

Book One

'I Want
To Go Home'

Coffs Harbour Base Hospital

14 September

Jane and I wake early. In his bedroom below, Sean is stirring. We hear his door open with first a creak and then a thud as he pushes it into the stop. There is a moment of silence before he pounds to the lounge room to see what Sophie is watching on TV.

‘Sean’, I call out liltily. ‘Sean.’ In response, he climbs our timber stairs, sprints as best he can across the gallery carpet and pulls himself onto our high bed with his strong little arms. We smile and invite him under the covers and out of the early spring air.

Sophie, not wanting to miss the fun, joins us. Sophie, Sean and I fight for space and warm bits and succeed in driving Jane out. The Teletubbies are on our TV. Sean is interested but prefers to wrestle me.

When he finally desists, I part the curtains. The day is cool and clear. A large water dragon lizard is sunning itself on a fallen log in the middle of our dam. Holly is yelping to be unchained. Just as strident are the wild birds – the songsters and the squawkers – calling for handouts.

Worried about Sean, neither Jane nor I had slept well. He seems fine enough now. Except, that is, for the dried dribble on his top and a reluctance to speak. Hopefully, we will soon discover what ails him. Whichever way things fall, it appears I will be devoting my day to him. I have dropped all previous plans to surf.

‘I want to know what’s wrong with him this time,’ Jane says emphatically on leaving for work. My answering nod tells her I will do my best.

I call the surgery after Sophie goes to meet her bus. Though I emphasise last night’s examination and Dr. Malek’s parting comment, an eleven o’clock appointment is the earliest I can get.

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It is just Sean and I now. I watch him nod in time to a song on TV. It seems Thomas has 'gone fishing'. Sean usually sings the chorus but not today. Instead he sits in silence with his arms resting on crossed legs. His face is cocked attentively. His thick golden hair covers the collar of his worn blue tracksuit. I optimistically place a carton of chocolate yoghurt before him. The small amount he tries, runs down his chin and on to his top so he doesn't persevere.

With a worried shrug I leave my son to his fantasy world and begin my daily routine. I make the beds, wash the dishes, load the washing machine, feed the pets and then head outside.

Our one acre block has come a long way since I first saw it more than twenty years ago. Then it was an overgrown, awkward-shaped mess that other potential buyers had overlooked. Lantana, lawyer vine and wait-awhile covered everything. Underneath was a sloping subtropical gem. With loving care Jane and I have transformed this gem into a place of gardens, rock walls and secret paths.

Stepping from the verandah, I pause for a moment to look down the tree and garden-lined driveway that Sophie and Sean love to roller blade and scooter on. At the other end, just before the road, our trio of mauve and pink tibouchinas are flowering. At this end, on my right, the various plants that trail over our rock retaining wall are beginning to colour. On my left, and below the orange fluted vines that border our carpark, is our hopeless vegetable patch (not enough hours in the day for that one) and Sophie's tree house. I built the pink and grey cubby for her fourth birthday. It is a tiny version of our house albeit with three very large trees sprouting through its corrugated iron roof. It is now Holly's kennel.

The birds screech when they spy me walking the narrow grass strip below our southern verandah. Our land falls away from here. Dry-stone rock walls and gardens lay either side of a sloping path. Halfway down the path, on the left and surrounded by maturing deciduous trees, is our bird feeder. Further on, through a tangled arcade, is our grassed picnic area and, beyond that, the creek and our rainforest island.

Butcher birds snatch meat from my fingers. Lorikeets, rosellas, bower birds and honeyeaters wait their chance. Magpies and a solitary kookaburra

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watch from a safe distance. Swans once landed on our dam. It is the domain of frogs, ducks and water hens now, and is stocked with eels, catfish and the guppies, Sophie loves to catch.

I help Sean into his day clothes. We make eye contact and he tries to say something, but his words are indistinct.

When I next see him he is sitting on the driveway with Red, not hugging or patting his friend as usual but instead repeatedly clobbering his dog with weakened arms. His expression is one of sadness. Red's is of tolerance. The scene makes me want to cry. 'Come on Bubba,' I say, 'it's time to see the doctor.'

He rises with effort and runs unsteadily to my car. The 'white one' he calls it. The one he likes to repair with sticks up the exhaust pipe. I help him into his booster seat and strap him in. On the short drive I sing 'Ten green bottles'. I am well and truly teary by the time I get to 'no green bottles'.

Once parked, we begin walking the surgery path. Almost immediately, Sean tires and points to me, hinting. Feeling manipulated I carry him the final few metres.

