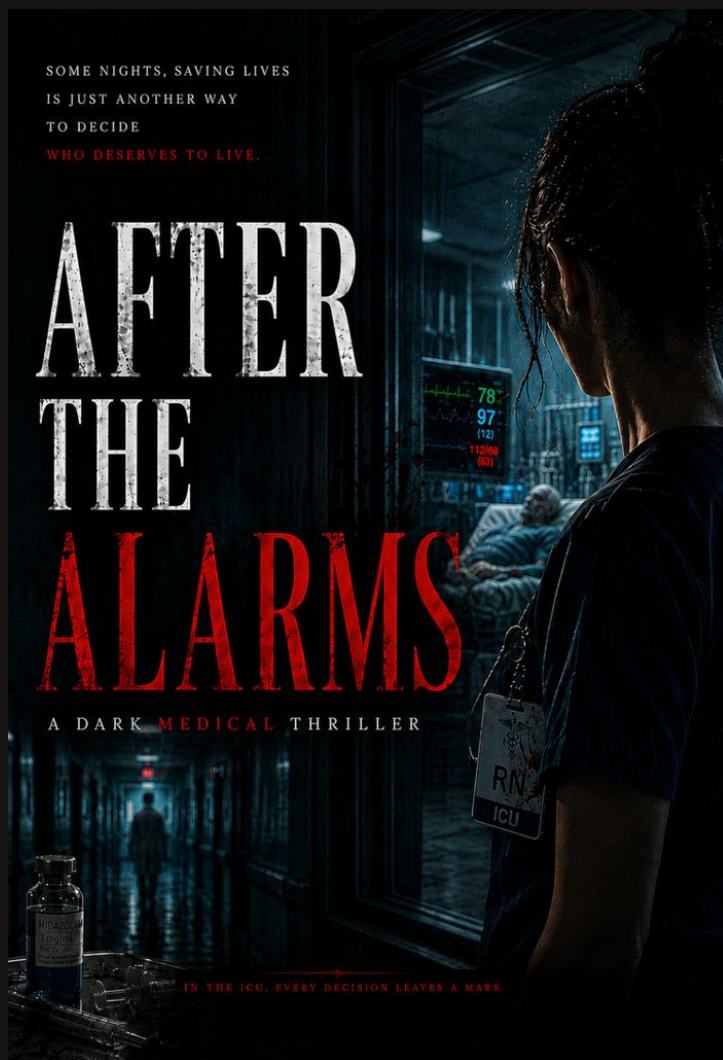


STEP INSIDE THE STORY



A FIRST-CHAPTER GIFT

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Chapter One

The alarms started at 2:17 a.m.

Nobody in the ICU looked up immediately.

Not anymore.

By that hour, every sound inside St. Gabriel Medical Center had already fused into the nervous system like a second pulse, the rhythmic hiss of ventilators, telemetry monitors chirping arrhythmias into the dark, infusion pumps beeping from half-lit rooms where sedated patients drifted somewhere between survival and chemical sleep.

Night shift changed the unit.

The fluorescent lights dimmed slightly after midnight, softening the hallways just enough to make exhaustion feel dreamlike. Conversations became shorter. Slower. Even the staff moved differently at that hour, conserving energy in small unconscious ways, as though the building itself had trained them to survive it.

Eleanor Jones crossed the ICU floor without rushing.

Bed 8.

Male. Fifty-eight. Septic shock secondary to perforated diverticulitis. Intubated three days earlier after respiratory collapse. Acute kidney injury progressing despite aggressive fluid resuscitation. Vasopressin running. Levophed nearly maxed. Broad-spectrum antibiotics hanging from dual-channel pumps beside the bed.

The monitor screamed again.

MAP 54.

Heart rate 132.

SpO2 drifting lower.

The arterial waveform trembled weakly across the screen.

“Pressure’s crashing,” someone muttered behind the nurses’ station.

Eleanor pushed open the glass door and stepped inside the room while pulling gloves over hands left raw from sanitizer and powdered latex. The smell hit immediately: chlorhexidine wipes, stale sweat trapped beneath warming blankets, plastic tubing, and the faint metallic trace of blood hidden beneath recycled hospital air.

The ventilator continued its steady mechanical breathing beside the bed.

Inhale.

Pause.

Exhale.

The patient looked worse than he had an hour ago. Gray beneath fluorescent light. Face swollen with fluid retention. Skin stretched tightly across his cheeks while vasopressors forced exhausted vessels to constrict against a body already beginning to shut down.

A resident appeared beside her seconds later, his scrub cap crooked from running.

“What happened?”

Eleanor kept her eyes on the monitor.

“Probably losing vascular tone again.”

Probably.

The resident moved toward the arterial line monitor, scanning numbers too quickly.

“What was his last lactate?”

