

FRANCIS "KIT" CALLAHAN

Article written by Ellen Walker, RN, after
having about
\$2.1 to \$2.4 million dollars spent on me for
recovery & rehabilitation.

On the morning of October 23, 1993, I was found unconscious in a stairwell at 2100 N. Sheffield. When the Fire Department paramedics arrived a 9:12 a.m. they found me posturing in the field and hypotensive with a Glasgow Coma Score of 3. I was bypassed to the Illinois Masonic Medical Center, or IMMC, trauma center as a code 30. When I arrived in the emergency room at 9:32 a.m., my Glasgow Coma Score had risen to 4.

That same morning, in Burke, Virginia, my mother, Katherine "Kim" Callahan, received the phone call that is every parent's nightmare. I had just graduated from college and was working in Chicago, when I became a victim, another nameless statistic of violence and in critical condition with a head injury.

My friends maintained a vigil at the hospital until my mother arrived, around 6 p.m. For the

next three and a half months Chicago is where my Mom would be. Usually the stories of our lives slip by like the subtle turning of pages. But occasionally something so catastrophic happens that it completely changes the direction of the story. So it was for me. For a time, the story of my life would be chronicled in the pages of a medical record and would be a story of family devotion, faith, hope, and the tremendous resilience and reparative ability of the human body when given sufficient time and medical expertise.

Dr. Harold Blake Walker, an IMMC Trustee, once said: "A hospital at its best is a caring community, dedicated to a ministry of healing..." There are few tasks more difficult for such a caring community than the care of a comatose patient. In good health the human body is a fine-tuned machine, with bodily systems autonomically and synergistically working together. It takes the collaborative efforts of many disciplines to accomplish what the body does for itself under normal circumstances. At best, we are a poor second to the body's own processes, for every procedure

and every invasive device carries risks and complications.

Following surgery, I was returned to the trauma unit, intubated and on a respirator, with multiple venous access and monitoring devices, drains and tubes. On October 27, 1993, two physicians, a social worker and my parents met to discuss the grave situation and the "grave prognosis". The following day my siblings arrived in Chicago. The family members supported one another, struggling to maintain a spirit of hope. I, however, remained in a coma. Day after day, shift after shift, my response to painful stimuli and pupils would be checked. I would be fed, cleaned, turned, suctioned and exercised. By mid-November my EEG was still severely abnormal and there was no objective improvement in my condition. It was unknown whether I would ever, again, regain consciousness. A social worker provided Kim with head injury education material. Discussions were begun regarding discharge planning and rehab options. However, a series of complications were to delay the discharge process.

During this time, my family learned coma stimulation techniques and explored future options. My dad visited the National Rehabilitation Hospital in Washington D.C. If possible, my family wanted me closer to home. Social service began exploring air ambulance transportation to Washington. The cost would be between \$3,400 and \$9,000. My fraternity and an outside benefactor offered to pay for my transport.

On December 10, 1993, I was transferred to Unit 475, the respiratory unit. The nursing note on that day was: "Patient is non-responsive to all stimuli except pain. Eyes may open, but not to command." Then, on December 24: "Patient seems like he responds to painful stimuli and opens eyes and looks." My family joined my mother to be with me for the holidays. Small glimmers of hope continued to appear.

Finally, on February 10, 1994, the following was noted in my chart: "All arrangements have been made for air jet transport to Washington... Patient Discharged." The nurses in Chicago, only through letters, know my progress from

then on. Every step would become a milestone for me and my family.

Ellen Walker, the author of this article, never took care of me, but when she saw the delight of the nurses on 475 when they received a Christmas letter and a photo from me, she said to herself, “This is it! This is why we entered the nursing profession!” On a smaller scale we help make miracles happen every day. We can see them if we are aware and watching for them. "Expect a Miracle!"

I