

A day in the life of an advance practice nurse working to address the needs of patients and staff in a cancer hospital. She uses Courageous Conversations and integrative therapies to address spiritual issues related to pain, grief & loss.

Tales from The Pager Chronicles

By Patrice Rancour, MS, RN

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TALES FROM
THE PAGER
CHRONICLES

PATRICE RANCOUR, MS, RN

Advance Praise for
Tales from The Pager Chronicles

“This wonderful collection of stories captures both the miraculous and the prosaic work of nursing. These stories remind us of the intimate and profound work of the nursing profession. In addition to the amazing stories, Patrice Rancour gives us insight into what it’s like for patients, families, doctors, nurses, and other health care professionals to face the challenge of the end of a life.”

—Betty R. Ferrell, PhD, RN, FAAN
Research Scientist, City of Hope

“*Tales from the Pager Chronicles*” is a moving book – and a call to action. The many dramatic scenarios presented by Patrice Rancour confirm the importance and urgency of the need for palliative care services to be available in every acute-care hospital. The drama, the exasperation, and the crisis management could be avoided as a result of proactive palliative care management, thereby creating the dignified quality of living each and every one of us so desperately want under these circumstances.”

—Judy Lentz, RN, MSN, NHA
CEO, The Alliance for Excellence in
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“Anyone who has experienced one of these many human crises knows how helpful it is to have a guide and companion along on the journey. However, if one is fortunate enough to have a skilled guide like Patrice Rancour, who is informed by the

intellect and empowered by competent caring, then one has been more than lucky. One has been blessed.”

—Grayce M. Sills, PhD, RN, FAAN
Ohio State University

“This is a ‘tell-it-like-it-is’ book that gets to the raw emotions that we deal with daily – and hourly – in busy hospitals. Rancour has used patients’ stories to bring to us the pain and joy of life – and death. She is a talented nurse and writer. The book will be enormously helpful to people going through cancer.”

—Jimmie C. Holland, MD
Memorial Sloan-Kettering Cancer Center

Also by Patrice Rancour

The Pager Chronicles
Volume II

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Author Note

Due to the nature of my work, confidentiality is paramount. All names used in the telling of these stories are fictitious. Often, circumstances have been intermingled to give composite illustrations of clinical experiences taken from my years of work with life-threatened individuals and their families. While portraits herein are representative, individual privacy has been protected. If any incidents described in this book seem familiar to the reader, it is because these experiences, while unique to each individual, are not unusual.

About the Author

At the date of this current re-publication, Patrice Rancour has been in the health care field as an advance practice nurse for half a century as a clinician, educator and consultant. She received both her undergraduate and graduate degrees from Ohio State University. As a psychiatric/mental health clinical nurse specialist, she has authored books, textbook chapters, journal papers, and a number of online programs. She has presented at numerous conferences and symposiums and has had a private practice since 1981. Her primary areas of interest include working with life-threatened individuals and their families, complementary and integrative therapies, spirituality and healing, end-of-life care, and grief and loss issues. You can visit her website at patricerancour.com.

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1. Blythe Spirit in the Medical Intensive Care Unit

I no sooner turn the pager on, than it whines back at me.

“Six forty-five am and we have lift off,” I mumble to myself. I switch my computer on in the storage closet that masquerades as my office, the space I share with two other clinical nurse specialists. As I dump my purse into the lower right hand drawer, the computer screen comes alive with a list of messages to be replied to since yesterday. I choose instead to return the page, listening to the distress on the other end of the line.

“Can you come over to MICU right now? Mrs. Bueter just died and her husband is losing it over here.”

As I slip on my lab coat, I make a note to myself that it is time to get a new one. I notice once again that it is frayed around the collar and cuffs. Every few months I seem to register this but still don't remember to do anything about it.

On the way to the intensive care unit, I pass by windows that I most probably won't think to look through the rest of the day. The rain distorts them into streaming gray teardrops.

I consider the Bueters. How much they have been through. All those weeks in the bone marrow transplant unit, the massive infections that left her debilitated, the dire drug side effects that left her demoralized. And still she and her husband powered through. Denial is a wondrous thing, whether it comes from the patients or the medical staff.

I pass through a labyrinth of corridors, peering into rooms where I know nightmares are unfolding. What is it that Helen Keller noticed for us all? Was it that the world is full of suffering, and also the overcoming of it? I hope to God that this

morning I can align myself with the last part of that equation. Some days, amidst all the suffering here, I have to wonder.

