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"It Was Like Going Off to War": CRNA Shares Experience of Working in NYC During Pandemic

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When Jeremy Carlisle, CRNA, flew from Springfield, Ore., to New York City, he was struck by how few people were on his flight. "Maybe there were 15 of us on a 200-seat airplane." Carlisle, a member of the American Association of Nurse Anesthetists (<u>AANA</u>), was on his way to serve on the COVID-19 frontlines of care.

With elective surgeries on hold, Carlisle was one among many Certified Registered Nurse Anesthetists (CRNAs) in the Portland area without patients. Still credentialed with <u>AMSURG</u>, a division of the national medical group Envision Healthcare, Carlisle received an opportunity to work in New York. Within three days of that call, he was en route to New York's Mount Sinai Beth Israel Hospital, located in Manhattan's Lower East Side.

When Carlisle arrived, the hospital was determining the roles of each healthcare provider tending to patients impacted by the virus. "Given my experience in anesthesia and critical care, I was able to help provide care in the ICU."

Since the start of the pandemic, tens of thousands of CRNAs have cared for critically ill patients. Their unique skills and expertise have allowed them to step forward in ways essential to addressing the virus that few others can, particularly in advanced airway and ventilation management, vascular volume resuscitation, and advanced patient assessment. During state emergencies, federal and state governors temporarily removed barriers to CRNA practice, further reinforcing the need to utilize CRNAs at the full extent of their education and training.



Jeremy Carlisle and colleagues at New York's Mount Sinai Beth Israel Hospital.

"When I first arrived, New York was experiencing some of its worst weeks statistically with the number of admissions and deaths," said Carlisle. "Almost all of the patients at Beth Israel were COVID-19 patients."

While healthcare teams were working relentlessly, "doing everything possible to care for patients," said Carlisle. For him, the hardest part was "that patients didn't have their family members to visit them or be with them at their bedside. We set up video calls and made other connections for patients and families."

"I was in the military, and the situation in New York was somewhat like going off to war. It was going to the battlefield and wondering if you were going to come back," said Carlisle. "The scale and intensity of the situation was different and unlike anything I had experienced," he said.

"I asked God every day to help me, my family and my patients."

"One story that continues to stay with me was a patient and her granddaughter, with whom I built a friendship. The granddaughter shared with me how grateful she was for the care we provided her grandmother," recounts Carlisle.

"On one of the last days before I left, the granddaughter came to me and [offered to buy me] breakfast. I told her that it wasn't necessary, but she told me to go have breakfast and to think about her and her family. I will never forget that. I will never forget the love she had for her loved ones."

American Association of Nurse Anesthetists

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