“Five point eight.”

“Jesus.”

The blood pressure dropped again.

52.

The monitor alarm sharpened.

Eleanor silenced it automatically.

Not because the numbers mattered less, but because after enough years in critical care, the sound itself became unbearable. Every room screamed. Every machine demanded urgency.

Human beings were never designed to hear suffering this often for twelve hours straight.

Outside the room, someone laughed quietly near the break area.

Another infusion pump started alarming down the hall.

The ICU never truly slept. It only changed shape overnight.

“Should we call Hart?” the resident asked.

Eleanor adjusted the norepinephrine infusion by another two micrograms per minute before answering. The central line dressing near the patient’s clavicle had started peeling at the edges. She pressed it back down absently.

“He already knows.”

As if summoned by the words, Dr. Julian Hart appeared at the far end of the corridor.

Tall. Dark scrubs beneath an open black fleece jacket. Hospital badge clipped low against his waist. He moved through the unit with the calm expression of someone who had spent too many years around death to react visibly to it anymore.

But his eyes noticed everything.

They landed first on the monitor.

Then the Levophed rate.

Then Eleanor.

For a moment, neither of them spoke.

The resident exhaled sharply. “Pressure’s still falling.”

Julian stepped into the room while respiratory therapy adjusted ventilator settings near the headboard. The RT increased FiO₂ to sixty percent before suctioning thick secretions through the endotracheal tube. The patient’s oxygen saturation climbed briefly, then dropped again seconds later.

“How long since the last blood gas?” Julian asked.

“Forty minutes,” Eleanor answered.

“Urine output?”

“Twenty milliliters this hour.”

Not good.

Julian rested one hand against the foot of the bed while watching the monitor. Septic shock patients rarely died all at once. Usually it happened gradually. Organ by organ. Number by number. The body surrendered in stages while machines compensated for each new failure until compensation itself became impossible.

And eventually the ICU stopped being about saving lives.

It became about deciding how violently to delay death.

“Family still wants full code?” he asked quietly.

Eleanor nodded once.

Of course they did.

Families almost always did.

The patient’s pressure dropped to 49.

The resident stiffened. “He’s not going to hold.”

No one answered him.

Because everyone in the room already knew.

The cardiac monitor changed first.

Sinus tachycardia deteriorated into a widening irregular rhythm that sent sharper tones echoing through the room. The arterial waveform flattened further.

Julian stepped closer to the bed.

“Get another set of labs. CBC, CMP, lactate, coags. And page pharmacy, I want vasopressin ready if we lose pressure completely.”

“We’re already running vaso,” Eleanor said calmly.

He glanced toward the pump.

Right.

Too many patients. Too many numbers. Too little sleep.

For the briefest second, something unreadable crossed his expression before disappearing again.

The patient’s saturation fell to eighty-two.

Respiratory increased PEEP.

No improvement.

The ventilator alarmed harder now, sharp enough to cut through the muffled noise of the unit outside.

Eleanor watched the waveform silently.

There it was again.

That same feeling.

The moment where the body had already decided.

The machines just hadn’t accepted it yet.

She stepped closer to the patient, adjusting the blanket slightly near his shoulder. Beneath sedation and organ failure, he looked strangely peaceful now. Almost absent already.

The resident swallowed nervously behind them.

Julian’s eyes remained fixed on the monitor.

“Come on,” he muttered quietly, though it sounded less like hope and more like habit.

The pressure dropped again.

44.

Then the rhythm collapsed completely.

Flatline.

The room exploded into motion.

“Code Blue, MICU, Bed 8,” the resident shouted toward the hallway.

Eleanor was already lowering the bed.

Respiratory disconnected the ventilator tubing while another nurse rushed inside with the crash cart. Plastic drawers slammed open. Defibrillator pads tore free from packaging.

Julian climbed onto the step stool beside the bed and started compressions.

Hard.

Fast.

Ribs cracked beneath the second cycle.

Nobody reacted.

Sweat collected beneath Eleanor’s gloves while she pushed epinephrine through the central line and flushed after it automatically.

“One milligram epi in.”

“Continue compressions.”

The overhead speakers activated seconds later.

“Code Blue. Medical ICU. Code Blue. Medical ICU.”

Outside the room, nobody stopped walking.

Because codes happened constantly at St. Gabriel.

And after enough years inside hospitals, even death became part of the background noise.

The first round of compressions lasted two minutes.

Julian barely slowed.

His shoulders moved with controlled force above the patient's chest while sweat darkened the collar of his scrub top. The monitor continued displaying pulseless electrical activity in thin, useless complexes that looked almost alive from a distance.

Almost.

"Pulse check," Eleanor said.

Compressions stopped.

Everyone stared at the monitor.

Nothing.

No carotid pulse.

No meaningful rhythm.