I push past the double doors into the medical intensive care unit and slide my frayed sleeves up to lather at the sink. In the flurry of the early morning shift change in the long MICU ward, I notice that one cubicle has its flowered bedside curtains completely drawn around it. No invasive procedure going on in there, I think. No intubation, no extensive dressing change, no catheterization. I know that on the other side of those curtains, two souls wait. One watching to make sure no harm comes to the other. The other is now Mr. Bueter.

“Mr. Bueter,” I murmur softly as I slip through the curtains. “May I join you?”

He looks up at me, eyes glazed, and nods. Passively, he allows me to embrace him. His lax body is exhausted. Last night was the culmination of the three and a half months I have walked with both of them through this whole ordeal. And of course, it does not begin to address their previous two and a half years spent in diagnosis and treatments. All of which brings us to this time, this place.

We don't say much in the beginning. I look at him in profile. Although he is fifty-two years old, he looks eighty-two. He is staring down at the body of his wife, to whom he has been married for 28 of those 52 years. As a result of their relationship, there are three others in this world, and one of them has two children.

As I sit with him, I try to imagine what this moment must be like for him. So I say, “Robert, I am trying hard to imagine what this moment must be like for you. Help me understand what you are feeling.”

He inhales a tremulous breath and silent tears course down his worn cheeks. Like the rain on the windows I passed on my way to the MICU, I think. He lets me take his hand. We sit that

way for awhile and I wonder if the description the nurse gave me about his ‘losing it’ was really a description of her state of mind, her facing the start of another day in the MICU, a place where they are supposed to be saving lives.

After a bit, he wipes the tears from his face and pries one of those inadequate little tissues out of the hospital tissue box. During hospitalizations, when bodily fluids are predictably known to be more copious, more relentless, why are hospital tissues so notoriously stingy?

“She was a fighter,” is all he says. He says it with admiration.

I feel such a tender sadness when he says this. Truth, justice, and the American way. To be a fighter. Whatever the cost. Whether it makes sense to fight or not. A fighter to the end. Ours is a very macho culture, I think sadly.

Not so long ago, at a conference in New York, a World Health Organization official clucked his tongue at the audience, and shook his head. “You Americans. With your ‘fighting’ spirit, your ‘war’ on cancer, your ‘armamentarium’ of drugs. Do you not understand that most of the rest of the world understands that illness and pain are just a normal part of life?”

While that is true, what is also true is that due to the quintessential American refusal to smell bad, to suffer the slings and arrows of pain and illness, to our massive refusal to lay down and not go so gently into that good night, we now have tools like the polio vaccine, migraine headache medication, and organ replacement surgery. Of course, as these innovations come down the pike, they have often brought with them the kinds of ethical dilemmas that outstrip our technical abilities to cope with them. It is a mixed bag now, isn’t it? The public always expecting that high tech will save them, when it is many times that the high tech solutions merely create the portal to the next nightmare that hadn’t yet been anticipated.

I bring myself back to the present, to Robert Bueter. I notice that I am breathing rhythmically, a little habit I have become more conscious of during my tenure in times of suffering. By matching the breathing of the one with whom I am sitting, and gradually and ever so gently lengthening the exhalations, we end up sitting in synch, breathing together. It is a way of bearing the deep ache of a broken heart, and doing it together.

Often, the only way into a heart is that it be broken first.

I turn my attention to Dorothy, Dorothy of the fighting spirit. Dorothy who fought because that was what was expected of her, from her family, her doctors. She fought because no one she listened to offered her a different – although no less honorable - option. Her body is filled with the fungus that overwhelmed her. And now that fungus is dying too. Kill the host, you kill yourselves, I think to myself. I can't help but think Dorothy and her greedy, fungal stow-aways are a microcosm of what we are doing on a planetary scale. The world in a grain of sand.

I breathe myself back to the here and now, to Dorothy, knowing she is no longer in there. I believe with all my heart that Dorothy is most likely lingering around, and is kicking up her heels to be outside of this decaying vessel, her body, like a butterfly escaped from the confines of her cocoon. I think to myself, "You go, girl!" A small smile twitching the corners of my mouth as I picture her, mostly wishing she could let Robert know she is free at last. Free at last, free at last, thank God almighty, free at last!

