

Transcriptions of the Spoken English
on the DVD

Hurry Up & Wait

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These are the transcriptions of the spoken English portions of the interactions. They include both what the doctor or nurse said in spoken English, and what the English interpretation of the ASL was. They are not in anyway an attempt at transcribing the original ASL.

In transcribing, the speakers are denoted by the following abbreviations.

- N: Nurse - Nicole Huls, RN
- T: EKG technician - Jennie Williams
- D: Doctor - Gary Foley, MD
- L: Lab technician - Jason Ruzeck
- I: Interpreter - Natalie Stanley

Transcripts created in conjunction with study packet available at
www.digiterp.com/HurryWait

A Tour of the Emergency Department

1 Hello. My name is Linda Way, and I'm the director of Emergency Services and Lifeflight at St. Mary's
2 Medical Center here in Duluth, Minnesota.

3
4 I'm going to provide a tour for you today of the Emergency Department. And although this may not be
5 the Emergency Department you are visiting, there are many similarities wherever you go. And I'd just
6 like to explain the common ones to you.

7
8 First of all, you'll see I'm standing at an information desk. And there will either be an information desk,
9 or it may say triage, wherever you come in. Triage is a French word, that really comes from a war sce-
10 nario, that means "to sort." And what it does is identify the priority of patients that need to be seen next.

11
12 At triage, patients are identified according to what priority they need to be seen. The most severely ill or
13 injured are taken directly to the back. We call it "the back" and I think most places do, and that's where
14 the patient care area is. The others go through an assessment, a brief assessment, and then are usually
15 seen in the order in which they arrive.

16
17 From triage, patients go to registration. And at registration, they are given...they give their name and
18 address and demographic data so we can have access to their previous medical records. Often, from the
19 registration area, patients wait a brief period of time. And sometimes, in this day and age, a little longer
20 in the waiting area before they're taken back to a treatment room.

21
22 This is an example of an Emergency Department desk. The people that are here are Health Unit Coordi-
23 nators, or the older term for them, is Ward Secretary. But there's a clerical person here that will be your
24 first point of contact. There may be nurses here and often physicians are based out of the Emergency
25 Department desk.

26
27 Emergency Departments are a very fast paced environment. Um, we do not schedule appointments. And
28 we typically are able to identify peaks and valleys of time and we staff accordingly. The demand for
29 emergency services can fluctuate in a matter of seconds or minutes. So, as you come into an Emergency
30 Department, know that it may be very busy. It may be relatively quiet.

31
32 I would encourage you, wherever you are providing services, to, um, to stop at the main emergency desk
33 first, and let them know who you are and that you're here to see a client. Often you will not be present in
34 the triage area. With the timing of things, you will have your first contact with the client when they are
35 actually in the patient care area.

36
37 This is an example of one of the resuscitation rooms in an Emergency Department. In any Emergency
38 Department, there's going to be at least two and maybe three different kinds of rooms. There is this large
39 area full of equipment and monitors and resources that are needed for the critically ill and injured patient.

40
41 And I recognize that there is a lot of activity that goes on in these rooms. And as you look at them,
42 they're often real intimidating for the patient s as well. They're a sterile environment meaning it's not a
43 real warm area, but it's really geared for resuscitation and saving lives and quick intervention.

44
45 If you are with a client in one of these rooms, there will be a place for you. Um, and communication is
46 essential.

47

A Tour of the Emergency Department (cont.)

1 Often when patients come in, we do not know their medications, their allergies, their past medical history,
2 and this is vital information for us, so know that even though there may be a lot of people here and a lot
3 of activity, once you've identified yourself, they will find a place for you, where you can interact with the
4 patient. And it's all a part of the team, and it makes a big difference for the patient as well as for the staff
5 caring for them.

6
7 This is an example of an examination room in the Emergency Department. As you notice, it is probably
8 just a little bit larger than your exam room in your clinic or physician's office. Um, we do have equip-
9 ment and supplies that we need to take care of the patients. And the other thing that I would like to point
10 out that you're gonna see in many new Emergency Departments is you will see computer equipment at
11 the bed side. And the computer equipment allows access to the patient's electronic medical record. You
12 will begin seeing this. You probably have already in many of the Emergency Departments.

13
14 As you come in, as I said earlier, just stop and check in at the ER desk or the information desk to find
15 out the location of your patient and just to establish if they are critically ill or injured. Um, that will help
16 prepare you to what you will see when you arrive in the room.

17
18 The one thing I would like to see is that though many of us have worked in Emergency Departments a
19 long time, and what you will find is that there isn't a lot of turnover in Emergency Departments, but even
20 for us, sometimes things bother us. So, if something is bothering you. Or if it is, very small percentages
21 of patients are critically ill or injured, but if something is bothering you, just excuse yourself for a min-
22 ute. Often, if it's a warm situation, the heat -with all those people in the room -can make you feel a little
23 bit ill. And just step outside for a minute. Kind of catch your breath and cool down a little bit. I think
24 you'll find that you feel better.

