Impressum

Klaus Bung: A Day in the Life of NN (Mk1.1)

Length: 2,637 words = 14,477 chars = 8 pp A4 single-spaced

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Date: 2026-08-03, Mk1.1

EDITORIAL INTRODUCTION

PP is a cancer-ridden patient, a woman aged 74. She has no blood relatives in this country. Therefore 90-year-old P, with whom she lives and to whom she has been very close for sixty years, acts, in hospital terms, as her next-of-kin and takes care of her at home.

The author describes the never ending demands made on P during a typical day. Before P can finish one task, another task arises which needs to be attended to immediately, callers at the door, telephone enquiries, WhatsApp enquiries, questions to be answered, reports to be written. Tomorrow will be equally busy, and other unpredictable tasks will present themselves. PP does not even have time to write his to-do-lists before he is interrupted. His backlog of work grows bigger and bigger, and no end is in sight.

Klaus Bung:
A Day in the Life of NN

BACKGROUND: SUNDAY, 2 AUGUST 2026

NN was absent from 8.30h to about 19.00 because of work commitments. PP was attended to by her carers three times. They did an excellent job in motivating PP to take all the medicines NN had prepared for her in strict accordance with the hospice prescription. PP had three visitors from her church community. She ate some of the food they and earlier visitors had brought.

During the night, NN slept as usual on a mat next to PP's bed so that he could listen to PP and attend to her needs.

It was a rather disturbed, but informative, night, hence this report.

On Sunday, at about 23.00h, PP wanted "pulling over" (turning over) and, in a rather desperate voice, asked NN to change her incontinence pads and clean her up, something she has never asked before. In spite of NN' protestations, she insisted that NN was able to do this.

NN phoned the all-night emergency number, and, **very quickly**, two nurses arrived and did the needful.

MONDAY, 3 AUGUST 2026, STARTING AT 00.01H

After midnight, NN aired the flat, thus reducing the temperature from 24.5° to 23.1°.

At **4.15h** PP complained of vaginal pain. NN offered Paracetamol.

"How many do you want, one or two?"

"One."

NN brought one pill in a brown earthenware cazuela (Spanish tapas dish) and offered it to PP, but she had fallen asleep, and the solitary pill remained in its dish.

At **7.30h** PP said: "Pull me over," which NN did.

Then quite clearly: "I want to go to the Philippines." **(REM 01)**

"When?"

"As soon as possible. "

"While waiting for that, do you want to go back to the hospice rather than stay in the flat?"

PP: "Yes, hospice". **(REM 02)**

10.30h Carers arrived. They did their usual job, esp changing her pads and cleaning her up. From the noises PP made during this process, they had the impression that PP needed a strong painkiller. They therefore phoned the office of the district nurses and asked them "to give her an injection because she is in a lot of pain."

Because of certain recent experiences and revelations (making NN vulnerable), NN decided not to express an opinion and let things go as they will and as the nurses and others decide and succeed or fail.

BOWEL MOVEMENTS

The carers asked NN to buy a good quantity of wet wipes (Baby-Feuchttücher) and to stop giving PP orange juice because her bowels are excessively loose (she has to relieve herself every two hours, which is rather often), and **orange juice** will make it worse.

The problem of PP having to rush to the toilet every two hours, or oftener, was aired some weeks before her last admission to Queen Elizabeth Hospital and a sensible improvement was proposed by Professor Robert Thomas.

Each time PP rushed to the toilet and reported that her stool was excessively loose, NN was to give her one tablet of Imodium. This would harden her stool and reduce her need to rush to the toilet.

If the repeated use of Imodium were to give her constipation, this could be opened at a time of her choosing by using suppositories, which have an almost immediate effect. (NN is not quite sure whether Professor Thomas recommended this particular method, or enunciated only the general principle of Imodium followed by "quick fix".)

In those days NN would know each time PP had to rush to the toilet and therefore knew when to give her the Imodium, but now that PP is permanently in bed, he no longer knows whether she has relieved herself into her pad or not, and therefore can no longer handle the Imodium.

PILLS AND FOOD

PP took all her pills from the carers and ate a fair amount of the Salmon dish Ching had cooked for her. She behaves well with the carers. When NN offers her the pills she tends to kick up a

fuss and to escape by saying "No now", or "Later", or "Let me sleep."