And then, as if he is picking up my thoughts, Robert says, "You know, I think I can hear her whispering in my ear."

"Really, Robert? What is she telling you?"

"She says she is doing all right, and not to worry about her."

"Do you believe her?"

“I believe her. It’s just that I miss her so much already. It feels like someone has just opened my chest and removed my heart. I can’t imagine my life without her.” He drops his head into his hands.

But what is the old saying: Women grieve; men replace? I think - not unkindly - that Robert will most likely be remarried within the year.

Instead, I say, “While you are in the middle of this right now, it is hard to remember that Dorothy’s illness was really just a small part of a much larger life. Right now, it seems like it was the totality of her life. But remember, Robert, it wasn’t.”

He dries his eyes and nods. “I know it.”

“And so what was it that made you fall in love with Dorothy in the first place?”

His face gradually lightens with a wistful smile, despite the tears on his stubbled cheeks “It was the first week of college, and I went to a pledge party at my roommate’s fraternity. And as I walked in the door, there she was. I wasn’t able to take my eyes off of her.” I watch as his eyes fasten on some other time, some other place. They dart about as he retrieves shreds of his lived life, a waking lucid dream.

“Love at first sight?”

“Well, for me, anyway” he replied, wiping the tears off his face, blowing his nose. “It took me the whole damned party to work up the nerve to go up to her and introduce myself.” He looks down at the corpse of his wife and gently caresses what little hair she has back from her face. “You wouldn’t be able to tell from looking at her now, but she was some kind of looker back then.” I see him look at her, but know he is seeing the girl at the party instead.

I look at the body on the bed. It is bloated, cooling, mottled, the lips becoming dusky. Large bruises still track up and down her arms, her veins having blown long ago, despite the central

line. I know the silent blood is already pooling by gravity into her back, her buttocks, the heels of her feet. I try to imagine the girl he is now seeing in his mind's eye. Instead, I catch a glimpse of a blithe spirit dancing rapturously in the cubicle above our heads.

“And so, is that how it began?”

He nods, time traveling to a point when there were no central lines, no low blood counts, no immunosuppressive drugs. His face youthens momentarily as he bridges back to a point on a timeline that had none of this devastation in it.

“Yeah,” he smiles weakly at me. “And as they say, the rest is history.”

“Robert, she was surely lucky to have you.”

And he says with predictability, “No. I'm the lucky one.” They all say that. Or nearly all of them.

It is always humbling to be in the company of such trust, such devotion, such love. It happens daily, but because it is so quiet, people do not appreciate how heroic it is. It doesn't show up in newspaper headlines. It will never be the lead story on the six o'clock news. But it is heroic nonetheless.

I meet his gaze and say levelly. “Robert, I see what you have done here. You were nothing short of remarkable with Dorothy.”

He nods in acknowledgement, squeezing my hand.

“Thank you,” he says gratefully. And I know he means it. It is no small thing to be caught in the act of doing something good.

My pager goes off again. I switch it to vibrate. He nods, acknowledging that my day is moving along as well as his, although now our paths must of necessity diverge. Each of us has our work cut out for us.

He suddenly turns to me and says, “How do you do this all day long day after day?”

“Robert, of the two of us, yours is the harder job.”

He shrugs and nods at the truth of this.

“Is there someone you would like me to call for you right now?”

“No. I just want to be able to sit here alone with her for awhile. Before all the business of having to bury her starts.”

I nod and we embrace, both of us knowing that this most likely may be the last time we see each other. I will try to get time off to go to Dorothy’s funeral, but know it is wise not to promise anything. It always depends on the workload, who calls in sick, and so on and so forth. I take one backward glance at the two of them, framed in the canopy of bed curtains pulled to protect the other patients from contemplating their own mortality. Who is the staff trying to kid? Anyone who is conscious knows what is happening behind those curtains.

11. Betsy and Elizabeth

I know something is afoot in the outpatient chemo clinic when I find most of the staff in the report room.

“Gosh, who’s with the patients?” I ask. I’m joking. Kind of.

“Well we’re a little spooked, it’s true,” Donetta replies. “Mary Margaret is in there with her right now.” As she speaks, a long, low wail sounds from down the hall.

“So what’s that?”

“Well, it was the funniest thing,” T.J. says as he twirls a set of keys around his index finger. “I showed her into the treatment room, explained the set-up, the drill, oriented her to the whole process, and she was just fine.”

