



Heart

TROUBLE

Jae



Chapter 1

What a day. Laleh paused in front of her apartment door and balanced the three Styrofoam containers against her chest while digging in her jeans pocket for her keys. She couldn't wait to take off her shoes and get out of the blouse that was still covered in the remainder of the saffron rice pudding a pouting three-year-old had flung at her.

When she turned the key, she realized the door was already unlocked. For a moment, she froze, the tiny hairs on her neck standing on end.

Then her gaze darted back toward the street.

Her mother's old Volvo was parked in front of the building.

Laleh's death grip on her keys loosened, and she pushed the door open. "Maman! You scared me half to death. What are you doing here?"

"Is that any way to greet your mother?" The scent of cinnamon and rose water that she associated with her mother swept toward her; then Laleh was engulfed in a warm embrace. Her mother kissed her on each cheek before stepping back and frowning at her. "What's this?" She tugged on the stained blouse.

"One of our little guests didn't appreciate Aunt Nasrin's dessert."

Her mother clicked her tongue in disapproval. "Throwing food..." She shook her head. "No Persian child would ever do that."

Laleh didn't even try to hide her grin. "Oh no? Don't you remember what Navid did when you tried to get him to eat pickled artichoke?"

Her mother waved the comment away. "You should soak it in cold water with a little ammonia, or you'll never get out the stain."

"In a minute." Laleh kicked off her shoes, squeezed past her mother in the tiny apartment, and carried the Styrofoam containers to the kitchenette. When she opened the fridge, she encountered several Tupperware bowls that hadn't been there when she'd left for work this morning. She closed the fridge, turned toward her mother, and sent her a questioning gaze.

Jae

“I came over to bring you some adas polo.”

“You don’t need to bring me food, Maman. I work in a restaurant. If I want adas polo, Aunt Nasrin will send some home with me.”

Her mother waved her hand again, as she had the other hundreds of times Laleh had pointed out she wasn’t about to starve. “She doesn’t use enough cinnamon. I know you prefer mine.”

Laleh couldn’t deny it. Her mouth watered as she thought about the combination of rice, lentils, raisins, and cinnamon. She popped the biggest Tupperware container into the microwave and made tea for her mother while she waited for the food to heat.

A few minutes later, they settled down at the small table.

Her mother sipped chai from a tea glass and watched with a smile as Laleh dug into her food. “Did you know Sepideh is getting married?”

Laleh swallowed a forkful of saffron rice. “Which Sepideh?” There were two women with that name in her extended family and several more in her parents’ circle of friends.

“Yasmin Hajimiri’s youngest daughter.”

Laleh barely remembered her, so she hummed and pierced a raisin with her fork.

“She’s marrying a Persian doctor. He graduated *summa cum laude* from Harvard Medical School.”

Now Laleh could see where this was going. She nodded and pretended to focus on the adas polo.

“Isn’t that nice?” her mother asked when Laleh stayed silent.

“Very nice.”

Her mother continued to look at her, clearly expecting something more.

Laleh shoved her plate away. “Are you trying to tell me something?”

“*Hichi, hichi,*” her mother said.

Laleh didn’t believe that for a second. It was never *nothing* when her mother talked about marriages.

“Really, I’m not saying anything. I just wanted to let you know about Sepideh. I don’t care if you marry a doctor or not. You know your father and I are very liberal like that. You can marry any man you want.”

“As long as he’s a doctor, a lawyer, or an engineer,” Laleh mumbled.

“What’s so wrong about wanting to see you happy?” Her mother looked at her with her big, dark eyes, a wounded expression in them.

“I am happy. I don’t need a man with a high-paying job for that—or any man for that matter. It would be nice to be in a relationship again, but I’m not unhappy on my own.”

Her mother made that clicking sound with her tongue again. “If you keep talking like that, you’ll end up *torshideh*.”

Laleh hated that word, which literally translated to *pickled*. “I’m twenty-seven, Maman. I’m nowhere near becoming an old spinster with a dozen cats.”

“Cats?” Her mother frowned. “What do cats have to do with it?”

“Forget it.”

“You aren’t eating.” Her mother waved at Laleh’s only half-eaten dinner. “Did I put too many raisins in it?”

Laleh had lost her appetite, but she forced herself to pick up the fork and start eating again. “No, it’s perfect, as always.”

Her mother beamed and patted Laleh’s hand. “If you want, I can make adas polo when you come over on Sunday.”

Laleh swallowed her mouthful of rice. “I’m coming over on Sunday?”

“Of course. Your father invited a colleague over for tea. If all goes well, we’ll ask him to stay for dinner. He’s from Shiraz, like your *baba*, and he comes from a very good family. He would be perfect for you.”

“Oh yeah, just like Mahmood the banker.”

They looked at each other and burst out laughing.

“Okay, maybe he wasn’t quite as perfect as Bita made it sound when she told me about her cousin’s son.”

“Not quite as perfect? Maman, his idea of romance was discussing the stock market for three hours straight. And he kept rearranging his comb-over, as if that would make it look any better.”

“It will be different this time,” her mother said. “Dariush has hair.”

They both chuckled.

“So? You’ll come, right?”

Laleh sighed. She knew she had already disappointed her parents by not getting a college degree. To them, working in her aunt and uncle’s restaurant

Jae

was okay as a summer job when she'd been a teenager, but waitress wasn't in the top ten of desirable jobs for their daughter. It didn't even make the top hundred. While she had no intention of marrying Dariush just because he was Iranian or gainfully employed, meeting him couldn't hurt, could it?

Just as she was about to agree, her heart fluttered in her ribcage like a small, panicked bird. She lifted her free hand and pressed it to her chest.

