

For the next couple of months, leading up to my January UK and March US book release, I will share a few unedited scenes from my next Harlequin Mills and Boon story. I hope you enjoy it. Stay tuned for the next scene in December!

SINGLE DAD, NURSE BRIDE by Lynne Marshall
Medical Romance©

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Chapter One

The hair on Rikki Johansen's neck prickled. She chalked it up to internal radar since she always *knew* when a certain doctor came to the orthopedic ward. The fact she had a teeny tiny crush on him was beside the point.

Dr. Dane Hendricks didn't look pleased, and the scowl on his face proved something was wrong. His agitated demeanor flashed a warning, and made her wish she could hide. With his broad shoulders squared, and an IV piggyback in his hand, his intense green eyes scanned the nurses' station for a victim. He hadn't spotted her yet. She ducked her head.

"Which nurse is taking care of room 416?"

Rikki had just started her shift that Thursday morning, and couldn't avoid him. She glanced at her clipboard. Yep, she was the lucky nurse about to get chewed out. Dr. Henricks' no-

nonsense glare made her wish she could swap patient assignments with someone ... anyone.

"Over here." She made a nonchalant raise of her hand and pretended to be distracted with more important business, thumbing through a chart. She leaned back in her chair. Damn if she'd let him know how much he and his demanding, perfectionist ways scared her.

His long strides echoed off the linoleum. Each step closer brought a twinge of dread. Rikki clenched her jaw preparing for the worst.

He shoved the empty secondary IV under her gaze. "Whose name is that?"

"James Porter?" she read from the small plastic bag. Had she passed the test? She glanced upward into his dead-serious eyes, trying her hardest not to blink.

"Correct. So why did I find this hanging on my patient, Patrick Slausen's IV?"

Uh oh. She jumped up from her seat, and almost bumped into his overbearing chest. He stepped back, training his no-nonsense stare on her.

At 7:15 a.m., not about to start making excuses about how

she'd just come on duty and hadn't assessed her patients in room 416 yet, she opted to keep things short and to the point.

"I'll see to this immediately, sir, and write an incident report. Did you notice any adverse reaction from the patient?"

His glower sent a shiver down her spine. She tensed, waiting for the worst.

He adjusted his trendy glasses. "Lucky for you, he's fine." He turned. "I'm going to have a little conversation with your supervisor while you check things out," he said over his shoulder, digging his heels into the lime-tinted floor.

Great. Two months on the job at Los Angeles Mercy Hospital, not even off probation yet, and he was going to complain to her boss about her. What did it matter that it wasn't her fault? She was damned if she'd grovel to the self-assured orthopedic surgeon. She knew how to take a setback. Hell, her whole life had been one challenge after another. He wouldn't get her down.

Not today.

Not tomorrow. That is, if she still had her job tomorrow.

At least the patient was OK. It could be worse.

Though rare, medication errors did happen in hospitals, and

as an R.N. it was her job to see that they didn't. But no one was perfect, and nurses needed to feel it was safe to come forward and admit when they'd made mistakes without losing their jobs. The right thing to do was to immediately report the error to the nursing supervisor, fill out an incident report, and notify the patient's M.D. This time, Dr. Hendricks had beaten the nursing staff to the task. The outgoing nurse must not have noticed what she'd done. No one did something like this on purpose.

The best line of defense was always to check, and double check medications with the med sheet. Never rush. Allergic reactions from wrong medications could be fatal. Rikki knew this as well as her own shoe size.

What had they drummed into her head in nursing school? Check for the right patient, the right drug, the right dose, the right time, the right route, and then do it all again, and again before giving a patient anything. Obviously the night nurse had been distracted, but that was still no excuse.

Rikki rushed into 416A, to Mr. Slausen, a total hip replacement, and began her head to toe assessment while taking vital signs.

"Good morning gentlemen," she said to both patients. "Get any sleep last night?"

They both grumbled from their day old whiskered faces something about how the night nurses never left them alone. If she hadn't been so distracted, she'd have teased them to brighten up their day like she usually did with her patients. *Oh, come on. Those poor night nurses get bored. They have to keep waking you up to give them something to do.* But making a joke was the last thing on her mind this morning.

She noted on the chart that patient Slausen's antibiotic was to be given every six hours, 12-6-12-6. The last dose was given one hour before her shift began. Thank heavens James Porter, his roommate in bed B, was on the same dose of antibiotic for his below-the-knee amputation. The error had been the right drug, the right route, the right time, and the right dose, but the *wrong* patient. A careless mistake. And there was no antibiotic hanging for Mr. Porter, which meant he'd missed a dose. Not acceptable.

She handed Mr. Slausen his bedside Inspirometer after listening to his breath sounds. "Here you go. Deep breathe. See how far you can raise the balls." He'd sounded a little too

quiet in his left lung. "Try for the smiley face area. We've got to re-expand your lungs."

She glanced at Mr. Porter, watching and waiting for his turn for vital signs. "Do yours, too. It's very important after surgery." He reluctantly reached for the plastic contraption that bore a silly happy face that elevated to various levels with each deep inhalation. She knew it might be uncomfortable for a post op patient to do, but it lessened the chance for pneumonia.

Rikki didn't let on anything was wrong, but in her opinion, Dr. Hendricks had every right to be upset.