“Okay, slow down and tell me who we are talking about here,” I say, reaching for a chair and pulling it out to sit at a table strewn with half-completed charts, an assignment sheet, and a pile of forgettable-looking hospital memoranda.

T.J. pulls up a chair as well. “This is the first treatment for Elizabeth Pagura, 38 year old patient of Dr. Schoen. She’s being treated for lung. Anyway, she seems like a nice enough person and all, a little anxious, but nothing terrible for a first chemo treatment. Anyway, she sits in the chair, and she’s got some sort of professional journal with her to read, and a coffee, and anyway, I’m telling her what to expect before I do anything to her. I warm her veins, and bring in the IV lines and bag and I start hunting for a vein. She starts looking a little green behind the gills and she breaks out into this cold sweat as I stick her.” As he’s talking, T.J.’s voice becomes more pressured and he looks a bit unnerved as he continues. “And all of a sudden, she lets out this real high scream. Nearly freaked me out. I stop what I’m doing and before I know it, she’s thrown her glasses across the room and is on the floor in the corner in a fetal position.”

“Sounds pretty extreme,” I agree.

“You haven’t heard the half of it,” he says. “So I put all the IV equipment inside the cabinet and try to talk her down. I even get on the floor with her, trying to calm her. And as I get closer to her, she starts talking like she’s a kid – in a kid’s voice. And I swear I’m not kidding when I tell you that when we started the whole thing off, her eyes were big and brown. By the time I get on the floor with her, her eyes are green. It’s the damndest thing I ever saw. I mean, I have heard of stress, but this is over the top.” T.J. is clearly rattled.

“So what’s going on in there right now?” I ask.

“Well we couldn’t leave her alone while we waited for you, but she seems terrified of us. Mary Margaret is in there with her holding down the fort.”

God bless Mary Margaret, a seasoned veteran.

Before we can move, another wail comes from down the hall. As I walk out the door, other patients in the area look warily down the hallway.

“Donetta, see what you can do about getting these patients into treatment rooms or back into the waiting room out front. I don’t want them freaked out too,” I say.

She nods and begins to corral people out of the hallways like a sheep dog working a flock. There’s no surprise as to where Elizabeth’s room is. By the time I come close enough, I can hear a low-pitch keening coming from inside. I stand outside the door and wonder what I’m going to find on the other side once I open it.

Mary Margaret is seated on the floor in front of a pile of clothes. She looks relieved to see me and jerks her head over to the clothing. There, within the clothing, is a shrunken little lump of a human being. In fact, if I didn’t know any better, I would say it is a child. Elizabeth Pagura is shivering and weeping in the corner, waves of fear washing off her so palpable, they’re

hitting me too. My heart goes out to her immediately although there is no doubt that the situation is really daunting. For all of us.

“I’ll take it from here, Mary Margaret,” I whisper, and she nods as she indicates she will be right outside the door in case I need her.

As the door closes behind her, I take a seat on the stool in front of it to let Elizabeth get used to the new presence. Her brown hair haloes her head in ringlets that seem to spring in all directions. When she looks up long enough to inspect me, I can see that whatever make-up she walked in with is now smeared all over her face, giving her the appearance of a fugitive from a *Whatever Happened to Baby Jane?* movie set. I take a long deep breath.

“My name is Patrice. What’s your name?” I ask simply.

She doesn’t look up, keeping her face cupped in her hands. “Betsy,” she whimpers.

“I like that name,” I say softly. I let that sit awhile, deciding to pick my way through the landmines slowly, trying to gingerly sift through whatever she is willing to share with me without pressuring her to do so. If I am not careful, we will be back to square one immediately. And often. On a hunch, I ask, “How old are you, Betsy?”

She holds up four fingers without looking up.

“Such a big girl and you are here all alone. Didn’t anyone come with you today?”

She lets out a deep sigh.

“It must be very scary to be in such a big place by yourself. Who usually looks after you?”

“Elizabeth usually takes care of these things for us,” comes the whispered response. A thumb quickly pokes into her lipstick-smeared mouth.

”Where is Elizabeth now?” I ask tentatively, trying not to move too fast too quickly.

”Oh, she’s around,” the small voice replies. “It’s just that when that man brought out all the needles, I really got scared and Elizabeth couldn’t keep me from getting out. I hate needles. They remind me of things.”

”What kind of things, Betsy?”