Her mother touched Laleh's forearm. "What is it?"

"My heart is racing." She struggled to breathe normally.

"You don't need to be nervous. Your father says Dariush is nice and—"

"Not because of Dariush. It's one of my episodes." It had been a while since she'd had one, but she still remembered how to stop it. She pinched her nose closed, held her breath, and bore down hard.

Usually, that stopped the palpitations, but this time her heart continued to race.

Her mother jumped up, rushed to the kitchenette, and returned with a glass of water that she pressed into Laleh's hand. "Here."

Laleh sipped the cold water, another trick that sometimes helped. When that didn't slow her racing heartbeat, she still wasn't too worried. After all, her episodes rarely lasted more than a few minutes. They usually stopped as suddenly as they had started, so all she had to do was wait a while, and she'd be fine. It was just stress, her doctor said. She tried to relax, but her mother hovering anxiously didn't make that easy.

A wave of dizziness swept over her. Her fork clattered onto the plate as she clutched the edge of the table.

"Laleh..." Her mother fumbled her phone out of her purse. "I'm calling 911."

The dizziness eased a little, and Laleh grabbed her mother's hand. "No. I'm fine. Just give me a minute."

"Either you let me take you to the ER, or I'm calling 911."

By the time they made it to the emergency room, her heartbeat would probably be back to normal and they could turn around and drive home without even setting foot in the hospital. In the last four years since the episodes had started, that exact scenario had happened twice. "All right." Carefully, she got up

and walked to the door, bent over a little to ease the pressure on her chest. “The ER it is.”



Doctor Hope Finlay swiped her ID badge through the card lock by the staff entrance and stepped into the emergency department of Griffith Memorial Hospital.

The glass doors slid closed behind her, shutting out the smell of car exhaust from the dense LA traffic and the aroma of bacon-wrapped hot dogs from a cart across the street. Instead, the familiar odors of coffee from one of the vending machines and antiseptic surrounded her. An EKG monitor beeped, and someone moaned in one of the glass-fronted treatment rooms, but no sirens were approaching the ambulance bay. On her way to her locker, she peeked into the waiting room.

A snoring woman and a man with a towel wrapped around his hand sat on the orange plastic chairs; otherwise, the ER was unusually empty for nearly seven o'clock on a Tuesday evening. Well, the pace of admissions would probably pick up later. Once darkness fell, drug seekers and car accident victims would keep her busy, and her twelve-hour shift would fly by in a productive blur, just the way she preferred it.

Hope stepped into the women's locker room and changed into a fresh set of light blue scrubs. She clipped her name badge to the top pocket of her white lab coat and slung the stethoscope around her neck. Only with its familiar weight did she feel fully dressed in the hospital. Her comfortable sneakers squeaked on the linoleum as she made her way to the nurses' station.

Tom Coffey, the attending who had covered the day shift, was sitting at the large, circular desk that was the center of the ER. Nearby, two nurses restocked the supply cupboards.

When Hope greeted them and walked up to the counter, Tom looked up from the chart on his computer workstation.

“Hi, Tom. Ready to sign out?”

He grinned. “Am I ever. I tried to clear the board, and we almost made it. Janet is taking care of a laceration in exam two, and we're still waiting for the lab

Jae

report on Mr. Hegland in exam four. He presented with abdominal pain, but the ultrasound looked normal. Depending on the lab results, he might need a CT.”

Hope glanced up at the patient board behind the nurses’ station, which listed only three active patients. “Looks like a quiet night.”

Paula Delgado, the night-shift charge nurse, groaned. “Great. Now you’ve jinxed us, Doc. You know we don’t use that word around here. We don’t even *think* it.”

Hope didn’t believe in jinxes or bad luck; she believed in facts and science. But she knew some of the nurses took their superstitions seriously, so she held up her hands and made a zipping gesture across her lips. “I won’t mention the Q word again. I promise.”

A child started screaming and hollering in one of the exam rooms that surrounded the nurses’ station.

Paula sent her an I-told-you-so gaze.

“That’s Jonah,” Tom said. “A four-year-old who shoved a bead up his nose. I sent Scott in to remove it.”

Great. Even several months into his second year as a resident, Scott had yet to impress her with either his medical skills or his work ethic. His bedside manner wasn’t the best either, so she couldn’t imagine him dealing well with a panicked little boy.

The crying and screaming from exam room three increased. It sounded as if the boy were being tortured. After a few seconds, the curtain in front of the open Plexiglas door was pushed aside, and Scott Feltner marched toward the nurses’ station. “Page the ENT,” he said to Paula and slapped the clipboard with the boy’s intake sheet onto the counter.

He hadn’t said *please* or made eye contact with the charge nurse when he had ordered her to call the ear, nose, and throat specialist.

Hope sighed inwardly. More than a year in the ER and he still hadn’t learned to treat the nurses with respect. She would have to talk to him later. As an attending physician, she was expected to teach and guide residents like Scott. “What’s the problem?”

“I can’t get that bead out, and the kid is kicking and screaming bloody murder,” Scott grumbled.

“What did you use?”

“A pair of alligator forceps.”

Hope shook her head. “Round objects are difficult to grasp. If you use forceps, you risk pushing the bead even farther into the naris. Did you apply decongestant nasal spray before trying to remove the bead?”

His lips compressed into a thin line, Scott nodded.

Well, at least he had done *something* right. “Hold off on calling the ENT consultant, please,” she said to Paula. “Let me try first.”

Scott trudged after her as she walked over to exam room three.

The boy had stopped crying, but when she stepped into the room, his bottom lip started to quiver.