11.00h: Immediately after the carers had left, NN asked again (as above): "Do you want to be in the hospice rather than in the flat?"

"I don't know." **(REM 03)**

NN: "The carers called the District Nurse to give you an injection because you are in a lot of pain. Where is the pain?"

PP: "In the bum-bum," i.e. to remove the pain she has to be shifted (turned over), not to be given morphine. The carers always tend to get this wrong.

12.45h: The District Nurse (Caroline) and the two lunch-time carers arrived at the same time. Caroline waited while the carers did their work.

NN explained the situation to the district nurse: PP feels pain when handled by the carers, or touched with cold hands, which could be described as "She is hurt" or "It hurts" or "She feels pain" or "She doesn't like ...", which is not the same as "She is in pain", which means permanent excruciating pain even when she is not touched or moved.

As a result of this chat, Caroline did not give PP any injection and not any other form of medication. She gave NN a bottle of Oramorph (a form of morphine to be given be mouth), which he should give to her when needed.

The general principle is, of course, to give the patient the weakest form of analgesic that will do the job of removing the pain. The strongest forms of analgesic will **always** remove the pain (except the most severe) and the nurses tend to give their patients stronger forms than needed because saves them the trouble of ascertaining how strong the pain is and how weak a medicine they can get away with; it always works but can have various side effects which can be avoided if weaker forms are used.

In accordance with this rather bad tradition, all patients in a certain ward of Queen Elizabeth Hospital (QEH) were given an infusion of Paracetamol without even knowing it. This kept all patients peacefully asleep all night and kept them off the nurses' backs.

It took NN a fair amount of trouble to convince the QEH nurses to give the Paracetamol infusion to PP only if she asked for it. She never did.

14.50h till 15.45h: Gillian (of the pair "Gillian and July", neighbours from across the lawn) came. PP was delighted. Gillian is an animated talker and did most of the talking. She knows PP

well. Knows a fair amount about hospital treatment as well. PP was happy and fully awake. They could talk about the neighbourhood. PP watched her pigeons on the wall and on her tower. Gillian also knows these two pigeons and calls them "clerical pigeons" because they have a dog collar (kind-of).

16.00h: NN asked: "When waiting for the Philippines, which is better, the **hospice or here**?"

PP said: **"Here."** **(REM 04)**

She will contradict this further down.

NN still believes that, amidst all this confusion, amidst these contradictions, the flat is the better option for PP's happiness.

The hospice might be the better option for NN' convenience, considering that, as this day shows, there is not an hour where he can settle down to doing anything except thinking about, planning and working on PP's affairs and her visitors.

On other days the events and people may be different, but something new will be cropping up. He will be kept on his feet, his mind will constantly be pulled about by the people of the moment. Nothing that might have been planned yesterday can be executed today. The present will demand all his attention.

16.00h: NN hangs out the laundry in the garden to dry. He forgets to take it in before sunset, remembers it on **Tuesday at 3.15 am.** while he is still typing out this report, and takes them in then.

16.20h: NN notices that the single Paracetamol which he offered PP at 4.00h has still not been taken; it is still in its brown cazuela, i.e. PP may be moaning a lot, but she is not in pain. The carers and nurses take her moans for real physical pain. **NN regards it as anguish, as discomfort, as mental pain, as her being upset about her condition.**

16.20h: NN goes to M&S for supplies, i.e. the wipes mentioned above, but returns with slightly wrong ones, and they are also far too expensive.

16.50h: When he returns, the carers have meanwhile arrived. They tell NN exactly which type of wipes he has to buy and how to get them much more cheaply at Tesco's. NN will go there later in the day.

NN warms up the belly of pork with cabbage soup which Lita has cooked for PP. The carers, more successful in being persuasive than NN, make her eat a reasonable amount of it, say three spoonfuls, better than nothing. At present, PP is considered "stable". If for several days she eats absolutely nothing, she is "unstable", which is serious and may be the beginning of the end.

17.00h: NN takes his own food ("dinner" while standing in the kitchen) and his own medication.

17.45h: NN sets out for Tesco's to get the recommended Wipes. Tries out an easier route for getting there: less walking, less pulling the trolley. Bus 380 does the trick. He will use that in future.

