

# Last Rites

Category: Stories

written by Candice Carnes | July 11, 2014

## **Candice Carnes**

In 2002, I was living in Albuquerque and working as a nursing assistant. My staffing agency had assigned me to a medical surgical floor at a hospital in Santa Fe, a fifty-minute drive away.

One day, as I was enjoying the high-desert beauty en route to the hospital, a code was called.

The patient's name was Sam, as I recall. It could have been anything, but Sam is the name that echoes in my memories of that day.

His heart stopped.

I hadn't arrived at the hospital yet, but I had been involved in enough codes to know what had been done.

Despite his advanced age, Sam had full-code status with no restrictions, meaning that he or his family had wanted everything possible done to save his life.

So the day-shift staff, one of whom I was about to replace, had beat down on his chest. They'd intubated him. They'd administered intravenous cardiac stimulants. They'd pulled out paddles and electrodes, trying to shock him alive. They'd done everything they could, everything they'd been trained to do—and still Sam's body had failed.

He was, after all, eighty-six years old. There was no cure for that.

After checking in, I followed another nursing assistant, Trudy, into Sam's room. It was our job to clean up the post-CPR mess.

In the crash team's rush to save Sam, someone had knocked over a vase of roses. Their stems floated in a puddle of water, punctuated by tiny, sharp-edged shards of glass.

Off in the corner sat the crash cart, looking sad and violated, empty and helpless, its drawers left open. Sterile packaging, emptied of its vital contents, littered the top. Tubes and wires hung down pointlessly from its sides.

Trudy wasn't much older than I was, but she knew how to prepare a body after death. She had done this before; I hadn't. As with many of my skills, I was learning this one not in a classroom but on the job.

Before now, I'd mainly learned what I mustn't touch—when to call the doctor

or the nurse to handle something that was sterile or that affected the lungs or blood, like Sam's intubation tube. But the equipment that was off-limits to us in a living patient became our domain with the dead.

We started by wiping the floor dry with towels so that we wouldn't slip. Then Trudy showed me how to pull out all of the medical devices cleanly and efficiently, so that Sam wouldn't bleed or bruise.

I disconnected the electrodes from the small heart monitor tucked into Sam's pocket. Then I pulled the sticky tabs from his chest—tiny circles of tape with metal buttons. The electrodes were pinned onto those circles like miniature jumper cables that had been unable to jump.

Out came the IVs, along with Sam's intubation and electrodes, the Foley catheter that had drained his bladder, and even the wound-care dressings—equipment that had promised so much, but had failed.

We worked to make Sam look as fresh and clean as possible—to soften, for those who were grieving, the reality of his death.

Since hearing is the last sense to go, the standard protocol was to speak to the patient while providing postmortem care. So we talked to Sam as we worked.

"Sam, I'm going to pull this tube out now. It shouldn't hurt, but it might be uncomfortable..."

*Do the dead still experience pain? I wondered. Is Sam aware of us—two young women he's never met—performing this almost ritualistic process?*

"Don't put too much pressure in one place," Trudy cautioned. "Use the ball of your hand to turn him, not your fingers, or you might leave a print."

We gave Sam his final bed bath—removed any feces excreted during or after death. Carefully, we turned him back and forth onto crisp white linens. I freshly dressed his wounds. We put a clean gown on him, then covered him up to the chest with a sheet, placing his arms carefully on top.

I cleaned his dentures and put them in his mouth. Trudy folded a washcloth and put it under his chin.

"When a person dies," she said, her cadences almost poetic, "the weight of gravity pulls down on his flaccid muscles, and the mouth falls open."

I picked up and rearranged the photos that had been knocked over amid the chaos. We found a flower vase under the sink, pulled the roses from among the slivers of wet glass in the trash and reinstated them by the bed.

We hoped Sam's family wouldn't notice that the flower vase had changed. We wanted this place to seem safe in a world that—for them—had just unraveled. It was a small thing; but it was only small things that we could do.

"We need to make it pretty, even though the families never take flowers home

when patients have died,” Trudy said. “Never—it’s just too painful to know that their loved one has died sooner than something as fragile and short-lived as flowers. They can’t bear to take them home and watch them die, too.”

We elevated the head of the bed so that Sam would look peaceful, and to prevent the blood from pooling in his back and mottling the skin.

Trudy turned down the lights, and I closed Sam’s eyes.

The family came to view the body and to say goodbye.

With unsteady, almost helpless, grieving hands, Sam’s son placed the roses at the nursing station before leaving.

**About the author:**

Candice Carnes worked for fifteen years as a nursing assistant. She’s now a health educator at the University of New Mexico School of Medicine. She earned her BFA in creative writing at Goddard College and is a candidate in the masters program in science-medical writing at Johns Hopkins University. “I’ve always had two passions, medicine and writing. It was only after I had major medical issues myself that I began to combine the two.” This story is an excerpt from her forthcoming memoir about her own illness, *An Incomplete Case Study of the Petrified Woman*. Find out more at [Candice Carnes](#).

**Story editor:**

Diane Guernsey