“Hey, Jonah,” she said cheerfully as she snapped on a pair of rubber gloves. “I’m Hope.” It was better not to introduce herself as a doctor after Scott had scared the boy with his failed attempt to grasp the bead with the scary-looking pair of forceps. “I hear your nose is giving you trouble.”

He sniffed and nodded.

Hope smiled at his pale mother, pulled a rolling stool next to the exam table, and sat so her five-foot-nine frame wouldn’t look so intimidating to the small boy. She kept her hands on her thighs, not yet trying to touch him. “Tell me, Jonah, does your mommy have a vacuum cleaner?”

He nodded, and his lip stopped quivering.

She could tell that she had his attention now. “We have one here too. But it’s a very special one. Do you want to see it?”

Cautiously, he nodded again.

“Dr. Feltner, could you get me the suction catheter, please?”

Without comment, Scott handed her a sterile catheter from one of the supply carts.

She attached it to the suction machine, which she then turned on. “It tickles if you hold it to your arm.” She pushed up the long sleeve of the white T-shirt she wore beneath her scrubs and showed him on her own arm. “Do you want to try?”

The boy glanced at his mother, who nodded and smiled. Hesitantly, he held out his arm.

Hope gently held the soft tip of the catheter to his forearm.

Jae

He held still for a moment before squirming away.

“See? It doesn’t hurt, does it?”

Jonah shook his head.

“You know what else this special vacuum cleaner can do? It can suck the bead out of your nose. It might tickle a little, just like it did your arm, but it won’t hurt.”

New tears formed in his eyes, and he clutched his mother’s hand.

“Can you hold still for me for a second? And then you get to pick out a sticker from the nurses’ collection and go home with your mom. What do you say?”

He watched her skeptically. “What kind of sticker?”

Hope laughed. “I don’t know. The nurses won’t show them to me. They are only for brave little boys and girls.”

He hesitated for a few seconds longer, then mumbled, “Okay.”

Hope gestured for Scott to come a little closer. If the boy started to kick or flail his arms halfway through the procedure, she needed Scott to hold him down so she wouldn’t hurt him. Gently, she tipped up Jonah’s chin and shone a light up his nose.

There it was. The bead was lodged just anterior to the middle turbinate in his right nostril.

“Are you ready?”

With wide eyes, Jonah nodded.

Using one hand to immobilize his head, she slid the catheter into his nostril.

Jonah whimpered and tried to move his head to the side.

“It’s okay. I’ll be done in a second.” She touched the suction tip to the bead and slowly withdrew the catheter.

A red bead, covered in mucus, appeared.

Hope dropped it into the plastic basin Scott held out and wiped the snot from Jonah’s upper lip. She shone the light into his nose again, checking for other foreign objects and making sure there was no bleeding. Good. No damage to the nasal mucosa. She nodded and rolled back her stool. “Great job, Jonah. We’re done.”

Tears still rolled down his cheeks, but now he was beaming. “Can I get the sticker now?”

Hope had to grin. “Of course.”

“Thank you so much, Doctor.” Jonah’s mother held out her hand and then seemed to realize that Hope wore mucus-covered gloves. She withdrew her hand and smiled. After a quick, less friendly glance in Scott’s direction, she picked up her son and carried him out of the exam room.

“Jeez,” Scott muttered. “Thank God I didn’t go into pediatrics.”

Yeah, thank God—for the poor kids! “It wasn’t that bad. He was actually very cooperative for a boy of his age.”

Scott made a face.

Hope shook her head at him. “Go check if Mr. Hegland’s labs are back.” She stripped off her gloves and threw them into the medical waste container by the door before following Scott.

One glance at the electronic patient board stopped her in her tracks. Jonah’s name had been removed, but in its place, five new names had shown up on the board. As Hope watched, another appeared at the bottom.

The triage nurse walked over and dropped an armful of intake sheet clipboards into the rack marked *patients to be seen*.

At the nurses’ station, the EMS radio crackled to life. “We’re coming in with a twenty-eight-year-old male who crashed his car into a tree. He’s alert and oriented, but he’s got a large forehead laceration.”

He probably hadn’t worn a seat belt. Hope had seen it countless times. He would need a CT scan to check for brain injuries as soon as he arrived.

Janet Wang, her third-year resident, stepped out of exam room two, looked at the patient board, and blinked. “What happened?”

“Someone who shall remain nameless mentioned the Q word,” Paula said.

An ambulance siren grew louder and then stopped mid-wail as the rig reversed into the ambulance bay. Red lights bounced off the automatic doors.

Ignoring her superstitious co-workers, Hope grabbed a surgical gown and rushed toward the ambulance bay.



Laleh’s rapid heartbeat still hadn’t normalized by the time her mother stopped the Volvo in the hospital’s parking lot. Her heart felt as if it were going

Jae

to burst out of her chest. Was it just her imagination, or was her chest starting to ache?

Fear gripped her, accelerating her pulse even more.

The ground seemed to sway beneath her as she staggered across the parking lot toward the large, blood-red *emergency* sign above the entrance.

Her mother gripped Laleh's elbow, steadying her. "Are you all right? Can you walk? Do you want me to get a doctor?"

Laleh weakly shook her head. If she made it a few more steps, they'd be in the emergency room anyway.

The sliding glass doors swished open in front of them. They walked past a security guard, who gave them a concerned look.

A line had formed in the admissions area. In a tiny room with a Plexiglas door, a man was having his blood pressure taken, and the clerk behind the reception desk was busy getting insurance information from a patient who didn't seem to speak much English. The person he had brought to translate wasn't much more competent. This could take a while.

