

Sweet Dreams

Joan Potter

PROLOGUE

*No more tears now;
I will think upon revenge
— Mary, Queen of Scots*

Molly

Friday, August 28

“Anybody in here?” Molly Shontell held the door to the men’s locker room open a few inches and leaned forward.

“Just us guys, Molly.”

She recognized the voice of Dr. Benthler. “Okay Doc, I’ll come back after you clear out.” She kept her hand on the door so it couldn’t slam shut and listened to the men who were getting dressed.

“Molly? Who’s Molly?” That sounded like Dr. Itoku.

“You know.” Dr. Benthler made two snorting sounds, man imitating hog. “Molly Moooo. The orderly. The cow who stocks laundry stuff.”

“Oh yeah. *Meatball* Molly.”

Both physicians laughed and then she heard Dr. Benthler again. “Manatee Molly!”

She was careful to let the door close silently, her mood going from hurt

to despair to anger. She was only a little surprised that the tears didn't come anymore.

Bastards. All of them.

She sighed and used her humiliating 314-pound body to push a cart full of scrubs out of the doorway.

And she began to plan.

CHAPTER 1

Grace

Friday, August 28

Once upon a time, I believed in true love.

I can't pinpoint when my transformation into real life took place. Sometime between donning glitter eye-shadow as a teen and donning a breast prosthesis, I think. The thing is, at some point I became more of a realist than most of my peers. The situation had always kept me teetering on the brink of odd-woman-out with my colleagues in the recovery room.

My two best friends, Sandy and Darlene, worked with me at St. Erik's, but since they're both nurse anesthetists their days were mainly spent in ORs. We only got to visit a couple of minutes each shift.

My fellow recovery room nurses, on the other hand, had all formed quite a clique. They exchanged babysitting services, swapped clothes and jewelry, and had a girls' night out every month or so. They used to invite me to go along, but after I'd declined a few times they stopped asking.

We usually got along all right, mutual respect and all that. We were all friends on Facebook. Every now and then, however, they got tired of me being a bit too sober and I got tired of them being a bit too ... blonde. Ditzzy.

It was a blonde, ditzzy moment that started it all. Actually, it was a ditzzy

moment added with a rare spat of sheer nastiness. Looking back, I'm surprised I fell into the mess.

Emily LeBleau, one of our new nurses, had blathered all morning about her latest pedicure. Come to find out, four nurses in the room all had their nails professionally groomed every other week. One of them actually said she didn't remember being alive a single day without her toenails polished.

Gads! I'd never had a professional manicure. Couldn't afford it, could do a better job myself in less time.

After considerable discussion regarding "Orientals who run those places," nail fungus, and new appliqués, my headache began. When the "French tip" discussion morphed into a conversation about French ticklers, I slipped into the locker room for a Tylenol.

The first thing I heard when I came back was Emily chatting about the male nurses and doctors in the surgery department. "That Dakota Kohler's a little old, but I would *not* turn him away." She looked at me. "Is Dakota his real name, Grace?"

"You know Em, I'm not sure." In the back of my mind, I realized I should have known. Dakota was a nurse anesthetist who was employed by the same anesthesia group as Darlene and Sandy. He and I had both worked at St. Erik's for years.

She seemed insistent that I join in their fun. "Do you think he's good looking?"

"I've never really thought about it."

"Really?"

"Really." It bugged me that on days like today these conversations went on at the bedside of patients who were coming out of anesthesia. Most pressing, however, was the state of Emily's patient. He was an older, portly man with obvious sleep apnea who was having difficulty keeping his oxygen saturation up. "Here, Em, let's put a mask on your post-op." I opened the familiar green device.

“Grace, I have oxygen on him.” She pointed to his nasal cannula. “His sats are the same as they are at home every night. Probably better.”

“That may be, but we can improve *this* situation. He’s a mouth breather so this cannula’s letting oxygen go into his nose and straight out his mouth. Oxygen to his nasopharynx is all right, but getting it to his lungs is our goal.” *You should know this by now.* I exchanged his nasal cannula with a mask. Thirty seconds later, the pulse ox tone went from low to high as his oxygen sats climbed from 88% to 98%. “That’s better,” I said. I’d made her a little uncomfortable, but I tried to keep things cordial enough for her to save face and still recognize that she should change her work habits.

As I started to walk away, she turned to another nurse and whispered, “Does she ever smile?” She was just loud enough to make sure I’d catch the dig. It truly hurt, but I pretended not to hear.

Just then, two anesthesiologists brought patients from the ORs. My friend Sandy pushed a bed to the recovery station next to mine and Lee Lookinghorse, a temp on his first day, brought his patient to my station. Partly because of Emily’s petty taunt, I flashed him my best smile and combined it with a tone that implied, I hoped, that I was always this peppy. “How are you doing?”