Julian climbed back onto the stool immediately. "Resume."

The room filled again with the brutal mechanical rhythm of CPR.

Thirty compressions.

Ventilate.

Repeat.

The respiratory therapist squeezed the Ambu bag steadily through the endotracheal tube while another nurse prepared additional epinephrine beside the crash cart.

Outside the glass walls of Bed 8, the rest of the ICU continued functioning around them.

Phones rang. Pumps alarmed. Someone laughed briefly near the medication room before the sound disappeared again beneath overhead pages and telemetry noise.

Critical care had a way of splitting reality in half.

Inside one room, people fought violently against death.

Five feet away, another nurse charted intake and output while drinking cold coffee.

Eleanor checked the clock.

2:24 a.m.

Seven minutes already.

The patient's skin had started changing color beneath fluorescent light.

Gray shifting slowly toward blue around the lips and nail beds.

Vasoconstriction from prolonged pressors left his hands mottled against the sheets.

Julian switched compressors with one of the ICU nurses without speaking.

The younger nurse immediately lost depth.

"Harder," Julian said sharply.

The nurse adjusted.

Another crack echoed through the room.

Better.

Eleanor pushed a second dose of epinephrine through the central line.

The resident standing near the monitor shifted nervously. "We could try bicarbonate."

Julian kept his eyes on the patient's chest. "Labs aren't back yet."

"Could still be acidotic."

"He's septic and dying. Of course he's acidotic."

The resident fell silent.

Nobody had energy for politeness at two-thirty in the morning.

The monitor flickered briefly into ventricular tachycardia.

“Hold compressions.”

Everyone froze.

For half a second, the room sharpened.

Hope always entered cardiac arrests at the worst possible moments.

Julian looked toward the defibrillator. “Charge to two hundred.”

The machine whined loudly while Eleanor peeled open another alcohol wipe with steady fingers.

“Clear.”

The patient’s body jolted violently beneath the shock.

Silence followed.

Then the monitor returned to chaos.

Wide complexes.

Unstable rhythm.

No pulse.

“Resume compressions.”

The ICU nurse climbed back onto the stool.

Sweat rolled down his temple now.

Eleanor stepped backward briefly, eyes moving automatically across the room.

Ventilator disconnected.

Crash cart open.

Used syringes scattered across the counter.

Epi syringes nearly gone.

The overhead lights inside the room felt too bright against the darkness beyond the glass walls.

Somewhere farther down the unit, another monitor alarm began screaming continuously.

No one responded immediately.

Every nurse was tied up already.

St. Gabriel ran over capacity almost every night now.

ICU holds stacked downstairs in the emergency department waiting for beds that did not exist. Staffing ratios stretched thinner every month.

Nurses leaving faster than administration could replace them.

But the patients kept coming.

Always.

Julian stepped away from the bed again, breathing harder now.

“How long?” he asked.

Eleanor looked at the clock.

“Twelve minutes.”

Not terrible.

Not good either.

The resident glanced toward Julian carefully. “You want to call it if there’s no ROSC after the next round?”

Nobody spoke for a moment.

The question lingered heavily inside the room.

Call it.

As though death were simply another order waiting to be signed.

Julian stared at the patient in silence.

Forty-eight hours ago, this man had still been awake enough to ask for ice chips between vasopressor titrations. Eleanor remembered him apologizing repeatedly while she inserted the Foley catheter because he thought he was making everyone’s shift harder.

Now his chest cavity sounded hollow beneath compressions.

The monitor remained meaningless.

Eleanor watched Julian carefully.

This was the part that revealed people.

Not the procedures.

Not the medicine.

The decision.

Every intensivist reached a point where training stopped mattering and instinct took over.

Some dragged codes too long because they feared guilt more than futility. Others learned how to recognize when a body had already crossed a line medicine could no longer reach.

Julian finally exhaled slowly.

“One more round.”

The resident nodded quickly.

Relief.

Not hope.

Just relief that someone else had made the decision for him.

Compressions resumed.

The respiratory therapist adjusted his grip on the Ambu bag while condensation collected inside the tubing. Eleanor checked the medication tray automatically, reorganizing scattered syringes into neat rows out of habit more than necessity.

Outside the room, a patient somewhere down the hall started screaming incoherently.

Delirium again.

Probably Bed 3.

Nobody moved.

There weren't enough hands tonight.

Julian's gaze drifted briefly toward the glass wall before returning to the patient.

Then toward Eleanor.

"You okay?" he asked quietly.

It almost caught her off guard.

Not because of the question itself.

Because nobody in the ICU asked it unless the answer was obviously no.

Eleanor held his gaze for a second too long before nodding once.

"I'm fine."

Another lie the hospital trained people to say automatically.

The monitor suddenly narrowed again.

PEA slowing further.