Oh no. Laleh needed to sit down. Now. The few steps from the parking lot had left her breathless and dizzy. She pressed her palm to her chest. Even though she wasn't a religious person, she prayed for her heart to slow down. *Stop it. Please, please.*

With her mother still gripping her elbow, she got in line. Her pulse thudded in her neck. Her entire body seemed to pound in the wild rhythm of her heartbeat. She couldn't breathe...couldn't think...

How much longer? She turned her head and glanced up at the giant clock on the wall, but its hands blurred before her eyes. A wave of nausea gripped her. The beige linoleum floor started a slow, twisting motion. She clutched her mother's arm, trying to keep herself upright, but her knees buckled.

A scream echoed in her ears.

Suddenly, she was staring up at a dozen blurry shapes surrounding her. Then the bright fluorescent lights faded away, and the world went dark.

Chapter 2

After finishing up with the accident victim, who luckily hadn't suffered any head injuries beyond the laceration, Hope walked over to the nurses' station and took the next clipboard from the rack. A glance at the admission sheet revealed that the patient suffered from chronic abdominal pain.

Great. He'd probably had this problem for months or even years, and now he would expect her to have the answer for his irritable bowel within an hour. She loved her work, but sometimes the unrealistic expectations of some patients were frustrating to no end.

A commotion from the admissions area made her turn around.

"Dr. Finlay! Quick! Someone collapsed out here."

Hope tossed the chart onto the counter and sprinted through another set of glass doors toward the admissions area.

With a glance, she took in the scene in front of the reception desk. The triage nurse knelt over someone lying on the floor while a nurse's aide held on to a crying older woman, who looked as if she was about to collapse herself. "Please, please, help my daughter!"

Hope pushed through the gawking people surrounding the patient. Now she could see her. It was a young woman, probably a few years younger than Hope's thirty-one. Her face had gone pale beneath her olive complexion, and she lay without moving. Was she even breathing?

The triage nurse held her fingers to the young woman's carotid artery. "No pulse. She's coding." She interlinked her fingers, put one hand on top of the other, and centered them on the young woman's sternum.

Adrenaline rushed through Hope. Her vision tunneled, her focus now only on the collapsed patient. "Someone get me a stretcher! Let's get her to a trauma room." She waved at the security guard. "Jake, get these people out of the way."

Jae

Gurney wheels screeched over the linoleum. Janet and Paula pulled a stretcher to a stop next to their patient.

“On my count.” Hope looked at each member of her team to make sure they were ready. “One, two, three.”

With practiced ease, they lifted the young woman onto the gurney.

Janet climbed up and straddled her to continue compressions. A nurse placed the mask of an ambu bag on the patient’s face and started squeezing the bag to pump air into her lungs.

“Do we have a history on her?” Hope asked while they rushed the patient down the hall.

“No,” the triage nurse answered. “She hasn’t been through triage yet. Her mother says she’s had episodes of tachycardia for a few years, but never anything like this.”

Two nurses jumped out of the way and flattened themselves against the wall to let the stretcher pass.

“Put her in trauma two,” Paula shouted.

They wheeled the stretcher into the trauma bay. As soon as they had her in the room, a flurry of activity broke out.

Janet hopped off and immediately resumed compressions from a position next to the stretcher. The respiratory tech took over the ambu bag from one of the nurses.

“Get the crash cart over here,” Hope said. “Let’s get her clothes off and hook her up to the monitor.”

Paula grabbed a pair of trauma shears and cut off the patient’s clothes.

As the blouse fell away, Hope noticed a large stain on the material. Had the patient been hit in the chest by something? A direct blow could disrupt the heart’s rhythm if it hit at the wrong moment. But there was no hematoma on the woman’s chest.

One of the nurses attached electrocardiograph patches to the patient’s now-bare chest and hooked the leads up to the cardiac monitor and the defibrillator while another clipped a pulse oximeter to her finger.

“Run normal saline,” Hope said from her position at the foot of the treatment table, where she had the best overview and could direct her team.

Paula inserted a catheter into the patient's arm, hung a bag of normal saline, and connected the IV line.

Hope's gaze zeroed in on the monitor. "Pause compressions for a rhythm check."

When Janet paused with her hands on the patient's chest for a moment, the green line on the EKG showed a squiggly pattern.

"She's in v-fib." The ventricles of their patient's heart were quivering uselessly, not pumping blood to the body and the brain. If they didn't interrupt the dysfunctional rhythm quickly, it could degenerate to asystole, with almost no hope of saving her life.

"Charge the defibrillator to two hundred," Hope said.

The high-pitched whine of the defibrillator charging filled the trauma room.

A nurse placed bright orange gel pads on the patient's bare chest, one just below the right clavicle, the other more sideways beneath the left breast.

Come on, come on. Hurry! How long had their patient been down at this point?

As soon as Paula called "ready" from the defibrillator console, Hope grabbed the defibrillator paddles from the crash cart. There wasn't much space between the table and the wall on the left, so she crossed over to the patient's right side. "Hold compressions," she called to Janet, who was still doing CPR. She had to bend over the patient and stretch so she could place the paddles on the gel pads without leaning her hip against the table. "Everybody clear?"

The nurses, the resident, and the respiratory tech stepped away from the patient and the treatment table.

"Clear," someone shouted.

Hope tightened her grip on the paddles and glanced over her shoulder to make sure no one was touching the patient or the stretcher. Then she pressed the discharge buttons.

A jolt of electricity arched through the patient. Her arm flew up and hit Hope in the chest.

Electricity tore through Hope. She stumbled back and crashed into the IV pole.

She heard Paula's "We've got a pulse" as if from very far away.