“Good, thanks.” His patient was snoring loudly, comically so. I gave an uncharacteristic giggle as I nodded toward our animated client.

Lee and I connected oxygen tubing and applied monitors to my patient. Just then, Dakota Kohler came into the recovery room and stood at the foot of the bed. Just my luck. I could feel Emily and the others zero in on the action in my corner of the large room.

Dakota seemed to hesitate. I could tell he didn’t want to compromise patient care by interrupting. After assessing the circumstances, he spoke teasingly to me as he tipped his head toward Lee. “Grace, do not trust anything this man says. He’s a bum.”

“Now, now.” While I’d just been introduced to Lee earlier that morning, it seemed that Dakota knew him well. Still grinning, I felt like Alice’s Cheshire cat. I sent a silent prayer to my late grandfather, thanking him for my braces thirty years ago. “You fellas must be acquainted?”

“Yeah. I put up with him in grade school, high school, and college,” Dakota said. “Now we all have to find a way to tolerate him for his nine-month stint here at good old St. Erik’s.”

Lee rolled his eyes with a theatrical flair. “Grace, I can only hope your friends treat you in a more civilized fashion than my comrade here treats me.”

Sandy seized her opportunity. “I’m Grace’s good friend,” she said from beside the next bed, “and I’m civilized. Usually. Once in a while.”

“The biggest understatement since God told Noah there’d be rain,” I said. This was turning out to be better than I could have dreamed. An open strike against critics who considered me too straight-laced-straight-faced. I conspicuously ignored the ditz.

Sandy started to leave, undoubtedly to hurry back to the ORs for another case. “Anybody doing anything exciting tonight?”

“Nah,” Dakota said.

“Unpacking. Got into town late last night.” Lee studied the overhead monitors while he scribbled our patient’s vital signs on his anesthesia record.

Emily joined in from across the room. “What are you doing tonight, Grace? Got a hot date? Or, you going home to watch Jeopardy?”

Well, *meow*.

I almost laughed. Emily knew I didn’t date much. She was obviously trying to retaliate. Embarrass me. That it was happening in front of three nurse anesthetists was her good fortune. Nothing like making my life seem dull in front of some of the keenest people in the hospital. For the hundredth time in as many days, I wished I could go to law school.

“Actually, tonight I’m going to the Fox to see a comedy group called Capitol Steps. My son Ryan bought me a ticket last May for Mother’s Day. I’ll be going by myself. Won’t even need my mommy to hold my hand when I cross the street.” I tried to sound confident and only a slight bit condescending.

Sandy caught the tension and gave me a look that read, “What the hell?”

I answered with an expression that said, “Emily needs to be bitch-slapped.” I wondered if Dakota or Lee noticed.

“Capitol Steps—the group of former D.C. staffers?” Dakota asked.

“Yes!” I was surprised someone else in the room would know this fact. I smacked my hand down to ring an imaginary competition bell. “Correct answer, Dakota Kohler!”

“Well hell, woman! Take us with you! We anesthesia folks could use a good laugh, too.” He looked at me expectantly and then turned to Lee and Sandy. “You two are in, right?”

“We’re in,” Sandy said. Leave it to her to presume to speak for Lee. They had probably never even met before that very moment. I had a feeling that while I might be saving face, the train was running off the tracks.

“I’m not sure,” I stumbled. “Not sure if we can get more tickets so late in the game.”

“I’ll get tickets,” Sandy said with a cool confidence. She pulled her iPad mini from her pocket and started tapping the screen as she walked away. “Gotta go now. A cerebral bleed’s coming into my OR, but I bet I can get a confirmation number before initial vital signs.”

She’d hardly left when we all heard the overhead page:

“Anesthesia to OB stat!”

CHAPTER 2

*And the Lord God caused a deep sleep to fall upon Adam, and he slept;
and He took one of his ribs, and closed up the flesh instead thereof.
— God delivers the first anesthetic.*

Recorded in the First Book of Moses: Genesis 2:22

Dakota

*A*nesthesia to OB stat!”

It was not the hospital operator with her usual droll sound. Instead, Dakota recognized horror in the voice of OB’s chief nurse, now pleading over the PA. The last time he’d heard that tone from her was roughly three years ago when a young, pregnant mom had thrown an amniotic fluid embolism. She didn’t suffer long.

He looked at Grace, who’d clearly heard the same terror. “Catch ya later.” He nodded to confirm their group date. He would *not* let this opportunity slip away, he *would* get back to the recovery room to shore up details. Right now, however, there were more urgent concerns. He ran out of the room, jogged past the busy elevators, and took the stairs two at a time to labor and delivery.

What was going on?

