

Q&A INTERVIEW

A Veteran Nurse Becomes a Patient, Faces Down COVID-19

A long-time nurse knew to remain calm and turn her healing power inward as she fought COVID-19 in isolation for six long days in a hospital.

“You feel like you’re suffocating, and you can’t take deep breaths,” says Kay Ball, PhD, RN, CNOR, CMLSO, FAAN. “That gives you a panicky feeling sometimes. When I was on the oxygen, I felt a lot better. I’m sure [other patients] are feeling the same way—you panic because you can’t take in enough air. You get headaches and you feel fatigued.”

Ball has decades of nursing experience, and has been a professor of nursing at Otterbein University in Ohio since 2010. She also is a perioperative nurse educator and consultant, well known for her research on the hazards of surgical smoke in the operating room. She is the nurse planner for Hospital Employee Health. Ball described her hospitalization and recovery from COVID-19 in the following interview, which has been edited for length and clarity.



First, how are you feeling now?

I think I have totally recovered. It is something I wouldn't wish on anybody.

At the beginning of April, I started getting nauseated. I didn't want to eat, had headaches, and was very tired. I had abdominal pain in the lower right quadrant, but I didn't want to take up a COVID bed. I started thinking, "Do I have appendicitis?" Finally, my family practice doctor told me I should probably go to the hospital. That was reconfirmed by a good [physician] friend of ours. There were three hospitals [in the Columbus, OH, area], and I took the smallest one because I happen to know people there. I went to the ER [emergency room] and they performed a COVID-19 test. That hadn't even crossed my mind. A CAT scan of my right abdomen showed nothing. The doctor told me "I am almost positive you have COVID-19," although they had not gotten the test results back. He showed me my chest X-ray and said "You have viral pneumonia, and it's probably COVID."



As you explain, you were sent home under precautions and advised to take zinc and vitamin C to boost your immune system. You were told to come back to the hospital if you started to struggle with breathing.

I had not thought about my breathing, but I was breathing very shallowly. If I took a deep breath, I would cough. I went home and sent an email to my four nurse friends, one of whom lives right in this area. I said I needed a pulse oximeter. My friend called around, found the only one available, and brought it over and put it on my front porch. I didn't even see her. I didn't sleep in my own bedroom that night because I didn't want to expose my husband. I didn't know then that he was going to test positive, too. All night long I did my pulse oximeter readings, which should be in 95-100 in a healthy person. Mine were low-to-mid 80s. I had a fever of 100.3°F, which is not really that high of a temperature, but it just came up. In the morning we decided I needed to go back to the hospital. They put me on oxygen right away because I had such a low oximeter reading.

Your test was positive for COVID-19?

Yes, and I was put in isolation. When you are sick you are isolated; when you are healthy you are quarantined. I was isolated in a room on a COVID floor they had set up. The nurses would gown up and use all the PPE [personal protective equipment] and take it off at the door before they went out. They didn't come in very often; about three times a day. The doctor would come in about once a day. But we have to protect our PPE. We only have so much. They can't keep going in and out, because every time they go in they have to change to a new gown and gloves. That's hard, and it's expensive.

How did your treatment proceed?

I was having a pretty rough day, and they started me on hydroxychloroquine. The doctor told me to lay prone—on my belly—five times a day for about 20 minutes each time. That allows the alveoli—the air sacs in your lungs—to open up in the lower part of your lungs. They have found that the prone position works for acute respiratory distress, and patients can breathe better. When I flipped back over, I was able to take deep breaths a lot easier. It was a chore because I had all these monitors on my chest; they were monitoring my heart because I was on hydroxychloroquine. I knew it caused arrhythmia. As a nurse, I was feeling my heart to see if I had any [signs]. Being a nurse, you've got to nurse yourself. They also gave me a spirometer that you use to take deep breaths and told me to do that several times a day, too.

Because I was in isolation, they would put my food tray on a shelf right by the door. If I wanted to eat, I had to go get the tray myself. That was good because it made me get out of bed, although I didn't feel very good at all. I watched TV and slept a lot because I was so tired.

You were on oxygen, but you did not require intubation and a ventilator?

No. When you are just on oxygen, how you recover is going to depend on how you are doing. I had an O₂ cannula and it felt so much better when I was on oxygen because I could take a deep breath. Every time you take a deep breath with COVID, you kind of cough. One of the things they say is take a deep breath in the morning—if you have to cough, something might be going wrong. Those were some of the telltale signs I experienced. Some of the nurses came in and called me “Dr. Ball” because I have my PhD. They knew I taught nursing at a university, but they were so good because they would still explain everything they were doing. Every night I got a shot in my belly of [enoxaparin sodium] to prevent blood clots. That can be a big problem.

Did you experience feelings of your own mortality during the lowest points?

A lot of things go through your mind when you think of your own life. When is your time going to be and all that. I had just started a survey of nurses on the effects of surgical smoke. I was thinking that I needed to call my statistician in Texas and tell him my sign-in passcode. I wanted somebody to be able to access this information.

I was blessed. I survived, and I didn't have to be intubated. I think it was because so many people were praying for me. I started feeling toward the end of my hospitalization that I was going to come through this. I knew I was getting better because I started to have an appetite. They brought me some roasted pork and mashed potatoes with warm gravy. That tasted so good. I didn't eat everything, but the ice cream and sherbet always tasted good.

How did it feel to be discharged?

Just going through that door to get out—as soon as I got in the car, I started crying. I was pretty emotional after being in isolation that long. The thing I would say to healthcare workers is to try to be as healthy as you can so your own immune system will fight this ravaging virus.



Your husband tested positive as well, but remained asymptomatic?

Yes. Recently, we got antibody testing and we were both positive on that.

So many people have asked me how I got it. My husband and I were staying at home. When we went to the store, we wore N95 respirators and gloves. We were doing everything, but I am a face-toucher. I tell people, “Don’t touch your face,” but you put your hand underneath your chin leaning on a table. It can come in through the nose or mouth, or maybe I just scratched my face; it can come through the mucosa around the eyes. My bottom line now is do not touch your face—make sure you wash your hands.

The other thing I am experiencing now—and you probably are, too—is people go out to grocery stores, and they don’t even wear a mask. The mask is not to protect you; it is to protect everyone around you. I don’t know if I can get it a second time. If you think that masks don’t prevent the spread of germs, when you come in for surgery we will let your anesthesiologist, surgeon, and nurses know. We are glad not to wear a mask around your incision. Think of it that way. If I was going in for surgery, would I tell my surgical team not to wear masks? We are not protecting ourselves, we are protecting you. Think about that when you are out in public—you are protecting everybody around you.

Where are you on the surgical smoke research paper you mentioned?

I am trying to write the article for the AORN Journal [Association of periOperative Registered Nurses] based on the nurse responses—1,300 nurses responded to my survey in a one-month period. It shows that we have so many nurses now with respiratory problems from breathing in surgical smoke when we cut and coagulate tissue. Many commented on how COVID has pushed their hospitals to have a smoke-free surgical department. Hospitals are mandating smoke evacuation in some of their places. Some of the surgeons who were so resistant are saying “We better not be breathing this stuff in if we are operating on a COVID patient—we don’t know how it is transmitted.” That has been a silver lining.