The recommended brand is Tesco's own "Fred and Flo", but Fred and Flo do not only make wipes but also pampers and other things and the number of similar sounding and similar looking products is overwhelming. Eventually NN finds "Fred and Flo Wipes" but even among these wipes there are far too many variants, packets of different sizes, difference fragrances, so NN asks a Tesco woman for help. Eventually it turns out that the type NN wants from in individual packs but also in boxes of 12 packs, which are cheaper, and the boxes are out of stock. So NN buys two individual packs as samples and will return to Tesco's tomorrow or later to get one of the boxes.

At Tesco's a young black woman recognises and greets him, but he does not recognise her. She explains: "I am the bus driver outside, from a few days ago".

She was a Trinidadian by origin, so they could exchange memories, the bus was not to leave for 20 minutes or so, so there was time for conversation. She, of course, doubted his age, and then he proved that he was only 70 by performing 30 push-ups in from of her bus. (But he did not kiss her feet.)

She will never forget him she says.

It's a small world.

On the way back in the 380, he notices PP's friend Salvi getting into the bus holding a blue plastic bag with food for PP in her hand, but she did not notice NN. She got off the bus before NN to talk part of the way, so NN arrived at PP's before her.

19.30h: NN arrived back home from Tesco's.

19.30h: PP's friend and neighbour Low phones to ask about her condition. He does not know yet that PP has returned from from hospice. NN fills him in with some details. He will visit tomorrow morning.

19.40h: Salvi arrived with food. PP ate some, i.e. she had at least three (tiny) meals today.

20.10h: Salvi left.

20.15h: NN falls asleep over some text he is typing. He might destroy valuable work and decides to get a proper nap.

20.15h: NN goes to sleep and put his phone to silent.

22.15h: NN starts his computer work, the first chance he had all day to do something triggered by the outside work and demanding immediate responses, also of it related to people who have something to do with PP. The actual job: Typing out his handwritten notes recording today's events.

22.45h: PP's single Paracetamol table is still in its cazuela, i.e. not taken, because not needed.

23.30h: During the last few hours, PP has developed the habit of asking NN several times an hour, say every ten minutes or so, to turn her over. This is a good idea because perhaps it will prevent any pain in her bum developing in the first place.

23.30h: PP's pads need changing. NN make the phone call. The operator answers quickly. He only has to hear PP's name and knows already who she is. He only asks what she needs (pads changing), does not ask for her address or anything.

"How long will it take?" asks NN.

"I cannot say," replies the operator.

"Low priority," thinks NN, "no excruciating pain, not life threatening". It may turn out to be a long wait.

TUESDAY

00.15h: The carers arrive and do their job.

00.30h: The have done their job and leave.

NN continues typing this report. At 2.00h he remembers that he has forgotten the laundry on the laundry line and brings it in.

5.00h: NN is still working on this report; its first draft only; then the whole requires proofreading and editing.

Earlier in the evening, when trying to count out PP's pills, he opened the new dosset boxes received from the chemist. They were wrong, they contained only one pill per day, did not at all tally the prescription received from the hospice.

Last week NN paid about 20 visits, to and fro, to the GP reception and the pharmacist to get the matter sorted out. When he eventually received the packet of dosset boxes on Saturday, he did not open it immediately being sure that it was right. But it was not. NN will have to go to the chemist yet again, on Tuesday, 4 August, to get this sorted out - once he wakes up on Tuesday morning, having worked through the whole night

5.30h: NN decides to go to bed, on the floor, even though the report is not yet finished, not yet ready for posting. **At 7.00 or**

8.00 a similar day will start again, the carers will come, he has to go to the chemist, Low will visit, phone calls and messages will come, something New Every Morning.

Conclusion about PP:

- Quite clearly she wants to return to the Philippines.
  Evidence: 7.30h REM 01

She has to get fit for the journey. Whether she prefers to spend the waiting and getting fit time in her flat or in the hospice, is uncertain. She changes her mind depending on recent experiences.

- At 07.30h, REM 02, she opts for her hospice.
- At 11.00h, REM 03, she is undecided.
- At 16.00h, REM 04, she opts for the flat

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