He could only find out when he cleared the damned security

clearance. He squinted through the windowpane of the entry door even as he punched a sequence of buttons on a nearby panel. Two nurses were pulling a bed out of a private room, their faces urgent. They were obviously rushing a patient to the OR on this floor, the one set up especially for crash C-sections. Was someone from his department up here or was the OB staff so wiggled out they were actually heading to surgery without anesthesia on board?

Once through the entrance, he scanned multiple staff members now pouring from the nurses' station. He met the frantic eyes of Dr. Hamilton, an anesthesiologist who, while quite competent, could nevertheless become rattled in tense situations.

"Kohler!" Hamilton strode toward him. "We have a fetal heart rate below seventy no matter what we do. We need a stat section."

Way too slow. Shit. "Okay. I can launch this one. Epidural in?"

"No, put her to sleep. Mom's healthy. Ninety kilos. Allergic to penicillin. I need to run downstairs to make sure a cerebral bleed got going. I should only be gone a minute."

It was better this way. Everybody had trouble with Hamilton, so getting him out of the OR for induction of anesthesia would lessen the stress. He'd seen it happen before. With luck, Sandy could keep him occupied and he wouldn't come back to "help."

He was quickly beside the patient's bed. She was unmistakably in tremendous pain. Terrified. "Ma'am, I'm Dakota Kohler, the nurse anesthetist who will be in surgery with you. What's your name?"

"Zoe."

"Zoe, is your baby a boy or girl?" He silently reached up and switched a dial on her IV so it would run wide open.

"A girl. *Oh shit!*" She braced for yet another contraction.

"That explains everything doesn't it?" In these situations he always tried to refer to "your baby girl" or "your baby boy." If, God forbid, their

efforts failed, the mother might remember that her anesthesia provider had shown regard for the child she had to bury. “Got a name picked out?”

She managed to make eye contact with him. “Alexa.”

He felt the connection, could tell she appreciated him spending a second on human courtesy. “A fine name. Zoe, I’m going to have to put you out for your C-section.” He wanted to explain why there was no time for anything else and why giving her a general anesthetic was necessary, but she interrupted him.

“Is my—do you think she’ll be all right?”

“If I knew I’d tell you,” he said gently. “I don’t know. Our only hope for your little girl is to take good care of *you*. Now listen to me. After you’re asleep and before we get Alexa out, I have to place a tube in your airway. Right now I need you to tilt your chin up, open your mouth wide, and stick your tongue out at me, so I can check out the path I need to take. Like this,” he demonstrated as he jogged alongside her bed.

Desperate to save her child, she did as she was told. If he had asked her to put her elbow in her ear at that moment, she would have tried.

As they turned into the OR, he could tell his patient’s composure was crumbling because of the cacophony in the room. “Hey guys, pipe down!” He made it authoritative, not accusatory.

He drew Zoe’s attention back to him with movement of his index finger. He needed to prepare her for the next minute of her life. Strapping her down crucifixion-style, putting plastic over her face and then pushing on her throat was too close to waterboarding. Her chances of Post Traumatic Stress Disorder would be much less if he could just get in an explanation.

“Zoe, we’re in the operating room now and we’re going to help you move to that bed over there. Someone will wedge a sandbag under your right hip so you’ll be tilted left. Your arms will be placed out to your side like a scarecrow, with safety straps across your wrists. People will put monitors on you and somebody will pour soap over your belly. I’ll place a

mask on your face, giving you oxygen. It smells like a beach ball. From the moment I do that, I want you to take in slow, deep breaths until you go to sleep. Okay?”

“Okay.” She was trying to be brave.

“Right before you drift off, a nurse will push on your throat. We need to keep your stomach acid *in your stomach*, not up into your lungs. If you count to yourself, *one-Mississippi, two-Mississippi, three-Mississippi ...* you’ll be asleep before you get to twelve.”

Taking their cue from Dakota, nurses helped Zoe move onto the OR bed.

He felt like he’d been blindsided when he realized the keys to the anesthesia cart were missing. “Get the crash cart!” It was a distant second, but he could use that set of drugs and equipment if he had to.

Meanwhile, he planted his foot on the locked unit, firmly grasped the top drawer and yanked hard. The lock mechanism broke free with a clank. The drawer, now warped and tattered, flew toward him. He heard someone say, “Cancel the crash cart.” Then, “There went a thousand bucks.” He couldn’t care less. The important thing was that he had gained access to essential drugs and airway instruments.

Nurses quickly applied monitors to his patient as he surveyed several things simultaneously. After probably fifteen thousand anesthetics since grad school, the required motions were second nature.