Electrical activity fading.

The room itself seemed quieter now, though the alarms never stopped.

Julian checked for a pulse one final time.

Nothing.

He looked toward the clock.

2:31 a.m.

The silence afterward felt heavier than the code itself.

"Time of death," Julian said quietly, "2:31."

Nobody moved immediately after he said it.

That was always the strangest part.

Not the panic before death.

The silence after.

The monitor still emitted its flat continuous tone until Eleanor reached over and silenced it. Instantly, the room felt unnaturally empty, stripped of the mechanical urgency that had filled it seconds earlier.

The ICU nurse stepped down from the stool slowly, flexing aching wrists.

Respiratory disconnected the Ambu bag and reattached the ventilator tubing out of habit before remembering there was no reason to anymore. The resident removed his gloves carefully, avoiding eye contact with the body on the bed.

Everyone's adrenaline had nowhere to go now.

Julian stared at the patient for another second before stepping back.

"All right," he said quietly. "Thank you, everyone."

The words sounded automatic. Practiced.

The team began dispersing almost immediately.

Another alarm was already sounding somewhere deeper in the unit. Another patient requiring medication titration. Another family asking impossible questions under fluorescent lights.

Death never stopped the ICU for long.

Eleanor peeled off her gloves slowly. Her fingertips ached from pushing medications and handling plastic tubing for most of the night. A faint imprint from the latex remained against her skin.

The patient looked different already.

Stillness transformed people quickly after death. The tension disappeared first. Then the expression. Faces softened in ways they never did while alive, as though the body finally stopped resisting something inevitable.

Julian remained near the foot of the bed while the resident quietly updated the chart at the computer terminal outside.

"Family here?" Julian asked.

“Wife’s downstairs,” Eleanor answered. “Two sons. They left around midnight.”

He nodded once.

Nobody liked making those calls.

Not families.

Not staff.

Not even physicians who pretended otherwise.

Eleanor reached for the medication pumps and began disconnecting lines with calm, practiced movements. Levophed off. Vasopressin off. Antibiotics stopped halfway through infusion.

The pumps continued beeping angrily as each medication ended.

One by one, she silenced them.

Julian watched her for a moment.

“You’ve done this a lot.”

Not really a question.

Eleanor disconnected the feeding tube tubing from the pump before answering. “Everyone here has.”

Another silence settled between them.

Closer now.

More noticeable without the chaos of the code surrounding it.

Julian removed his gloves slowly. His knuckles were reddened from compressions.

“You knew he wasn’t coming back before we started.”

Eleanor glanced toward him briefly.

Not defensive.

Not surprised.

Just aware.

“That’s not unusual in here.”

“No,” Julian admitted. “It isn’t.”

But something in his expression suggested that wasn’t entirely what he meant.

Outside the room, a transport monitor alarmed sharply before being silenced again.

Someone overhead paged anesthesia to the emergency department. The intercom crackled through the ceiling speakers with distorted static before cutting out.

The hospital continued breathing around them.

Eleanor moved toward the patient’s wrist and removed the arterial line dressing carefully.

Blood stained the gauze dark red almost immediately. She pressed clean gauze against the insertion site automatically.

Even after death, bodies still bled.

Julian leaned against the counter beside the sink, exhaustion finally showing around his eyes now that the adrenaline had faded.

“How long have you been here?” he asked.

“St. Gabriel?”

He nodded.

“Eight years.”

“Only ICU?”

“Mostly.”

Mostly.

Burn unit briefly during COVID overflow.

Step-down for six miserable months.

Back to ICU after staffing collapsed.

Critical care always pulled certain people back eventually. Either because they were good at it or because normal life stopped making sense afterward.

Julian studied her quietly.

“You ever think about leaving?”

Eleanor almost smiled at that.

People outside hospitals loved asking healthcare workers why they stayed. As though exhaustion alone should have been enough to force them out.

But hospitals changed people slowly. They isolated them from everyone who slept normal hours. Made ordinary conversations feel distant and artificial. After enough years inside places like St. Gabriel, the outside world started seeming strangely fragile.

“Sometimes,” she answered.

The lie came easier now.

The truth was more complicated.

She had tried leaving once.

Three weeks into outpatient recovery care, she lasted exactly seventeen days before returning to critical care nights.

The silence had been unbearable.

Julian glanced back toward the body on the bed.

“What was his name?”

Eleanor checked the chart automatically.

“Daniel Mercer.”

Fifty-eight years old.

Former high school teacher.

Admitted six days ago septic from bowel perforation after delaying treatment for almost a week.

Wife still believed he would wake up.

Julian rubbed one hand across his jaw tiredly.

“I’ll speak with the family.”

Eleanor nodded.

That part never got easier either.