25
26 The other thing I can tell you from my years of experience is that if you know you're coming into a situ-
27 ation where, uh, where somebody is really sick or injured, um, I would encourage you, even though time
28 is important, to take a minute to eat something before you arrive.

29
30 And the reason is, often in my experience, when people have gotten sick when they're here on clinicals
31 or experiences, it's because they haven't eaten anything and they come into this scenario and it makes it a
32 lot more difficult.

33
34 So, just know that it happens. It's normal. Sometimes things bother us as well. I, myself, personally
35 have a real hard time watching people get their blood drawn. I don't like it, and yet I don't have any
36 problem starting IV's on people. It's just that different things bother different people in different ways.
37 And you need to know yourself and be aware of that.

38
39 The Emergency Department is a real strong team. Um, probably stronger than a lot, many actually, of the
40 units in-house. And the reason is that we work together under real difficult situations. And if you use the
41 term, if you want to use it, we bond with each other. We're like a family. We help each other out, and it's
42 all of us working together that get us through some of these really busy, busy shifts. It's a great place to
43 work. I think Emergency Departments provide a real service to the community. We are the safety net.
44 We are the access point for a lot of patients who can't or don't receive care in other environments. We're
45 here day and night and we're here to serve our patients.

46
47

The Initial Interview

1 N: So, do you know what? I need to know again. ...What's your last name, Rudy?
2
3 That's a barrier for communication, isn't it?
4
5 I: Kurtovich. K-U-R-T....V-I-C-H.
6
7 N: Okay.
8
9 I: So, it's K-U-R-T-O-V-I-C-H.
10
11 N: And is the right hand the hand that you sign the most with?
12
13 I: Yes, I'm right handed. Yes.
14
15 N: Then we'll put this on the left hand.
16
17 I: Right.
18
19 N: So, Mr. Kurtovich, you're hear with chest pain, and shortness of breath and palpitations. Is that cor-
20 rect?
21
22 I: Yes, yes.
23
24 N: Okay, when did this start?
25
26 I: Aches and pain, too. Uh, about two or three days ago. N: Okay. I: I was shoveling and I got some
27 sharp pain - N: Okay. I: and it's gotten worse. And the pain is now down my arm and down my leg.
28
29 N: Okay.
30
31 I: And, I've been real weak. Hard to move. Hard to walk a long distance. I have to sit down and rest.
32
33 N: Sure. Have you had this problem before?
34
35 I: Me, no, no. This is my first time. N: Okay. Coming...even coming here.
36
37 N: Well, Mr. Kurtovich, it's important that we check your heart. And to do that we're going to get a test
38 done right away called an EKG. And I'm gonna call for one right now by signaling with this call light.
39 Which we'll keep on this side of the bed for you. Which you can use to call for a nurse. But I'm calling
40 right now.
41
42 (Beep) Woman through Intercom: Can I help you?
43
44 N: We need an EKG for the mock patient in here.
45
46 Intercom: Okay.
47

The Initial Interview (cont.)

1 N: Um, so we can check your heart rate and rhythm. And, we've already got you on our heart monitor
2 which shows you have a heart rate of about 89. And actually, that you're in an irregular heart rate. Which
3 might be normal for you. Have you ever been told that you have an irregular heart rate? Or atrial fibrilla-
4 tion, it's called?
5
6 I: No, I don't remember. I don't recall anything being said about that.
7
8 N: Okay. On a scale of 0 to 10, how would you rate your discomfort? Ten being the worst and zero,
9 none.
10
11 I: About a five.
12
13 N: About a five?
14
15 I: Yeah.
16
17 N: Okay. Did you take an aspirin today:
18
19 I: Yes, I did. N: You did. I: Yes, I regularly do.
20
21 N: Was it an adult size aspirin? Or baby aspirin?
22
23 I: The normal, everyday aspirin. N: Okay, oops (fixes cables) I: Not the baby ones.
24
25 N: Okay. Um, well, we've got oxygen on you because oxygen is important for your heart. And we are
26 going to check your blood pressure, so I'm going to start that up now. Your oxygen level, though, on the
27 sensor is good.
28
29 (Buzz of blood pressure cuff inflating)
30
31 N: The other thing we'll do is get a quick reading of your heart. There we go.
32
33 Dee, maybe you want to take off his shoes. You're going to be here a while, so you might as well get
34 comfortable. Um, whenever we have chest pain, we do lots of different tests. And those do take a few
35 hours.
36
37 So, do you have any heart history? Any medical problems I should know about?
38
39 I: No, nothing.
40
41 N: Nothing. Besides aspirin, what medications do you take? Some of this information...
42
43 I: Just that. Just aspirin.
44
45 N: Okay.
46
47 I: Nothing else.