Inside, he is fine at first. Then he writhes and cries. I cry too. All eyes are on us. Someone calls, 'What's wrong?'

Unable to speak, I shake my head, shrug and extend my free arm, palm up. I don't know. I just don't know.

We are ushered to the treatment room, away from prying eyes. I hover over Sean, wanting to protect him from whatever it is that threatens him, as he rolls about. Then he quiets and I sit beside him. When I look up John Kramer is leaning on the doorframe holding Sean's file. He is a large unhurried man who shows a concern for his patients and shares with Sean a love of steam locomotion.

Sean smiles and studies his surroundings as I describe his symptoms to John: the unsteadiness, the dribbling, the fever and the deviated jaw. I repeat Alex Malek's word 'neurological'.

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‘What do you think?’

‘Most likely a viral illness,’ John replies, ‘but I’m going to send you to Coffs Hospital. It’s time Sean had some tests.’

On the way home I explain to Sean that we will soon be going to the hospital where he was born to see some doctors who will make him better. Sean thinks about this for several moments before asking, with difficulty, ‘Can I take my Panda, Daddy?’

I phone Mum to sum up recent happenings and to ask her to collect Sophie after school. Next I phone Sandy Beach School and, not wanting to frighten her, leave a message telling Jane that Sean is fine but needs tests. After packing Sean’s yellow day bag with nappies, pyjamas, a change of clothes and some snacks, I again lift him into my car. I place Panda at his side. Red watches us drive away.

When I first came to the Coffs Harbour district towards the end of 1974, it was with a new wife and dreams of a life beyond labouring and unskilled factory work. We had recently returned from a six month Hawaiian and European honeymoon and I was keen to begin a trade. I was also looking forward to uncrowded country surf.

Coffs Harbour was a quiet parochial town then and not the thriving rural metropolis and tourist destination it is now. Perhaps that was why I was deemed too old (at twenty-five!) to begin an apprenticeship. It took me several months to find work sharecropping and waiting tables. By then my first marriage, which had begun little more than a year before with great hope, was over. Disillusioned and broke, I bought a raggedy car and moved to Woolgoolga. Months later, I was settled into a defacto relationship with a local girl, working night shift at a timber mill and saving for a trip to Western Australia.

Meanwhile, and unbeknownst to me, Jane had recently completed high school and was preparing to move from Coffs to Armidale to attend Teacher’s College. It wouldn’t be until she had completed her diploma and two years of casual teaching, and until my defacto partner and I had drifted apart, that Jane and my paths crossed that fateful New Year’s Eve.

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We negotiate three sets of traffic lights and a couple of roundabouts on our way through Coffs to a parking space near the hospital. Alighting, we walk hand-in-hand through a warm spring sun towards Emergency. Once again Sean tires so I bundle him into my arms, take a deep breath and carry him through the automatic doors. Inside, I hand over Dr. Kramer's letter and find a vacant seat.

Sean refuses to sit beside me. Instead he runs this way and that, crashing into walls and chairs. He falls down, gets up, runs and falls down again. 'Come and sit down Sean,' I call to no avail. I feel eyes watching me. 'What sort of father is he?' I imagine them thinking. I'm too worried to care. This is not the Sean I know.

By the time his name is called, I'm sweating with fear. We take a few steps together before he drops to the floor. He doesn't jump up this time but sits in stunned silence. I gather he and his Panda into my arms and follow the nurse to a bed near the nurse's station.

He becomes restless again. Instead of lying he sits, wriggles and squirms, silently and without expression. He calms just as suddenly when his observations are taken.

The Resident doctor studies the results before examining Sean. He searches for ticks, bite marks and injuries. He asks if Sean has been stung recently. If he could have swallowed a poison. I answer, 'No,' to everything. The doctor doesn't tell me what he is thinking, nor does he convey the contents of Dr. Kramer's letter but I sense his concern. 'I'm going to ask Dr. Naidoo, he's a paediatrician, to examine Sean,' he tells me. Alarmed, I try to read his thoughts.

Next, I am asked to hold Sean firmly as a blood specimen is taken and while an intravenous cannula is inserted into his left forearm. I cry again when he struggles to free himself. He tries to scream. His noises bubble through a mouthful of liquid.

This is not what I wanted to happen. Not what I envisioned. Yet nursing experience and logic should have forewarned me. Sean's airway is obviously compromised. He is at risk of choking, of aspirating secretions into his lungs.

