



When the beds in the main acute ward of Surrey's emergency department are all occupied, patients are treated in any available area, such as the trauma room (above), normally reserved for those arriving to ER with no blood pressure.

ER doc: Finds chaotic environment 'thrilling'

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while going to school. I could actually have money, which was nice."

He finished medical school by the mid-'90s and continued on to specialize in emergency medicine.

It seemed perfect. The best of both worlds – general medicine and acute care – and with an immediacy found nowhere but the emergency department.

"You'd have to treat a hundred people with a drug to actually save one person from getting a disease," he explains. "But if someone comes in not breathing and you put a tube in and keep them breathing, one person was all you needed to treat to feel the success of it."

TOP 10 ER DIAGNOSES:

1. Injuries
2. Chest pain
3. Abdominal pain
4. Mental health (including substance additions)
5. Shortness of breath, cough/fever, asthma
6. Dizziness, headache
7. Intravenous therapy and primary care
8. Vomiting and diarrhea
9. Motor vehicle accidents
10. Flank pain, renal colic and hematuria (blood in urine)

In an environment many might view as extremely stressful, the rush of the ER is what Sabados loves most.

The evening prior, for example, there were four code blues (patients not breathing).

"That was a great evening," he raves.

"It's very thrilling. Really, what it is is managed chaos. If you took out the sound, you'd just see people running all over the place."

Most emergency doctors will work about 14 "very, very, very" intense shifts a month. While potentially exhausting, it also leaves more time for family – giving Sabados additional daylight hours to manage another kind of chaos. He has a three-year-old daughter and twin one-year-old boys at home.

**ON FRIDAY
IN THE
LEADER:**

**Special
deliveries
in the
birthing unit**