“Dr. Finlay! Are you all right?” Janet clutched her shoulders.

Dazed, Hope stared at the resident. *Dammit. That was stupid.* She must have placed the right paddle a little too far to the side. *What a rookie mistake! You’re lucky all that happened was triggering the deltoid and getting a slap in your chest.*

Hope’s chest and arm, down to the tips of her fingers, were tingling. Her heart hammered against her ribs, but she knew it was just the adrenaline, not an arrhythmia caused by two hundred joules tearing through her.

“I’m fine.” She took a steadying breath and stepped back to her patient’s side. Instead of the squiggly line indicating ventricular fibrillation, the monitor now showed the steady pattern of normal sinus rhythm.

“BP?” Hope asked.

Paula pressed a button to inflate the blood pressure cuff around their patient’s arm. “Ninety over sixty.”

Hope gestured to the IV, which thankfully hadn’t been ripped from the patient’s arm when she had stumbled into the pole. “Turn the fluids up a little.”

Paula took the blood pressure again, and they watched it rise.

The respiratory tech removed the mask from the patient’s face.

The young woman’s eyelids started to flutter, but she didn’t quite wake up yet.

Hope watched her for a moment. “Welcome back.” She inserted the earbuds of her stethoscope, warmed the bell between her fingers for a moment, and listened to the patient’s heart and lungs. Both lungs sounded clear. No heart murmur either.

With a satisfied nod, she removed the earpieces and slung the stethoscope around her neck to have her hands free. Gently, she pulled back the patient’s right eyelid, then the left and shone a penlight into her eyes, one at a time. Both pupils constricted equally.

Finally, she ran her fingers over the back of the patient’s head, beneath the long, black hair, to make sure she hadn’t hurt herself when she’d collapsed. No blood, no swelling.

She stepped back, stripped off her gloves, and resisted the urge to rub her chest and arm. Maybe it was just her imagination, but they were still tingling. She was shaking all over. *Christ.* Something like that hadn’t happened to her since her second day of residency, when an overeager first-year resident had shocked

the patient without making sure his fellow doctors had stepped away. She took a moment to look around and get her bearings.

As usual after a code blue, the trauma room looked like a disaster area. The patient's cut-off clothes and empty wrappers of tubes, fluids, and gel pads littered the floor. The medical students who had crowded into the room to watch the resuscitation stared at her.

"Back to work, people," she called and was glad to hear that her voice sounded normal. "Paula, please call the CCU and tell them we have an admission. Move her to one of the treatment rooms for monitoring. And while we wait for a bed to become available upstairs, let's get an EKG and draw blood for a standard blood panel, ABG, cardiac markers, and electrolytes. Get a cardiologist down here and call a tech for an echo."

Paula strode toward the wall phone.

Hope shoved open the sliding door and stepped out of the trauma room. Slowly, her trembling stopped, but the feeling of disbelief stayed. She knew she'd run through the entire code later, trying to find out where exactly things had gone wrong. But before she could do that, she had work to do. For one thing, she needed to talk to the patient's mother and let her know that her daughter was stable for now.

"Is the patient's mother still here?" she asked the nurse's aide she'd last seen with the crying woman.

"Yes," he said. "I put her in the private waiting room."

"Do we have a name?"

He hesitated. "Samadi or something like that. It sounded Japanese."

"More likely Iranian or Syrian," Hope said, even though she hadn't paid all that much attention to how her patient looked. She had only a vague impression of black hair and high cheekbones, so their patient could be Asian American after all.

When the nurse's aide shrugged, she walked toward the small waiting room.

Janet hurried after her. "Wait! Do you...do you want me to talk to the family while you go get checked out?"

Hope appreciated the resident's offer, but she shook her head. "I'm fine. It wasn't really painful, more like a strong shock from a cattle fence. It surprised me. That's all."

“All right,” Janet said with a hint of reluctance. “If you’re sure...”

“I’m sure.” Hope gave her a pat on the shoulder and continued on to the waiting room. She paused for a moment, habitually making sure that her name tag was straight and there were no blood stains on her scrubs or lab coat before opening the door.

The fawn-colored couch and easy chairs were empty. The only person in the room—a small, Middle Eastern woman of around fifty—was pacing.

As Hope entered, the woman froze and looked at her as if caught between the impulse to storm toward her to find out information about her loved one and the urge to run away because she didn’t want to hear the bad news Hope might deliver.

“Mrs. Samadi?” Hope asked.

The woman nodded and swallowed audibly.

“I’m Dr. Hope Finlay. I treated your daughter.”

“Laleh. Her name is Laleh. Is she...?” Mrs. Samadi wrung her hands, her eyes glassy with tears.

“She’s stable at the moment,” Hope said quickly.

Mrs. Samadi plopped down onto the couch as if her knees had buckled. “Oh thank God!”

Hope sat next to her so they could talk eye to eye but kept a respectful distance.

“What happened?” Mrs. Samadi finally asked. She had a faint Middle Eastern accent that made the *w* sound more like a *v*.

“Your daughter...Laleh, she suffered from a type of abnormal heartbeat that stopped the blood flow to her brain. That’s why she passed out. Luckily, we were able to get her heart back to a normal rhythm very quickly. We’re still running tests to figure out what caused it. Does your daughter have a history of heart problems?”

“No.” Mrs. Samadi vehemently shook her head. “Sometimes, her heart beats a little too fast, but the doctor said it’s only stress.”

Hope doubted it, but she said nothing.

“Can I see her?”

“We’re setting up an EKG and running a few other tests, but once that is done, I’ll get a nurse to take you to her. Do you have any other questions?”