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He needs a cannula. He obviously needs intravenous fluids. He may need intravenous antibiotics.

I began nursing by accident. Wanting more secure and challenging employment after returning from Western Australia and finding only lawn mowing work, I jumped at the offer of a position at Grafton Base Hospital that combined garbage collection, window cleaning and wardsman duties. I jumped even further on learning Grafton accepted mature age students into their registered nurse courses.

I was by far the oldest student in my class. Due to my lifelong aversion to hospitals – to the smells and the sick, to uniforms and bureaucracy – I was as nervous and apprehensive as the school-leavers. After years of freedom – university, draft evasion, marriage and travel – I found the rules and regulations an onerous reminder of a strict childhood. Perhaps because of that past I thrived for a time.

My career began at the tail end of an era when girls wore veils, patients were afraid to move and everyone in the industry worked for a pittance. By the time I graduated, the words ‘patients’ rights’ were being bandied about, uniforms were more casual, inexperienced nurses weren’t expected to genuflect to senior staff and pay rises were occurring regularly. With Jane and I planning marriage at the time, I took the easy option of staying on at Grafton. My first posting was to Level Two – a ward that catered then, as now, to the dying, the elderly, the demented and the infirm.

I am a natural at the type of nursing I do. However nursing has never sat well with me. At first I thought the apprehension, nervousness and then relief on completion that I felt towards every nursing task was inexperience, but I was wrong. Those feelings, though mostly disguised, have never left me and are, along with fear of change and a lack of ambition, the reason I have remained on Level Two.

There are, for me, both positives and negatives in frontline nursing. Nursing provides job security, a reasonable salary and plenty of holidays (earned, I should add, by working most weekends and most public holidays). Shift work gives me plenty of time alone at home – something my personality

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craves. It also allows quality time with my children. Finally, though they are often filled with emotionally draining drama, my working days pass quickly and are never boring.

On the down side, there is my constant and increasing fear of negligently or accidentally harming patients. A situation made worse by near permanent exhaustion. The rotating shifts responsible occasionally make me cranky at home and often put me at risk of falling asleep behind the wheel. Shift work also means I can never participate in regular social activities. Family gatherings must be planned long in advance around my rosters or, as is more often the case, for my absence. It wasn't until Sophie came along that I fully understood the imposition shift work places on families. A fact brought home to me recently when she asked, 'How come you don't have holidays like everyone else?'

For many years I was too busy to think about these and other negatives. My doubts hit hard when I eventually focussed on them, so much so that just the thought of work filled me with dread and anxiety. I began to wonder why I was doing a job I had never liked however much I was suited for it. I wanted to quit there and then and in retrospect, should have at least attempted a career change. However, with a first baby and a large mortgage, it wasn't the time for selfish risks.

Some months ago, and probably around the time Jane started saying how lucky we are, I quizzed myself on what I would rather be doing and came up blank, a revelation so surprising, I decided it was time for a change of attitude. Instead of living for rostered days off, holidays and mythical lottery wins, I decided to incorporate nursing into my life plan. Thus I began to make more of the funny things that happen at work, to feel gratitude when thanks are given and to accept that the horrible things we nurses do are for the greater good.

Because of this change I have been more content than ever before. More than could be attributed to turning fifty and accepting that I have had, and still have, a wonderful and interesting life. Jane has sensed this change in me. She says 'Oh, I love you so much,' whenever we hug now – spontaneously or after receiving the monthly bunch of flowers.

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However, some things never change. Unchanging is the lack of empathy nurses often show their families and friends. The last thing I want to hear, for example, is that Mum or Dad isn't well. Though I hate to admit it, when my children fall ill, I am less than sympathetic. When cuts or bruises appear I roll my eyes before reluctantly diving in with appropriate treatment. Even here in Emergency, part of me wants to be at home or at the beach. I don't want Sean to be a patient. Likely the reason I haven't seriously tried to put his various and worsening symptoms together.

'I ...want...to...go...home...pleeease...Daddy,' he says now in a frightened and gurgly voice as the needle in his arm is bandaged into place. They are the first clear words he has spoken since we left home two hours ago.

'So do I darling but the doctors have to make you better first,' I tell him, in a quavery voice, with almost as much difficulty. In response to his trusting nod, I quietly add 'I promise I will then.'

Dr. Naidoo sweeps in. He is a tall, lanky and slightly aloof man. We met him once when Sophie had benign palpitations. A tendon hammer materialises and he tests Sean's leg reflexes – they are almost non-existent. He listens to a paraphrased version of our tale whilst leaning on Sean's bed. No more than a couple of minutes have passed.