She turned back toward the bed and began removing ECG leads from Daniel Mercer’s chest carefully, peeling adhesive away from pale cooling skin. The room felt colder now. Or maybe that was just what happened after death.

Outside the glass doors, the night shift continued moving beneath dimmed lights and constant alarms.

Another patient coughing violently.

Another nurse charting at the station.

Another body trying to fail before morning.

Eleanor reached for the sheet and pulled it slowly over Daniel Mercer’s chest.

Then paused.

For a moment, her eyes lingered on his face.

Peaceful now.

Finally.

Something inside her chest loosened slightly.

Not relief.

Not satisfaction.

Something quieter than that.

Behind her, Julian watched in silence.

And for the first time since arriving at St. Gabriel Medical Center, he felt the distinct unsettling sensation that Eleanor Jones experienced death differently than everyone else in the ICU.

Julian left the room three minutes later to speak with the family.

Eleanor watched him disappear down the corridor before turning back toward the body.

Daniel Mercer remained motionless beneath fluorescent light, the sheet pulled neatly to mid-chest while telemetry leads still clung loosely to his skin. The room had already started losing the urgency it carried during the code. Without movement and alarms, ICU rooms became strangely artificial after death. Too clean. Too bright. Machines still blinking beside bodies no longer connected to them.

She began shutting everything down.

Ventilator standby.

Infusion pumps powered off one by one.

Suction canister disconnected.

The silence deepened with each machine that stopped breathing for him.

Outside the room, the unit continued uninterrupted.

A nurse near the station argued quietly with pharmacy over missing heparin tubing.

Somebody reheated food in the break room microwave, the artificial smell of burnt cheese drifting briefly into the hallway before disappearing beneath antiseptic air.

2:46 a.m.

The worst hour of night shift.

Too late for energy.

Too early for morning.

Eleanor removed the patient's pulse oximeter and placed it neatly beside the chart. Her movements remained automatic after all these years, muscle memory shaped by hundreds of deaths handled beneath the same fluorescent lighting.

Maybe thousands.

The thought no longer disturbed her the way it once had.

The resident reappeared hesitantly at the doorway.

“You need help cleaning him up?”

Eleanor shook her head.

“I’ve got it.”

He lingered there awkwardly for another second before speaking again.

“That was rough.”

No.

Rough was coding a twenty-year-old trauma patient while family screamed outside the room.

Rough was watching someone drown slowly from ARDS despite maximal vent settings.

Rough was terminal extubation on pediatric overflow during COVID while iPads played goodbye messages through static-filled speakers.

This had been expected.

“Go eat something,” she told him instead.

The resident nodded quickly, grateful for permission to leave.

When the door closed again, Eleanor finally exhaled slowly.

Only then did she notice the ache spreading through her shoulders.

Twelve hours in compressive hospital lighting always settled into the body eventually. Neck pain. Headaches. Lower back stiffness from standing on thin rubber soles while gravity slowly compressed the spine hour after hour.

People imagined ICU nurses running dramatically through hallways.

Most of critical care was quieter than that.

Slow exhaustion.

Constant vigilance.

Watching numbers drift toward catastrophe one decimal point at a time.

She pulled fresh wipes from the supply drawer and began cleaning adhesive residue from Daniel Mercer's chest. His skin felt cooler now beneath her gloves.

The room smelled different after death.

Less sweat.

Less effort.

The body already beginning to surrender itself back to chemistry.

Eleanor adjusted the sheet again before disconnecting the Foley catheter tubing carefully.

A soft knock sounded against the glass door behind her.

Julian.

He stepped inside without speaking immediately.

"How'd it go?"

"The wife took it badly."

Of course she had.

Families always believed there would be one more medication. One more procedure. One more miracle hidden somewhere inside the building waiting to reverse biology itself.

Julian removed his glasses briefly, rubbing tired eyes with the heel of his hand before placing them back on.

"One of the sons asked if we stopped too early."

Eleanor continued disconnecting tubing.

"They usually do."

Julian studied her quietly.

"You don't ever get angry at them?"

The question surprised her slightly.

“Why would I?”

“They blame us for things we can’t control.”

Eleanor finally looked at him directly.

“They’re watching someone they love disappear in pieces.” Her voice remained calm.

“People say irrational things when they’re terrified.”

For a moment, Julian said nothing.

Then he nodded once.

Outside the room, the overhead speakers crackled again.

“Rapid Response Team to 4 West. Rapid Response Team to 4 West.”

A nurse somewhere farther down the unit groaned audibly.

Another admission coming.

Probably septic.

Probably unstable.

Probably destined for ICU overflow before sunrise.

Julian leaned briefly against the counter beside the sink.

“You always this calm?”

“There’s no reason not to be.”

“That’s not really an answer.”

Eleanor folded used tubing into the biohazard container.