Mrs. Samadi shook her head again. “I just want my daughter to be all right.”

“We’re doing our best,” Hope said. In the last six years, first as a resident and now as an attending, she had learned not to make any promises beyond that. She said good-bye to Mrs. Samadi and strode back toward the treatment rooms to check on her patient and fill out the code sheet.



Bright fluorescent lights filtered through Laleh’s closed eyelids. Somewhere nearby, something metal clinked onto a tray. Low voices drifted into the room. For a moment, she thought she was in her aunt and uncle’s restaurant, but the smells were all wrong. Instead of the tantalizing aromas of basmati rice, saffron, and cardamom, the harsh smell of disinfectant and the sour odor of sweat assaulted her nose.

What...? Where...? She opened her eyes and squinted against the overhead light.

After a moment, a tiled, sterile room swam into focus around her. Medical equipment surrounded her.

A hospital. She had to be in the ER. Laleh remembered stepping through the sliding glass doors, then nothing. Had she passed out?

When she lifted a hand, searching for a call button, she realized that she was hooked up to an IV. A small device clipped to her finger connected her to a monitor on the other side of the bed.

“You’re awake.”

The husky voice startled her, and then someone moved into her line of vision.

A woman bent over her. Her gaze went from Laleh’s face to the monitor next to her and back. The only thing Laleh really registered about her was her intense eyes. Their color matched that of the woman’s light blue scrubs.

Was she a nurse?

But she was wearing a crisp white lab coat, which contrasted with her chin-length, wavy, dark brown hair. The name embroidered above the breast pocket in big blue letters was *Hope Finlay, MD*.

“I’m Dr. Finlay,” the doctor said. “How are you feeling?”

Laleh’s hands fluttered over her chest. Her blouse was gone. Instead, she was wearing a hospital gown. Her ribs were sore, but other than that, nothing hurt

Jae

and her heart had stopped racing. She had to clear her dry throat before she could speak. “Like I’ve gone twelve rounds with a heavyweight champion and come out on the losing end.” She indicated her chest with the hand that didn’t have the IV.

A faint smile curled the doctor’s lips. “That’s to be expected. We had to do chest compressions. Do you remember what happened?”

Chest compressions... Laleh sucked in a breath. She couldn’t believe this was happening to her. After a moment, she nodded weakly. “My mother took me to the ER because my heart wouldn’t stop racing. I think I collapsed. What’s wrong with me?” She couldn’t stop the fear from creeping into her voice.

“We’re still running tests, so we don’t know for sure.”

“But if you’d have to take a guess...?” Laleh sent a pleading gaze up to the doctor. The not knowing what was wrong was driving her crazy.

“My money would be on—”

“Dr. Finlay!” A nurse called through the open sliding door. “We’ve got a multiple trauma coming in, and Dr. Wang is busy with a possible heart attack.”

“How far out?” the doctor asked.

“The ambulance just pulled in.”

Hurried footsteps sounded in the hallway in front of Laleh’s room, and a patient screamed in agony.

“I’m coming.” Dr. Finlay’s gaze went back to Laleh. Despite the chaos going on outside the door, she seemed calm and focused. “I’ll be back later. Try to get some rest.”

Then she rushed from the room, her white lab coat swishing behind her.

Laleh stared after her, still not quite able to grasp what was happening.



Boy, what a day! In addition to the two codes she had run tonight, people with sore throats, abdominal pain, and lacerations flooded the emergency department. Hope had lost count of how many patients she’d seen since her shift had started five hours ago. The ER was so busy that patients were lying on stretchers in the hallway, waiting for beds to open up on the regular floors. She hadn’t had time to eat anything or even go to the bathroom.

Every time she passed treatment room four, she paused to glance through the open door and make sure Laleh Samadi was still doing okay. The monitor next to her bed showed normal sinus rhythm. The QRS complexes looked great, and Ms. Samadi's pulse and blood pressure were stable. Even her IV had been removed. The patient was alert and oriented, talking to her mother.

See? Everything was just fine. Her patient was young and, except for occasional episodes of tachycardia, healthy. Nothing indicated that there would be further problems tonight.

So what was it that made her return to that room time and again to check up on this particular patient?

"Dr. Finlay?" Paula called from the nurses' station.

Hope turned away from treatment room four and walked over to her.

"You wanted me to let you know when the lab results on Ms. Samadi came in," Paula said.

"Finally." The lab had been as backed up as the rest of the hospital. "Thanks." Hope rejoiced as she took a seat at one of the workstations, happy to be off her feet for a few minutes while she logged in to a computer and pulled up the lab reports.

Maybe they would give her an indication of what had caused Ms. Samadi's ventricular fibrillation, so her mind could finally put the case to rest. Carefully, she reviewed each lab result.

Normal potassium, calcium, and magnesium levels, so electrolyte abnormalities weren't the cause for her arrhythmia. The repeat of the cardiac enzymes were just as normal as they had been when they had first checked them three hours ago. Clearly, her patient hadn't suffered a heart attack—not that she had really expected it, considering the patient's age. The echo hadn't revealed any structural damage to the heart either, and the EKG showed no apparent irregularities. According to the blood work, Ms. Samadi didn't even have a simple cold.

Still, that niggling feeling that something wasn't quite right wouldn't go away.

Oh, come on. Since when do you give much stock to baseless gut feelings?

She closed the electronic chart, logged out of the computer, and got up. Time to give her patient the good news.

Jae

Softly, she knocked on the open door of treatment room four and then entered.

Mrs. Samadi had nodded off on a chair next to the bed, but her daughter was still awake. Her eyes—warm and dark brown like the coffee Hope had been craving for hours—were a little glassy.