She quickly turns away from me and vigorously sucks her thumb. I am going too fast here. I need to have time for us to regroup.

”Say, are you hungry or thirsty? Would you like something to eat?”

”Whaddya got?” she asks without turning around. She’s twisting a strand of run-away hair around a finger of the other hand.

”Well, we have ice cream. Popsicles.”

”Do you have grape popsicles?” she asks turning quickly, her green eyes big, thumb hovering in the air.

”I believe we do, Betsy.”

”Well, I’ll take one of those if you have one.”

”Coming right up.” I open the door a tad and ask Mary Margaret to retrieve a popsicle. I happen to notice a stethoscope on the side table as I shut the door again.

”While we are waiting,” I try guardedly, “would you like to listen to your heart beat?”

”What’s that thing?”

I show her how I put it in my ears and how I can listen to my own heartbeat.

”Can I listen?” she asks.

”Sure, come on over,” I say, offering her the stethoscope.

Suddenly curious, she walks on her hands and knees over to where I am sitting and this kid in the grown woman’s body

allows me to fit her ears with the stethoscope and looks at me in awe as the lub-dub of my heart registers in her ears.

“Now my turn,” she says and she moves the instrument to her own chest. She allows me to place it for her where she can hear her own heart.

“Wow!” Her smile is innocent yet a bit off kilter since one does not expect to see such an expression of awe on the face of an adult. Now that’s a bit unfortunate, I think to myself.

Just then, there is a quiet knock at the door, and I reach back behind me to turn the doorknob. A grape popsicle is thrust in my face and I thank Mary Margaret for responding so quickly. As I peel back the paper, Betsy reaches for it and politely thanks me. As she licks it, the purple of the popsicle collides with the lipstick. She seems to relax with each slurp, the stethoscope still dangling from her ears. Worlds collide.

As I remove the stethoscope and hand her a paper towel to catch the drippings, I ask her, “Better now?”

She nods.

“So tell me Betsy, does Elizabeth see anybody special for the problems you both have with things that scare you?”

“Like who?”

“Oh, I don’t know, a special doctor or nurse who gives you medicine to help you feel better when things get scary? Who talks to you about the scary things?”

“Elizabeth takes care of those things for us.”

“Any chance I can talk to Elizabeth right now?”

“Can I keep the popsicle?”

“Of course you can, honey.”

“Well, okay then.”

And just like that, suddenly, big brown eyes are staring back at me, frowning at the grape popsicle dripping down her sleeve.

“Where did this come from?” Elizabeth asks, “And who are you?”

She hands the dripping flavored ice to me, and I reintroduce myself. She gets off the floor, blotting her clothes with the paper towels, looking sheepish. She squints as she happens to catch a glimpse of herself in the mirror hanging over the sink and groans as she tries to mend her face.

“Where are my glasses?” she asks.

“Elizabeth?” I ask guardedly as I hand them over to her.

“Yes, I’m back,” she says turning around, sweeping her hair back away from her face. “I suppose this means you have just met Betsy,” she says pointing to the melting popsicle.

“Yes. Are you all right now?”

“I’m fine. I guess I should have asked someone else to come with me when my sister came down with the flu.”

“Elizabeth, I’m going to recommend that we don’t start your chemo today, is that all right?”

“I really wish we could though. I just want to get this going, and get it over with as soon as possible.”

“Does Dr. Schoen know you have a multiple personality disorder?”

“I’m not sure really. He can see I’m on all this medication, but I guess we were just so focused on the cancer, we forgot about Betsy.”

“Well Betsy sure got scared. Can you tell me what she is scared of?”

Elizabeth takes a big deep sigh. “I really don’t want to go into the details here, but I’m a childhood incest survivor. I see Dr. Karen Hooks for this and have been on medication for years.”

“Did you or Dr. Hooks discuss that your treatment might trigger your condition? I’m sure she must have known that needles would have been involved in the chemotherapy. It might be wise to consider readjusting the dosage of your

medication to compensate for the extra stress burden you are under right now.”

Elizabeth starts looking a little pasty, and I’m afraid I’m going to lose her again, so I say quickly.

“Elizabeth, let’s talk to Dr. Schoen about rescheduling this, and then set up a meeting with Dr. Hooks to determine how we can proceed so that we can safely treat you without predisposing you to dissociate.”

She looks relieved and disappointed at the same time. “You know, I really thought I could handle this on my own,” she muses matter-of-factly, “I guess I couldn’t.” She licks more of the grape popsicle goo off her fingers.