“It’s four in the morning, Dr. Hart. Nobody here has the energy for panic anymore.”

Something faintly resembling amusement crossed his face for the first time all night.

“Twelve-hour shift?”

“Fourteen.”

“You stayed over?”

“Shift change was understaffed.”

Julian nodded slowly as though that explained everything.

Maybe it did.

St. Gabriel consumed people gradually. Extra hours turned into extra shifts. Sleep deprivation became personality. Entire lives rearranged themselves around the fluorescent artificial time of the hospital until outside reality felt distant and temporary.

Eleanor removed her gloves and tossed them into the trash.

For a moment, neither of them spoke.

The silence between them no longer felt awkward now. Just tired.

Julian’s gaze drifted toward the body again.

“You really knew he was gone before the code started.”

Not accusation.

Observation.

Eleanor leaned lightly against the counter beside the ventilator.

“He’d been circling for hours.”

Circling.

ICU language.

The slow invisible orbit patients entered before death finally reached them.

Julian looked at her carefully.

“You think we do it too often?”

She understood immediately what he meant.

Prolonging.

Pushing.

Escalating care long after meaningful recovery disappeared.

The question hovered heavily inside the room.

Eleanor answered honestly.

“Yes.”

No hesitation.

No performance.

Just truth.

Julian’s eyes remained fixed on her.

Most physicians avoided conversations like this because medicine trained them to equate stopping with failure. But critical care eventually forced everyone into the same moral territory whether they admitted it or not.

At some point, every ICU doctor learned how easily modern medicine could trap people between living and dying indefinitely.

Machines were very good at keeping organs functioning.

That did not always mean patients were surviving.

Julian glanced back toward Daniel Mercer’s body.

Then quietly:

“And how do you decide when enough is enough?”

The question settled deeper than either of them expected.

Eleanor looked toward the darkened monitor screen beside the bed.

For a moment, she saw another room entirely.

Another ventilator.

Another body.

Another night she had spent praying for somebody to stop suffering while machines continued forcing oxygen into collapsing lungs.

Claire.

The memory surfaced so suddenly it tightened something sharp beneath her ribs.

She pushed it down immediately.

“You don’t,” she said softly.

Julian frowned slightly.

“Then who does?”

Eleanor met his eyes again.

And for the first time that night, something colder moved beneath her calm expression.

“Usually,” she said, “the body decides for us.”

Julian held her gaze for a moment longer than necessary.

Something about the way she said it unsettled him.

Not the words themselves.

The certainty behind them.

Before he could respond, another alarm erupted from outside the room, three sharp beeps followed by the rapid staccato warning of an IV pump running dry.

A nurse cursed quietly down the hall.

The ICU pulled everyone back eventually.

Eleanor broke eye contact first.

“I should clean the room before transport gets here.”

Julian nodded once, though he made no move to leave immediately.

The fluorescent lights hummed softly above them. Somewhere overhead, air vents pushed recycled cold air through the unit with a constant mechanical whisper that never fully stopped. Hospitals were never silent. Even at their quietest, they breathed through machinery.

Eleanor moved toward the supply cabinet and pulled out fresh linens while Julian watched the practiced precision of her movements.

No hesitation.

No wasted motion.

Everything about her suggested control.

The kind developed over years of functioning inside crisis until panic itself became inefficient.

“You knew Claire?”

The question slipped out before he fully thought about it.

Eleanor stopped folding the clean sheet.

Only for a second.

Then continued.

Julian noticed anyway.

Most people would not have caught it. The interruption had been almost microscopic. But years in critical care trained physicians to detect subtle deterioration long before monitors reflected it.

“How do you know that name?” she asked calmly.

“Your locker.”

She glanced toward him briefly.

“There’s a photo taped inside.”

Claire.

Written in faded black marker beneath an old Polaroid.

Two women in scrubs standing outside the hospital parking garage at sunrise. Exhausted.

Laughing at something outside the frame.

Julian had only noticed because Eleanor didn’t seem like someone who kept personal things.

“She worked here?” he asked carefully.

Eleanor returned to straightening the linens across the bed.

“Yes.”

No elaboration.

Julian understood enough about hospitals to recognize avoidance when he heard it.

He should have let it go.

Instead:

“What happened to her?”

The room felt colder suddenly.

Not physically.

Something else.

Eleanor smoothed the blanket once across Daniel Mercer’s body before answering.

“She died upstairs.”

The words landed flatly.

No visible emotion attached to them.

Julian remained silent.

“She was twenty-nine,” Eleanor continued after a moment. “Fulminant pneumonia.

ARDS. They kept escalating support after her lungs were already destroyed.”

Mechanical ventilation.

Paralytics.

Proning.

Pressors.

ECMO consult discussions whispered outside glass doors at three in the morning.

Julian knew the sequence without needing details.