The Initial Interview (cont.)

1
2 N: Okay.
3
4 So, you're pain's about a five you said.
5
6 I: Yeah, about a five. Yeah.
7
8 N: We're gonna get the doctor in to see you. And he's gonna assess your pain. And then we're gonna see
9 about getting that pain to go away.
10
11 I: Okay. N: Okay? I: Okay. That's fine.
12
13 N: Have you had a cough or are you having any chest congestion?
14
15 I: Yes. A lot of cough. Yeah. N: Okay. I: Some phlegming.
16
17 N: Okay. Well, then we should check your lungs and see. Maybe this could be related to that. We'll
18 listen to your lungs. How about if we get you to sit up a little bit?
19
20 There you go. Can you take some deep breaths here?
21
22 Okay. Good job. You can lay back.
23
24 So, I'm gonna get this information out to Dr. Foley.
25
26 I: Okay. That's fine.
27
28 N: And EKG will probably be coming in in the mean time.
29
30 I: Okay. That's fine.
31
32 N: Here they are.
33
34
35
36
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The EKG

1 Tech: I'm Jen. I'm gonna get an EKG from ya. And you're Rudy?
2
3 I: Yes. Rudy. Rudy, yes.
4
5 T: Okay, Rudy, what's your birthday?
6
7 I: March 9, 1930. I turned 75 a few days ago.
8
9 T: Happy birthday! I: (overlap) A few days ago.
10
11 I: Yes.
12
13 T: Have you had an EKG before?
14
15 I: No, no, never. T: Okay.
16
17 T: Um, these are little electrodes. There's ten of them. They go on your legs and your arms. And it takes
18 the electrical tracing of the heart and it puts it on paper for the doctor to read.
19
20 I: Oh, okay.
21
22 T: These leads hook up to the electrodes.
23
24 I: Okay.
25
26 T: Okay. We're gonna just relax. Sit real still. Breathe normal.
27
28 I: Okay.
29
30 T: And that's it.
31
32 Dr: (Off screen) This processes it faster than the old one, doesn't it?
33
34 T: Mm-huh. (Yes)
35
36 (Sound of water running in sink.)
37
38 I: I didn't feel anything when you pulled those out.
39
40 T: Good. Sometimes that can be the worst part.
41
42 I: Yeah. Yeah, you're right. I know about that.
43
44 Dr: (Off screen to EKG tech) I'm not sure what you're supposed to do with this.
45
46 T: (to Patient) Okay. Thank you.
47

The Physician's First Evaluation

1 D: Good morning. Mr. Kurtovich, I'm Dr. Foley.
2
3 I: Okay.
4
5 D: How are you doing today?
6
7 I: I have a pain in my heart. A little pain. In my chest.
8
9 D: What's that feel like?
10
11 I: The pain is down my arm and then down my leg. And, uh, I've been real weak. Not able to physically
12 move.
13
14 D: Okay. Any short of breath with it?
15
16 I: Yes. Yes. Rapid breathing. Yes.
17
18 D: Anything seem to make that worse?
19
20 I: It just started. You know, I just had a little bit of an ache and then down my arm it started to feel funny
21 and also down my leg. And I had shortness of breath and a little bit of chest pain, so that's what's been
22 happening. I've been sweating.
23
24 D: Okay. When did that start?
25
26 I: A few days ago. A few days ago, I was shoveling snow and then it started to happen that I had chest
27 pains. And considerably more as time went on.
28
29 D: Okay. How are you feeling right now?
30
31 I: Yeah, I'm just weak. A little tired. I mean, it's not awful. The pain is not as severe.
32
33 D: On a scale of 1 to 10, what's the pain?
34
35 I: Uh, right in the middle. About a 5. Maybe a 6.
36
37 D: Alright. Um, ever have anything like this before?
38
39 I: No. No. Nothing. It just happened. (overlap) D: Any other medical problems?
40
41 I: Maybe before it had happened and I never realized it. But now I realized it...
42
43 D: And now you're here.
44
45 I: Yes. Now I'm here. Yes. Here to figure it out. It's gotten worse.
46
47 D: Good. Any other medical problems?

The Physician's First Evaluation (cont.)

