A Helpful Clinical Pearl

In the Medicine Ward

I was a little skittish from the beginning of my medicine ward month at the start of my intern year. My first patient on the first day coded soon after morning sign out. We were able to resuscitate her and wheel her to the ICU, but she died a few days later.

Weeks later, Mr. Z, a grizzled alcoholic, who was admitted a few days previous for acute pancreatitis. He was doing very well, until the day I told him he was going home.

"What do you mean? I'm still very sick." He peppered some cafeteria lasagna and scooped it into his mouth.

It was time to go home, I insisted. All of his discharge arrangements had been made and he would be able to leave today. He reluctantly agreed. I completed his discharge paperwork and left to round on the rest of my patients.

Later that day, Mr. Z's nurse paged me.

"You need to take a look at him. He's not right," the nurse said before hanging up.

I ran up 3 flights of stairs to his room. Mr. Z was sitting upright, wildly clutching his bed rails. His eyes were wide open in distress. Loudly gasping, he seemed to be struggling to breathe.

"Mr Z!" I cried. "Are you okay?"

His eyes rolled at me. He was fearful but alert. I did a quick examination. His heart and lungs were clear, and his pulses were strong. He didn't have stridor or any rashes, and he was moving all of his limbs wildly but purposefully.

"Should I call a code?" The nurse called from the doorway.

I paused. Mr. Z was clearly in distress, but there was nothing wrong with him. "No, but page my resident stat!" I said, grabbing a blood pressure cuff.

Mr. Z took one final breath and then slumped limply against the bed, appearing to have lost consciousness.

"Holy shit!" The nurse yelled. He slammed a red button on the wall, and the intercom announced a code blue in Mr. Z's room. I cranked the bed to a flat position, in anticipation of having to manage his airway. I examined him again. Aside from his losing consciousness, I still couldn't find anything wrong with Mr. Z.

I could hear an army rushing down the hallway. I wanted to do something, but what? I was untangling the blood pressure cuff from the oxygen tubing when the code team finally arrived.

"Well, *he* looks pretty good," an ICU nurse said brassily.

I looked at Mr. Z. He had opened his eyes and looked around, dazed.

The code team assessed him for a few minutes and left when they decided he was stable. Some were chuckling with each other. Mr. Z's nurse had slipped away. My senior resident clapped me on the back and said nothing. Mr. Z's laboratory work and radiologic studies from that day were all normal. When Mr. Z was discharged 2 days later, he shook my hand and congratulated me on a job well done.

Later, after the code, I cornered my attending and asked him what he thought had happened. I kept a little notebook of clinical pearls and was ready to record his response.

He shrugged. "Well, sometimes sick people breathe . . . funny."

I pretended to scribble that down, thanked him, and left. It was late in the afternoon and I had notes to write.

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