“You know, Elizabeth, folks who don’t have the challenges you face, have a rough time with this too, so please don’t judge yourself so harshly.”

She nods peremptorily.

I call Mary Margaret back in. She sticks her head in the door and peers curiously around the corner at Elizabeth.

“Mary Margaret, can you inform Elizabeth’s oncologist that she has multiple personality disorder and we’re recommending that her treatment today be deferred until we can check with her psychiatrist as to how to safely proceed?”

Mary Margaret looks back at Elizabeth. “I am so sorry we didn’t know about this in advance. We could have been better prepared. We’ll do better next time. I promise.”

Talk about the right thing to say, I think to myself. I am also thinking I probably need to do an in-service for the outpatient chemotherapy staff to prepare them for her next appointment. And anyone else like her who might come walking in through the door.

“Elizabeth, when I go back to my office, I’m going to call Dr. Schoen too and with your written permission, I’m going to call Dr. Hooks, so we can get a plan together, OK?”

She nods as I hand her a release of information sheet to sign and write the psychiatrist's phone number from her card down on my clinical note sheet, which I stick back into my overstuffed pocket.

"Mary Margaret, how long will it take to get Elizabeth rescheduled?"

"Probably just a few days."

"Will that work out okay?"

Elizabeth nods.

"Do you think we can set up a time to meet together before your next chemo appointment?"

"I think that would probably be a good idea," Elizabeth agrees.

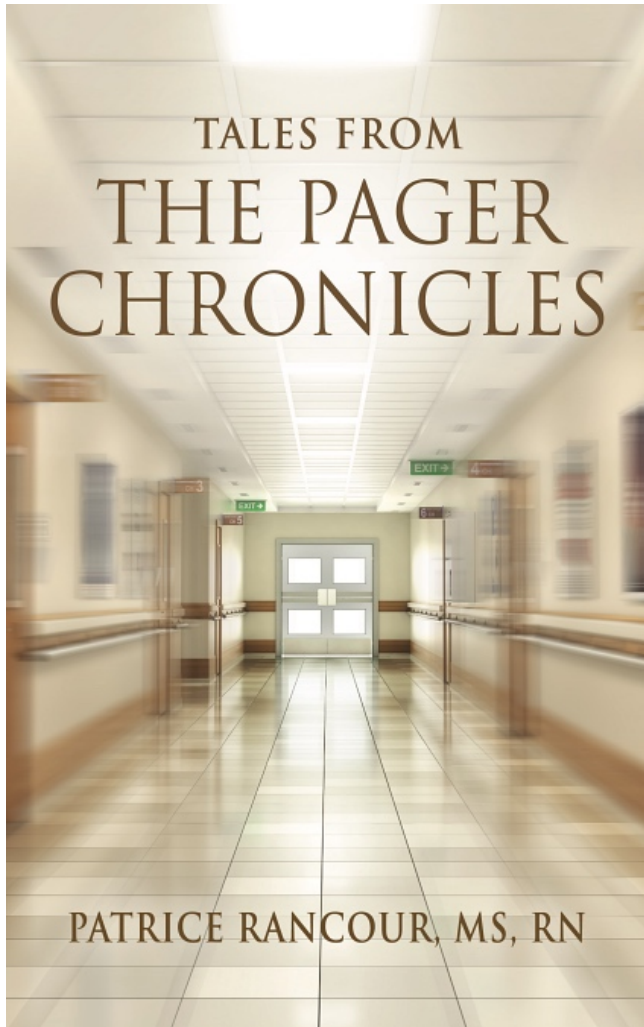
"I'll call you with an appointment time as soon as I talk to your doctors then. Mary Margaret will make sure you get another chemo appointment. Oh and Elizabeth?"

She looks back at me, glasses back on her face, brown eyes staring at me quizzically.

"Here's another popsicle for the road. For Betsy."

She smiles, takes the popsicle, and turns down the corridor following Mary Margaret.

I sit there for a moment, wondering where I was in my day before I met up with Betsy. I feel myself zoning out a bit and realize I'm a bit on overload with everyone else's crises. And that's when the pager screams in my pocket.



A day in the life of an advance practice nurse working to address the needs of patients and staff in a cancer hospital. She uses Courageous Conversations and integrative therapies to address spiritual issues related to pain, grief & loss.

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