He gently placed an oxygen mask over his patient’s nose and mouth. “Zoe, I need you to start taking in those slow deep breaths we talked about.” He turned to look at the monitors. BP was 169/92. ECG showed sinus tach with a heart rate of 134. Oxygen sat was 98%.

Good. Her vital signs were not ideal, but better than many for crash inductions. The surgeon, a first-assist nurse, and a scrub tech were already at both sides of the patient with instruments in hand, waiting for him to proceed. As luck would have it, Dr. Hamilton chose that moment to return.

Dakota started injecting Propofol in his patient's IV and said, "Zoe, you'll feel pressure on your throat now as you drift off to sleep. We're going to take excellent care of you."

The circulator knew her role well from previous emergencies. She began pushing on Zoe's trachea while also supporting her neck. Dakota followed the Propofol with a syringe full of Sux. The plunger was almost in when Zoe's eyes rolled back.

The induction of anesthesia was, as usual, stressful. The patient was unable to breathe, her baby was dying, and everyone in the OR needed to be still and wait. Dakota's only action in the first thirty seconds of induction was to deliver an occasional breath to Zoe with a facemask while Sux paralyzed her skeletal muscles.

Dr. Hamilton indulged in a bit of emotional neediness. "What are you waiting for? Aren't you going to intubate?"

He could feel the anxious air of the surgery crew, silently questioning if Dr. Hamilton had a point. "Real soon. I don't want her body to fight the scope and tube. Give her a few more seconds."

Christ. What did these people think was the whole purpose of the tube, anyway? The last thing he needed was this patient puking vomit into her lungs making ventilation impossible. He was not willing to gamble with Zoe's life for a baby of questionable viability. He merely had to keep Dr. Hamilton from creating unnecessary panic, keep the surgery crew appeased, and keep Zoe alive.

When he saw that his patient was ready to be intubated, he expertly placed an endotracheal tube between her vocal cords, inflated a balloon on the distal end, and connected the proximal end to a breathing circuit from the anesthesia machine. She'd have a scratchy, sore throat for a couple of days, but at least she'd be alive to complain about it.

He looked up, locked eyes with the surgeon and gave a quick nod. "Go!"

Two minutes later a baby was vigorously crying.



Zoe's surgical closure gave the OR crew license to decompress and celebrate. And small wonder. Even after participating in thousands of births, it was a beautiful thing to watch a new human life come into the world, especially in a save like this.

Music blared. Dakota watched the veteran scrub tech with detached amusement. She whirled scissors around her index finger—to the beat of Black Sabbath—between each set of sutures sewn by the surgeon. She stopped with open blades millimeters from each surgical knot, and with balletic precision she cut the thread. It felt good to be on this team.

Like everybody in the room, part of his happiness was because of the baby. But only part. An added reason was his pending get-together with Grace. Four people were going tonight, but by definition it was still a date. His therapist would be proud.

Socialization. With females. That's what he needed. Moreover, he had to make sure tonight held more than the comedy show. Dinner before or drinks after the performance, anything at all to practice interaction again.

Grace. He'd always respected her work; she was a damned good nurse. Refined, upbeat, and beautiful. If this were junior high, his feelings toward her might be described as "a small crush from afar." But what did he know about her, really?

She'd donated a kidney to her son sometime before working at St. Erik's. When she'd started in the recovery room, she was the cutest pregnant woman he'd ever seen. He remembered the guttural locker room comments, distinctly remembered a radiographer saying, "Can't blame her husband for getting her knocked up. I'd screw that too." She had been diagnosed with breast cancer about a year later. That was unusual so soon after childbirth, but then again cancer followed few rules. If memory

served him right, she and her husband divorced shortly after her diagnosis.

An awful lot for one person to carry. He only held an academic knowledge of kidney transplants and breast cancer, but he had firsthand experience with the hell of divorce.



He stopped by the recovery room after the C-section, but Grace didn't look his way. Determined to start reviving his dormant social life, he stood almost in front of her, blocking her path. "Hey Grace!"

"Hi! Um, I feel as if I should know this, but is Dakota your given name?"

"It's Paul. Paul Kohler. People call me Dakota because I grew up close to Sioux Falls. You, however, can call me anything you'd like. I'll come running." He sent her an easy smile. "Okay if I swing by your place and pick you up before the show tonight?"

"No thanks. Sandy got tickets, but I think everyone plans on just meeting at the Fox."

"Hey, it's no bother. I was thinking we could all grab a drink or two after the show."

She seemed to deliberate for an eternity. "What the heck. All right." Her lack of enthusiasm was tangible.

Well, he'd take it. And make lemonade from whatever lemons were giving her such pause.

A note from the author:

I hope you've enjoyed meeting our main characters. You'll love following Grace and Dakota on their journey! Sweet Dreams is available on [Amazon.com](https://www.amazon.com).