'I am sending this child to Sydney. Would you prefer Randwick or Westmead?'

'Huh! What the fuck?' I think. That bit of my mind still operating speaks up, 'Somewhere near my brother's place, in Balmain.' The rest of me is freaking. I can't breathe. Tears are falling.

'Why?' I ask as calmly as I can manage.

'His life could be under threat and he needs to be where he can get more appropriate care than Coffs Harbour can provide,' is the gist of the reply.

'What do you think he has?'

'Guillain-Barre Syndrome is most likely,' Dr. Naidoo replies. I struggle to untangle his words. I have looked after patients with this nervous system

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disorder in the past. It causes an ascending and usually self-limiting paralysis. With support, the patient more often than not fully recovers.

I'd picked up on the doubt in Dr. Naidoo's answer. 'What else could it be?'

'Very unlikely, but he could have a brain tumour.'

'Fuck no!' I say, closing my eyes and feeling my colour drain away. 'I could handle Guillan-Barre Syndrome. I couldn't handle a brain tumour.'

Silence. I am aware of Sean happily looking around his curtained enclosure. A nurse, half sitting on his bed, has turned away. Then action. The choice of hospital is withdrawn. Sean is to go to Westmead. An air ambulance has been summoned. Everything is happening too quickly.

Dr. Naidoo returns. 'The neurologist I'm referring this child to has asked for a CAT scan before we transfer him.' It seems Westmead wants to eliminate neurological lesions.

'This can't be happening.' I want to scream.

My brain is in overdrive. I must plan for the coming journey. I must tell Jane. It's nearly 3.30 pm. I rush to a phone to catch her before she leaves school. I'm too late. I phone Mum instead. Jane hasn't arrived there yet. Sophie has. I tell Mum most of what has happened, trying not to convey my fears. I ask her to tell Jane to come to the hospital as soon as she can. I trust Mum not to frighten her. Someone will do that soon enough.

I return to Sean and focus on the logistics of breaking our family up, of arranging leave and moving to Sydney. I talk to Sean about home and trains and Sophie and Mummy. After the admission distress and the needle drama, he is surprisingly relaxed. Yet part of him must be very, very scared.

We have moved to a cold and sterile CAT scan room. Sean is too young to be scanned unaided so I don a lead apron as the technician and nurse lift him to the scanner bench. 'Please be careful with him,' I want to tell them.

Everyone exits, leaving Sean to face the beams unprotected. I should throw my apron away in sympathy. Instead I tell him about the big exciting tunnel in which he has to 'stay very still'. I distract him as best I can. We play

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the eye rolling game usually reserved for whenever Jane and Sophie are a 'wittle bit silly'. Then I'm asked via the intercom to hold his chin and head still. I wish it were me lying on the table. 'Please don't die. Please don't die. Take me instead.'

He is restless again. 'You've got to keep nice and still Bubba,' I tell him. He's trying to speak but can't because of saliva. I worry he'll choke. Where are his secretions going? He's given an injection of contrast solution into his cannula to highlight any abnormalities in his brain. It will feel strange. I have had two CT's in the past: one for back pain and one for renal pain. I remember the contrast causing an odd sensation. 'You might feel a bit tingly now,' I warn Sean.

There is a window behind me. Protected on the other side are the technician, the nurse and the junior doctor. They are looking at cross sections of Sean's brain. I turn towards them and see changed expressions and eyes avoiding mine. They are making me nervous.

Finished. Jane will be here soon. Something is terribly wrong. I don't want to be the one to tell her.

The crew pile in. I help them lift Sean to the bed. Serious faces. Light conversation as we push him towards Intensive Care and into a large cubicle.

It's crowded; perhaps only one doctor more than before but too many. I wish they would go away. Someone has found a new train set. A resident doctor helps a cross-legged Sean assemble it. I'm asked to take a seat on the far side of the cubicle. The doctor who was with us in the emergency department wants to talk to me. No, no. He is crying. I feel weak. Something is crushing my chest.

'Sean has a lesion in his brain stem. We're not sure what it is, but it is probably a brain tumour.'

'My baby, my baby, my beautiful baby,' I sob. I nod and try to give thanks for the information. Then swallow so I can breathe again.

Sean and his lady doctor friend are playing with the train set. The others are looking down or away. I am the first to see Jane appear.