1
2 I: I just take aspirin daily. No, nothing else that I do.
3
4 D: Good. Any asthma, or diabetes or high blood pressure?
5
6 I: No...no...no. I've been okay.
7
8 D: Good. Do you smoke?
9
10 I: Never. Never have I...
11
12 D: Excellent. Uh, is there any family history of heart problems?
13
14 I: Yes, my mother, she had an enlarged heart. And my brother, also. He has an enlarged heart. He's had
15 bypass, and then also a pacemaker that helps his heart. So, yea, that's my brother. (overlap) D: Good.
16
17 D: Well, on your electrocardiogram, which they just got, it looks like you have atrial fibrillation. That's
18 where your heart is beating irregularly. It doesn't look like you're having a heart attack which is good.
19
20 I: Oh, okay.
21
22 D: We're just going to look you over a little bit, and then...
23
24 I: Okay.
25
26 D: And then figure out what we need to do, okay?
27
28 I: Okay.
29
30 D: Alright. Can you open up? (pause) Aaah. (pause) Look right at me. (pause) Probably trying to look at
31 two people at the same time.
32
33 I: Yeah. Yea. Right. It's okay.
34
35 D: Can you sit up? (pause) Big deep breath. (pause) Good. Just breathe normally. (pause) Okay. You can
36 lay back. (pause) This sore through here?
37
38 I: No, no.
39
40 D: This sore up here? (pause) Good. I'm just going to feel your pulses. (pause) Ever get swelling down
41 in the feet?
42
43 I: No. No.
44
45 D: Sore there?
46
47 I: No. No. That's been fine.

The Physician's First Evaluation (cont.)

1
2 D: Excellent. Alright. We're gonna do a little bit of blood work. And then we'll figure out what to do.
3
4 I: Alright. Alright. Fine. Fine.
5
6
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14

A Visit from the Lab

15
16
17
18
19 (Knocking on Door)
20
21 L: Hi. My name's Jason. I'm here from the lab. The doctor's asked me to draw some blood from you.
22 Okay? Will that be okay?
23
24 L: Great. Thank you. (pause) May I check your arm band? (pause) Thank you. (pause) May I take this
25 off?
26
27 I: Okay.
28
29 L: Perfect. Thank you.
30
31 L: I'll clean it off a little bit here. (pause) Okay. You'll feel a sharp poke. (pause) Wonderful. (pause)
32 Great. Thank you for your help.
33
34 I: Okay.
35
36 L: Bye-bye.
37
38 I: See you later.
39
40
41
42
43
44
45
46
47

The Physician's Assessment

1 D: Mr. Kurtovich... your blood looks okay. Um, if you're feeling okay at the moment, we can probably
2 get you going home. What we need you to do is make an appointment with your regular doctor in the
3 next few days. Until then, I want you to make sure that you're taking your aspirin every day. And we'll
4 probably start you on a little bit of new medicine to help keep the heart from racing too fast.
5 The problem with atrial fibrillation is that sometimes the heart wants to go too fast. And sometimes you
6 need to be on medicine to slow it down.

7
8 I: Okay. That's fine. That's fine. Sure.

9
10 D: If you get bad chest pain again, or if you get real short of breath or dizzy, we need you to come back.

11
12 I: Alright.

13
14 D: Okay?

15
16 I: Yep.

17
18 D: Otherwise, you're probably doing okay.

19
20 I: Okay. Great. Fine.

21
22 D: You take care now.
23
24
25
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Getting Discharged

1 N: Okay....so, Mr. Kurtovich, it sounds like the doctor it's okay, it's good, it's safe to send you home.
2 Um, I've got some instructions for you about having this chest pain. But fortunately, we didn't find any-
3 thing acutely, you know, concerning to keep you in the hospital. All of our labs and tests are normal.
4
5 So, we can take off all the monitoring we've started.
6
7 I; Okay.
8
9 N: Um, and I'll go over the paperwork with you that the doctor wants you to have for your discharge
10 instructions. And part of that instructions is – we always want people to follow up with their primary
11 doctor – is to do that. To follow up and see how you're doing in a few days, especially if you're no better.
12 Certainly if you're worse. Come on back to the emergency room. I'll let you do all these sticky pads,
13 because –
14
15 N: Those do come off... I: Sure.
16
17 I: Okay. That's fine.
18
19 N: Don't...Here would be your instructions for discharge. And it would talk about your pain and what
20 we want you to do. And what we would do is have you sign it if you understand the information, so why
21 don't you go ahead and sign like you would. And the oxygen we can take off also.
22
23 N: Wonderful.
24
25 N: Okay. Then, we'll let you get dressed.
26
27 Dr: Any more questions before I leave?
28
29 I: No, no. I'm okay. Okay, yeah. Everything's fine.
30
31 Dr: Take care.
32
33 N: Thank you.
34
35 I: Bye.
36
37 N: Then, I will give you this information that you would take home.
38
39 I: (Overlap) Where's he going?
40
41 I: Alright. Thank you. Thank you.
42
43 N: Alright.
44
45 I: Thank you very much.
46
47