No reason for concern, Hope told herself. It was midnight already, and after everything Ms. Samadi had been through today, Hope would have been surprised if she weren't exhausted.

Ms. Samadi watched her, a line forming between her dark eyebrows. "Is something wrong? My EKG and the lab results...?"

Great. Now she'd worried a patient. Usually, she kept a perfect poker face at work, but apparently, getting shocked had rattled her more than she wanted to admit. "They're fine," she said quickly. "In fact, all the tests we ran came back negative. Have you ever had an EKG before?"

"Yes. When the episodes first started, about four years ago, I went to my general practitioner. But by the time I got there, my heart had long since stopped racing. The doctor said the EKG looked fine and it was just stress. But it's more than that, isn't it?"

Hope pulled the exam stool next to the bed and sat. "Yes, it is. We can't know for sure before we get you into the cath lab—a special examination room for diagnosing this kind of thing—but from the symptoms you were describing, it could be AVNRT, an arrhythmia caused by an abnormal electrical circuit in your heart."

Ms. Samadi put a hand on her chest, directly over her heart, and rubbed as if deep in thought. "If it really is AVNRT..." She repeated the abbreviation without stumbling. "Is there a medication I can take for it?"

"That's one option, but in your case, we could do even better than that. We could thread a catheter into your heart through a vein in your thigh and correct the issue once and for all. How does that sound?"

In the chair next to the bed, Mrs. Samadi started to snore.

"That sounds great—curing it once and for all, not the snoring," Ms. Samadi added with a smile. "So, what will happen next?"

"We'll transfer you to the CCU. That's the—"

“Coronary care unit.”

Hope gave her a curious look. Well, maybe a family member or a friend of Ms. Samadi’s had been in the CCU before, and that was how she knew. “Exactly. We’ll monitor you there for a day or two until we can get you on the schedule for a catheter ablation. If all goes well, you’ll be discharged the day after.”

“Sounds even better. Nothing against your hospitality, of course, but, well, the hospital is not my idea of a fun place to stay.”

Hope chuckled. “I understand.”

Mrs. Samadi stopped snoring, sat up in her chair, and blinked owlishly. “Is there any news?” she asked when she saw Hope.

“It’s all good,” her daughter said before Hope could speak. “Dr. Finlay thinks it might be something easily fixed.”

Paula stuck her head into the room. “There’s finally an open bed in the CCU. We’ll take you upstairs, Ms. Samadi.”

Paula and a nurse’s aide stepped into the room and unhooked the leads from the cardiac monitor. Within seconds, they had unlocked the stretcher’s wheels and were pushing Ms. Samadi into the hallway. Her mother followed behind.

“Thank you, Dr. Finlay,” Ms. Samadi called back through the door.

“You’re welcome.” Hope watched as they wheeled her to the elevator before giving herself a mental kick and getting up from the stool. Other patients and a lot of paperwork were waiting.

Chapter 3

“We scheduled your catheter ablation for tomorrow morning,” Dr. Myers said.

Finally! All the waiting and lying around was driving Laleh crazy. Almost an entire day had gone by since she had been transferred to the CCU, and she was beyond ready to get out of the hospital.

Her parents, who hovered next to her hospital bed, looked relieved too.

“So,” Dr. Myers said, “what we will do is basically—”

The ringing of Laleh’s phone interrupted the doctor in the middle of his explanation of the procedure.

Her cheeks heating, she reached for the phone on the over-the-bed table. The staff didn’t like seeing cell phones being used, but she knew it was only because the constant ringing and beeping was annoying, not because they were actually interfering with the medical equipment. “I’m sorry.”

Just as she was about to shut it off, her gaze fell on the small display.

It was Jill calling.

Damn. Had she gone by the restaurant and heard what had happened from Laleh’s aunt? If so, she was probably worried out of her mind. “I have to get this. Just a second.” Quickly, she accepted the call and lifted the phone to her ear. “Jill?”

“Laleh! What happened? Your aunt said—”

“I’m fine. Really.”

“A heart problem is fine in your book?” Jill asked.

“It wasn’t a heart attack or anything, just some arrhythmia,” Laleh said, trying to sound as soothing as possible. She knew Jill had an audition later today, and if she thought Laleh needed her, she would cancel to be at her bedside. “I’ll have to undergo an itty-bitty procedure tomorrow, and I’ll be as good as new.”

“Are you sure?”

“Of course I’m sure. Would they let me go home tomorrow if this were a big deal?”

Jill took a deep breath, probably to tell her that she would be by anyway.

“Jill, I need to go. I’m in the middle of talking to a doctor. I’ll call you as soon as I’m back in my room tomorrow. Good luck with the audition.” She hung up before Jill could protest and gave Dr. Myers an apologetic smile.

Ten minutes later, she had nodded to his explanations and signed the required paperwork. The curtain closed behind the doctor.

Her mother stared after him with a frown. “Why can’t doctors talk like normal people? I didn’t understand a word he said about what exactly is wrong with your heart.”

“It’s easy, really, Maman. You know that each beat of the heart is set in motion by electrical signals, right?” She glanced from one parent to the other.

“Of course.” Her father nodded, even though he looked as clueless as her mother. As a young man in Iran, he had planned on teaching engineering at the university one day, and he would never admit to not understanding an explanation.

“There’s a cluster of cells in the middle of the heart that we call the AV node,” Laleh continued.

“We?” her mother asked.

“Uh, I mean the doctors.” Laleh had to laugh at herself. She’d been in the CCU for less than a day, and apparently, she was already considering herself part of the hospital world. “Anyway, the AV node acts like a traffic signal, slowing the electrical impulses to give the ventricles—the chambers of the heart—a chance to fill with blood before they contract. Well, the doctors think that I have an extra electrical pathway.”