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Now I'm moaning and sobbing. I try to tell Jane what I know but my mouth won't work. I'm holding her. I bury myself in her warmth. She is crying now, in fear, and because I'm crying. She doesn't quite know what's going on but her heart must be pounding like mine. It is the worst moment of our lives.

Dr. Naidoo returns. 'I almost had a car crash on the way here,' he says, demonstrating his concern. Then he apologises for the diagnosis. Sean's lesion is in the part of his brain stem called the pons, he explains, and is likely a brain tumour but may be a cerebral abscess – a collection of pus, treatable with drainage and antibiotics. To confirm a diagnosis, Sean needs a magnetic resonance scan (or MRI). He needs specialists and specialist treatment. Dr. Naidoo doesn't say what sort of treatment but reinforces the urgency.

We are given no time to think. Sean's wellbeing is out of our hands. All I can think of is death. I can almost visualise what will happen. I look after dying cancer patients every day. Jane can't see it as I do. She is crying, praying and hoping for an abscess.

'Can I see the films?' I ask. Dr. Naidoo holds them up. I can't believe my eyes. My baby's lesion is larger than a golf ball. It is seated in the middle of his perfect head. 'Oh, fuck, fuck, fuck, fuck,' I say aloud, while thinking, 'there's no hope.'

I'm no radiologist. Half the time when I see X-rays and scans I have only a vague idea of what I'm looking at but this is a gross abnormality. It is life compromising. It must be creating extreme pressures inside Sean's head.

'How can he have got this far,' I ask. Dr. Naidoo can only shake his head. I wish I wasn't a nurse now. Sean has changed from my happy little boy to a patient who will soon die. I know this for a fact.

'The air ambulance is on its way with a retrieval team,' Dr. Naidoo explains. We will have to make our own way to Sydney. He suggests we fly on the earliest commercial flight. The hospital can book seats.

'We'll drive,' I say, knowing we will need a car in Sydney. Dr. Naidoo is worried about my ability to drive but shrugs his acceptance.

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Sean is still playing trains when we return to his side. He is oblivious to our emotions – I think and hope. He was a normal boy when Jane left for work this morning. Nine hours later and he more than likely has a terminal illness. We have only moments to say goodbye if we are to be in Sydney soon after him.

‘Goodbye darling we have to go home for a little while. Be a good boy. We’ll see you soon. We love you very much,’ we add, smothering him in hugs and kisses. His expression scarcely changes.

‘What will happen to him now?’ I ask as one of the residents gives me a clutch of maps, phone numbers and names. He’ll be put to sleep, a breathing tube will be put into his trachea and he’ll be connected to a ventilator, is the sickening answer.

I glance back at Sean as we walk away. He looks perfectly well. Not at all like he is dying. ‘Please look after him,’ I want to yell.

Jane’s parents’ faces collapse on seeing ours. ‘What’s wrong? What’s wrong?’ Anne screams in response to our racking sobs.

‘Sean...he’s...he’s going to Sydney,’ Jane gets out.

‘He’s probably got a brain tumour,’ I manage. Then we are bawling. I hold the walls for support. Kevin holds Jane.

We haven’t time for this. I take a few hoarse breaths, summarise what we know so far then start organising. We may be gone for weeks. Kevin and I discuss the pets, our house, our cars and Sophie. Kevin gives me a roll of cash.

The drive home is one of tears, sobs and profanities. Jane never swears. I try not to but can’t stop myself now. Though it is dark outside, I can see that everything has changed and that nothing will ever be the same again.

Our friends and neighbours, Kenny and Jill, are in their driveway with their children, Carlos and Sierra, when we pull up twenty-five minutes later. Kenny, my surfing buddy, has twice sailed the Pacific solo. His skills haven’t prepared him for our news. He can’t comprehend our words.

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Jill, a thin, blond and cheerfully efficient lady, follows us home. There is much to do yet Jane and I stand just inside our door unable to move.

I had phoned Mum from the hospital and told her 'It is the worst news possible.' I called her again from Kevin and Anne's. Now she and Sophie have arrived.

Into her seventies and once a very attractive woman, my mother Enid is now grey-haired and increasingly frail. She is still very active. She draws inspiration from her boys and her grandchildren. My father Bill, an ex-Lieutenant Colonel, a more than competent handyman and a retired small businessman, can be a handful. My brother Jamie and his wife Lynda had a late miscarriage a few years back and live far away in Sydney. Now this. 'I'm so sorry Greg,' my mother tells me.

We hug and kiss Sophie. I tell her Sean is very ill. A little like me at her age, Sophie doesn't like outward displays of affection. She stands to the side, watching. Something big and terrible is happening. Tears of fear appear in her eyes. I worry what this will do to her.

