings, cards in the mail, you can imagine. I will never be able to express the gratitude I have for all the love and concern that my friends and ‘friends-of-friends’ sent my way over those times.

For the remainder of that week, I ran temperature from 99 to 102. My O2 usually hovered right at 92%. During all this, I couldn’t get any restful sleep so I awoke often in the night. I remember one night I checked my O2 ... 86%. Not good... so I sat up (as best I could) and did what we teach our patients, to “Turn-Cough-Deep Breathe.” When my O2 came back up to 90, I fell back asleep. I don’t think I ever told my doctor that. Hmmm ... nurses do make the worst patients.

Those last few days I remember just wishing I could feel human again. I was weak as a kitten. I had no energy, and all I could do was move from the bed to the couch or back again. Every second or third day I would shower but only because I knew I needed to at least rinse off the germs. I can assure you it did not make me feel any fresher. I was miserable the entire time. But thankfully, my last day of fever was Saturday May 2.

Week of May 3

On Monday I told the Employee Health nurse that I was fever free x 2 days. She set me up for a retest; I needed 2 negatives to be cleared to go back to work.

Tuesday was the first day I ventured away from home. My husband offered to drive me to the hospital to get tested. I told him I was ok to drive but he insisted. I’m thankful, too, because after he dropped me at the front door, I had to walk down two short hallways and immediately had to find a chair and sit down. I was completely winded! Once I was able to catch my breath, I got the evil Q-tip once more. I remember thinking this girl pushed it so far back in my nose, I swear could feel it touch my tongue! It didn’t really hurt but WOW it was weird to have that done. I do NOT like being a patient. Wednesday I retested number 2.

Thursday when my first test came back negative, we rejoiced together again. But Friday the second test came back positive. Even though my symptoms were resolving and I was clearly getting better, I remember feeling a deep sense of disappointment. I realize now that emotionally I needed the negative test. Again, feeling like a patient, I want a **test** to tell me I’m better, even though clearly I am. Thankfully my caregivers are wise enough to assess me clinically, not rely on (just) a test.

Remember – I kept saying I never had any respiratory symptoms. (Except for the low pulse-ox.) But I never had a cough and never felt short of breath. Now, looking back, I realized I that I never had the opportunity to exert myself until Tuesday when I walked into the hospital for testing. Until then, all I had done was move from bed to couch to bed.

I am just now realizing that the fact that my O2 hovered at 92% instead of my normal 98%, well, fool, that was a respiratory symptom. Again, patient-thinking instead of nurse-thinking.

Week of May 10

After caring for me for 2 weeks, my husband was finally able to go back to work. Monday he came home, exhausted and hot. He had a temperature of 102F. He had developed an odd, barking cough, and kept saying his chest felt tight. Time for me now to transition back to a...

CAREGIVER

Tuesday morning, we called our doctor and started the routine again. He tested and we started treating the symptoms. On Thursday, we got a call that his test was negative. Our doctor decided to be more aggressive, so he started a round of azithromycin and added an antiviral. Combined with prayers and rest, after about 5 days, we are thankful that he recovered with symptoms much milder than mine. We will both be tested for antibodies in a few weeks.

And now, this weekend, it will come full circle. I will go back to work for the first time in 5 weeks. I think it will feel very strange to walk back into that hospital. I can honestly say, this will give me new insights as to what it feels like to be both a caregiver and patient. I commit myself to taking those experiences and growing both as a nurse and teacher.