

# Medical Team Unable to Penetrate Patient's Protective Blanket Cocoon

**SAN FRANCISCO, CA** - "I think it's alive," whispered intern Jason McCarren to nurse Mya Roberts, both at the patient's bedside puzzled.



"Look at those patient cocoons!"

"Are you sure?" responded Roberts. "Maybe we should poke it?"

McCarren and Roberts are two of many health care practitioners struggling to manage the care of a possible patient at San Francisco University Medical Center Healthcare System Hospital Clinic General of San Francisco (SFUMCHSHCGSF). What is the main problem? No one has penetrated the patient's protective cocoon of blankets.

"There, there!" pointed McCarren, excited and nervous. "I think it's breathing! Right? Don't you think it's breathing?"

Even after two long weeks in the hospital, no one has made any meaningful interaction with "it" or "the creature beneath the blankets." An emergency town hall meeting last week revealed split beliefs among hospital staff: half believe a patient exists underneath the mound of blankets, but half don't. Even if a patient did exist underneath that cocoon of warmth, no one has an inkling as to why the patient was here in the first place.

"Any time you pull at the blankets, particularly the outermost layer, there's a

grunt and the blankets get pulled taut by some inner force,” said internal medicine attending Donna Myers. “Sometimes I think it says, ‘Leave me alone,’ but I can’t be totally sure. What I do know is that it is averse to both [sunlight](#) and artificial light.”

Many attempts have been made to establish if a patient exists underneath the impenetrable blanket cocoon. Phlebotomy drew blood, but the sample revealed 100% cotton. A CT scan to “rule out patient” revealed a “large mass that could be consistent with a human being” but ultimately recommended “[clinical correlation](#).” Oncology recommended biopsy of the mass. General surgery was consulted to perform an exploratory cocoonotomy with lysis of blankets.

“The blankets are unbelievably dense,” said surgeon Ryan Winters, unable to resect any of the patient’s protective linens even after 10 hours in the operating room (OR). “Frozen section revealed ten alternating layers of polyester and cotton. I never fully visualized the patient.”

Sources close to [GomerBlog](#) believe that the next step in management is down to one of three options: (1) write a discharge order and see what happens, (2) [tickle](#) the mass of blankets and see what happens, or (3) consult both [palliative care](#) and the local laundromat to help with goals of care. Until then, health care practitioners can’t help but just watch and wonder.

“I still think we should poke it,” said Roberts back to McCarren. “Let’s go find a broom or a cane. Bet you didn’t go into medicine to deal with stuff like this.”