“Two traffic signals?” her father asked.

“Yes. And the extra one is constantly turning green, so the electrical impulses are coming too fast. That’s what causes my heart to race. Tomorrow morning, the doctors are going to destroy the extra traffic signal.”

Her father nodded as if he had known that all along.

Laleh’s mother stared at her. “You got all that from that gobbledygook?” She pointed in the direction in which the doctor had disappeared.

“Sure.” Laleh shrugged. “I guess I remember more of my biology classes than I thought.”

“See?” Her father gently nudged her. “I always said you should have gone to medical school. You’re smart enough to become a doctor.”

Laleh groaned. Great. She was in the hospital, about to undergo a procedure on her heart, and her father seized the opportunity to remind her of the potential she was wasting by not getting an MD or another degree.

“Hush.” Her mother put a hand on his arm and leaned close to Laleh. “Aren’t you scared, Laleh joon?” she asked in a whisper.

“A little,” Laleh said. Okay, a lot, if she was honest. After all, they would basically destroy part of her heart with a hot wire. Not exactly a pleasant thought, so she tried to ignore her fears and focus on the facts. “But I trust the doctors here. His inability to speak in nonmedical terms aside, Dr. Myers seemed very competent. There’s a ninety-five percent chance of the ablation curing my problem and only a three percent risk of anything going wrong. I like those odds.”

Her mother frowned. “Did the doctor say that?”

Laleh paused. She couldn’t remember his exact words. Had he quoted those numbers? “He must have. How else would I know it?”

Before either of her parents could answer, a nurse pulled back the curtain surrounding Laleh’s bed. “I’m sorry, but visiting hours are over. We should let the patient get some rest. You can see her in the recovery room right after the procedure tomorrow morning.”

Tears glittered in her mother’s eyes as she bent over Laleh and kissed her on each cheek. She held on as if never wanting to let go.

“I’ll be fine, Maman. I promise. I have a good feeling about this.”

Her mother clung to her a moment longer before releasing her. “I’ll bring you something to eat,” she whispered before stepping back. “Bita was in this hospital last year, and she says the food is horrible.”

Laleh had to smile. Her mother, forever feeding people. She could imagine her smuggling in a dozen containers of food as if on a black-ops mission.

Her father kissed her on each cheek too and then paused for a moment and gazed into her eyes. He looked as if he wanted to say something. Finally, he just squeezed Laleh’s hand and nodded at her.

The last thing Laleh saw was her parents reaching out to each other for support before the curtain was drawn shut behind them.



Hope's shift had ended an hour ago, but by the time she had brought the colleague who was relieving her up to speed on every patient in the ER and had finished her charting, it was already after eight. Even the night-shift nurses had left by now, eager to get home and into bed.

Yawning, Hope put on her leather jacket over her scrubs and walked past the nurses' station. But instead of heading straight for her car, she found herself in front of the elevator. It would take only a minute to go up to the CCU and check on how Ms. Samadi had fared during her catheter ablation.

Are you crazy? Since when are you checking on patients once they're out of the ER?

Only once, after treating a little girl that had been run over by a drunk driver, had Hope allowed herself to head up to the PICU. Normally, her responsibility for her patients ended as soon as they left the emergency department—and she liked it that way. It was part of what had attracted her to emergency medicine. Some of her colleagues regretted not getting to follow up on patients beyond the end of a shift, but Hope was perfectly happy with the brief encounters. Instead of forming long-term relationships with her patients, as family practitioners did, she could either release them or hand them off to the OR or to one of the regular floors after she had stabilized them. If her childhood—and her relationships—had taught her one thing, it was that forming attachments was a bad idea. They never lasted anyway.

Exactly. No emotional involvement, remember? Go home. Pick up some takeout, and catch some sleep.

Resolutely, she strode past the elevator and toward the exit.

But before she could even make it out of the hospital, a man stopped her. "Excuse me. Could you, by any chance, tell me where the CCU is?"

"Sure." She pointed back over her shoulder to the elevator she had just left behind. "You go up to the third floor and then turn right. You can't miss it."

"Thank you."

"No problem, Mr. Samadi."

Jae

She wanted to walk past him, but he was still blocking her way, staring at her.

“How do you know my name?” he asked.

“Your name?” What the heck was he talking about?

He nodded repeatedly, looking a bit like a bobblehead doll. “Yes. You called me Mr. Samadi.”

Had she really?

“Do we know each other?” he asked.

Hope usually had a good memory for visual things such as faces. She was fairly sure she had never seen him before, but he did look familiar. With his black hair, large brown eyes, and his tan complexion, he could be mistaken for Italian, but his long, straight nose and his high cheek bones said something else. “No, but...you must be Laleh Samadi’s brother.” Somehow, there wasn’t a doubt in her mind.

His eyes widened. “How do you know?”

“I was the doctor who treated her in the emergency department the day before yesterday. The family resemblance is obvious.”

“Really?” He ran his hands through his hair. “Huh.”

“Well, that and you asked for directions to the CCU, so I put two and two together...”

“Ah.” The stunned expression finally left his face, and he moved out of the way. “I should go see my sister and let you get out of here.”

Should she tell him to say *hi* to his sister for her? No. She never stayed in touch with her patients, not even through a third person. Besides, Ms. Samadi had probably seen dozens of doctors in the last two days and might not even remember her.

With a nod of good-bye, she moved past him and headed toward the staff parking lot, not allowing herself to glance back.

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HEART TROUBLE

BY JAE

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