“She worked here while she was sick?”

“No.”

“Then why St. Gabriel?”

A faint smile crossed Eleanor’s face then.

Not warmth.

Something sadder.

“She trusted us.”

The answer sat heavily between them.

Outside the room, transport wheels rattled loudly across tile flooring while someone nearby complained about missing charting documentation. The ordinary hospital noise felt strangely distant now.

Julian leaned against the counter more carefully this time.

“How long ago?”

“Three years.”

Not long enough.

He could hear that part even in her controlled voice.

“She was intubated for eleven days,” Eleanor said quietly. “By day seven, her kidneys failed.

By day nine, they started talking about neurological deficits from prolonged hypoxia.”

Julian said nothing.

Because there was nothing medically incorrect about any of it.

That was the worst part of ICU medicine sometimes.

You could follow every protocol perfectly and still destroy someone slowly in the process.

Eleanor folded another blanket.

“Her parents refused DNR.”

Of course they had.

Julian closed his eyes briefly.

Families almost never understood what survival actually looked like afterward. Television taught people that resuscitation ended with meaningful recovery and emotional reunions.

It rarely showed tracheostomies. Dialysis dependence. Anoxic brain injuries. Limbs swollen beyond recognition beneath hospital blankets.

Or the suffering.

Especially not the suffering.

“She begged them to stop before they sedated her,” Eleanor said.

The room became very quiet.

Julian looked toward her slowly.

“She was awake?”

“For part of it.”

ARDS patients often were.

Long enough to understand what was happening before sedation deepened and ventilators took over breathing entirely.

Julian felt something tighten uncomfortably beneath his ribs.

“What did they do?”

Eleanor’s hands stilled briefly against the blanket again.

“Everything.”

One word.

Completely exhausted.

The overhead speakers activated suddenly before the silence could deepen further.

“Emergency response to ambulance bay. Emergency response to ambulance bay.”

Another trauma.

Another body arriving.

Julian exhaled slowly and pushed himself away from the counter.

“You should go home after shift.”

Eleanor almost laughed at that.

Home.

As though sleep existed normally after nights like this.

As though adrenaline simply disappeared once people walked out of hospitals.

“I’ll try,” she said.

Another lie.

Julian studied her for one final second before heading toward the door.

But just before leaving, he stopped.

“You think Claire would’ve wanted comfort care.”

Not phrased as a question.

Eleanor looked toward the dark monitor beside Daniel Mercer’s bed.

Then toward the ventilator.

Then finally at Julian.

“Yes,” she said softly.

No hesitation.

Absolute certainty.

And for reasons he could not entirely explain yet, the confidence in her answer unsettled him far more than grief would have.

By 4:12 a.m., the ICU smelled like stale coffee and antiseptic exhaustion.

The night had settled into that strange final stretch where time stopped moving normally.

Every clock inside St. Gabriel seemed suspended between too late and too early, while the staff drifted through the unit in varying stages of physical collapse.

Eleanor sat at the nurses' station finishing documentation from Daniel Mercer's code.

Time of arrest.

Medications administered.

Total downtime.

Termination details.

Clinical language had a way of flattening death into administrative sequence.

Across from her, one of the newer nurses rubbed her eyes while charting intake and output numbers into the electronic record.

"You hear they're sending us another ICU hold from the ED?" she asked tiredly.

"Of course they are," another nurse muttered without looking up.

"Apparently overdose. Vent-dependent already."

Eleanor continued typing.

The blue glow from the monitor sharpened the exhaustion beneath everyone's eyes.

Half-drunk energy drinks cluttered the station beside alcohol wipes and loose medication wrappers. Somebody's untouched yogurt had been sitting near the printer long enough to warm to room temperature.

Normal night shift scenery.

The overhead lights remained dimmed for overnight mode, leaving parts of the hallway shadowed beyond the nurses' station. From a distance, the ICU almost looked peaceful.

Up close, it never was.

A monitor alarm sounded sharply from Bed 3.

“Sat’s dropping again,” the newer nurse sighed.

“I already suctioned him twice,” respiratory called from farther down the hall.

Nobody moved immediately.

They were all calculating priorities constantly now. Which alarm mattered most. Which patient could wait another sixty seconds. Which crisis would become fatal first if ignored.

Critical care medicine had always involved triage.

Understaffing simply made it uglier.

Eleanor finished the final line of documentation and signed electronically before leaning back slightly in her chair. Her spine cracked painfully between her shoulders.

Fourteen hours awake.

Maybe longer.

She could no longer remember whether she had actually slept before coming in yesterday afternoon or only laid in bed staring at the ceiling until her alarm went off.

The automatic doors near the ICU entrance opened.

Paramedics.

The overdose.

The stretcher rolled quickly down the hallway while the ED nurse gave report without slowing.