The phone rings. There is room on Sean's plane for one of us. Jill volunteers to drive Jane to the hospital. Mum and I quickly pack for Jane who remains in the doorway, crying. Then I kiss her. And then she's gone. I must go too. I pack and write a long list for Mum. She will have to share caring for Sophie with Kevin and Anne. I phone Jane's boss. I call my hospital. I pull keys from key rings.

The phone rings. There is room on the plane for me too but I must hurry.

I drive to Coffs like a maniac with tears scalding my stubble. I cross double lines and overtake safer drivers. 130–150 km per hour. Not caring. Dr. Naidoo was right. I'm not fit to drive to Sydney.

Sean looks more like the patients I leave behind than my son now. He is unconscious and has a machine breathing for him. A pump is driving fluids into a vein. He has a urinary catheter. A tube protrudes from his nose. Leads connect him to screens. He has a chart. I can't make sense of it. I look to Jane

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whose face is flushed with emotion. The situation is even less comprehensible to her.

Someone tells me there were no problems intubating Sean. I nod but feel no relief. The tired Sydney-based retrieval team look on us with concern and compassion. They explain in-flight procedures as Sean and his machines are loaded onto a narrow trolley and wheeled to an ambulance. We follow in Jill's car. I see Jane's father, here to retrieve my car, standing to one side. Kevin is a big man who Jane calls 'an old softie'. Since retiring, he has discovered a green thumb and an amusing aversion to the period films Anne loves. Now he is bereft.

Our convoy crosses the tarmac to the waiting plane. Sean is stretchered on board and Jane is made to lie on a stretcher in the tail. I'm shown to the cockpit, to the right of the pilot and just to the fore of Sean. It is a tight fit for our tall pilot as he slots himself beside me and between the controls and various switches and dials. He gives me a 'don't touch anything' lecture before take-off. It's surreal. So much has happened in twenty-four hours. Something is horribly amiss in the grand scheme.

Soon I am looking down at the lights of towns and villages and the glow of the Hunter Valley hundreds of kilometres away. The night sky is cloudless. Jane, somewhere behind me, is alone and praying. Her fingers are crossed and her cheeks are wet with tears. She tries to see through her misted window to 'wish upon a star' for Sean.

I twist around. Because of cabin equipment, I can only see the edge of Sean's stretcher, the young lady doctor and, further back, the flight nurse. Sean's last two sentences, 'Can I take my Panda, Daddy?' and 'I want to go home, Daddy', are on constant replay. Sean's Panda is at his side. He can't see it or hold it. And I certainly can't take him home. Experience suggests I never will. If by chance I do, I know he will never again be the boy he once was or was ever going to be.

I make small talk with the pilot and watch him update charts and monitor dials. He explains how busy the air ambulance service is. I cease listening. Tears burn my face again. I rest my head on the cold side window and feel

the plane's drone. Then close my eyes. Not to sleep but to suppress the chaos in my brain as best I can.

It is still the fourteenth of September when we arrive at Mascot and taxi to a hanger. It is still Tuesday when we notice the waiting road ambulance. We watch the respective crews transfer Sean. Then he is gone. A nurse leads us to the quiet airport loop road and flags a taxi. Bizarrely, we soon catch and pass Sean's brightly lit ambulance.

Traffic lights and a highway take us westwards to a final long slope. At the bottom we are deposited, bags in hand, before a very modern façade. It is only 9.30 pm.

The New Children's Hospital Paediatric Intensive Care Unit

We stumble through sliding doors, bleary-eyed, as if arriving in a foreign hotel after a thirty-hour flight. Though it is late, there are people about – hospital workers and on the other side of the emergency counter and in front of a large fish tank, a few parents and some young teenagers. The foyer is carpeted, spacious and extends to our right past a set of circular seats. I hand over the papers I was given in Coffs and receive directions to the McMillan Paediatric Intensive Care Unit (PICU).

We are so exhausted, emotionally and physically, we need someone to take our hands and lead us to Sean. Instead, with deep breaths and heavy steps, we drag ourselves past corridors, offices and unlit shops to a winding ramp. Everything is on such a grand scale compared to Coffs and Grafton, we feel dwarfed and intimidated.

The next floor is quieter and less brightly lit. Behind and below us is the now deserted foyer. To our right, and flanked by a large charcoal drawing of a rhinoceros, is an empty corridor. In front of us is a restaurant called, The Bandaged Bear.