“Female, twenty-three. Found unresponsive approximately forty minutes prior to EMS arrival. Suspected fentanyl contamination. Intubated in the field after respiratory arrest.

Narcan administered with minimal response. Hypotensive during transport.”

The patient looked impossibly young beneath the transport blankets.

Mascara smeared beneath half-open eyes.

Purple acrylic nails.

Hospital bracelet hanging loosely from a thin wrist.

The ventilator tubing fogged rhythmically beside her face.

Another body entering the machine.

“Bed 11,” Eleanor said, already standing.

The room had barely been cleaned from the previous transfer.

One of the paramedics disconnected portable monitoring while respiratory connected the ICU ventilator.

“Pressure’s soft,” the ED nurse warned. “Started tanking twenty minutes out.”

Eleanor glanced at the monitor.

BP 78/41.

Heart rate 146.

SpO2 barely stable despite intubation.

The patient’s pupils remained sluggish beneath flashlight examination.

Possible hypoxic injury already.

Julian appeared beside the doorway moments later, rubbing sleep exhaustion from his eyes though Eleanor suspected he had not actually slept at all.

“What do we know?”

“Likely fentanyl overdose,” Eleanor answered while hanging fresh fluids. “Downtime unclear.”

Julian stepped closer to the bed, scanning ventilator settings.

“ABG?”

“Pending.”

“Any family?”

“Not yet.”

No family.

No medical history.

No idea whether the girl on the ventilator had wanted any of this.

Julian adjusted sedation orders while Eleanor attached new IV tubing.

The patient's oxygen saturation dipped briefly again.

Respiratory increased FiO₂.

No improvement.

The room filled with movement quickly, labs drawn, medication pumps programmed, ventilator settings adjusted, central supply called for additional tubing.

Another life suspended entirely by machinery before sunrise.

Julian glanced toward Eleanor while the others worked around them.

"You should go home after this admission."

"There's nobody to cover."

"Still."

She finished securing the IV line with transparent dressing.

"You saying that doesn't magically create nurses."

His jaw tightened slightly.

Not anger.

Recognition.

Every hospital in the country was bleeding staff now. Burnout.

Shortages. Travelers leaving.

Mandatory overtime. Administrators pretending resilience was a sustainable replacement for staffing.

The girl on the bed suddenly jerked violently against the restraints.

The ventilator alarm screamed.

"Easy," respiratory muttered, checking tubing.

Her heart rate spiked higher.

148.

152.

Eleanor adjusted the propofol infusion slightly.

The patient settled again almost immediately.

Julian watched her hands.

Precise.

Controlled.

Instinctive.

“You increased sedation before she fully woke up,” he observed quietly.

“She was bucking the vent.”

“She could’ve been trying to breathe on her own.”

Eleanor looked at him evenly.

“She arrested in the field.”

A beat of silence.

Then Julian nodded once.

Medically reasonable.

Still, something about the exchange lingered between them afterward.

Outside Bed 11, dawn remained hours away.

The ICU lights reflected dimly against polished floors while monitors continued their endless mechanical conversations across the unit.

Eleanor stepped out of the room briefly to update the chart.

As she passed Bed 8, transport had finally arrived for Daniel Mercer.

The body bag lay zipped almost completely closed now, only a small white patient label visible near the top. Two transport staff transferred

him quietly onto the gurney while discussing cafeteria breakfast options under their breath.

Normal.

Everything became normal eventually inside hospitals.

Eleanor stopped walking for half a second.

Just long enough to watch them wheel him toward the service elevator at the end of the hall.

Gone already.

A life reduced to paperwork, empty tubing, and an available ICU bed before sunrise.

“Jones.”

Julian’s voice pulled her back.

He stood outside Bed 11 holding fresh lab results in one hand.

Acidosis worsening.

Lactate elevated.

Possible prolonged hypoxia.

The girl’s prognosis was already beginning to narrow.

Julian handed the chart back to her.

“You ever think this place changes people permanently?”

The question sounded quieter than most things he said.

Eleanor glanced around the ICU.

At exhausted nurses beneath fluorescent lights.

At ventilators breathing for strangers.

At bodies balanced between chemistry and machinery while alarms echoed endlessly through dark hallways.

“Yes,” she answered softly.

No hesitation.

Julian watched her carefully.

“And you don’t think that scares you?”

For the first time all night, Eleanor looked genuinely tired.

Not physically.

Something deeper.

She glanced once toward the elevator where Daniel Mercer’s body had disappeared moments earlier.

Then back at Julian.

“I think,” she said quietly, “it stopped scaring me a long time ago.”

The monitor inside Bed 11 alarmed again.

Neither of them moved immediately.

Outside the ICU windows, the first traces of morning were beginning to bleed slowly into the dark.



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