A Lot of Life Left in Him

In the Critical Care Unit

I was on call in the CCU around 11 PM when an 81-year-old man was brought in from the catheter laboratory. The man had been attending a funeral when he suddenly collapsed. CPR was started by 2 nurses who were present at the funeral, and EMS was called. The patient was found to be in ventricular fibrillation and converted to sinus rhythm after 1 shock was administered by the EMTs. By the time he was admitted to my service, the patient was intubated and unresponsive but in a stable cardiovascular state. When I spoke with his family, I tried to prepare them for the possibility that he might have suffered irreversible hypoxic brain injury.

However, the patient recovered extremely well. He regained full neurologic function and was extubated about 24 hours later. The first time I saw him after extubation, he told me he did not remember what had happened and was not sure why he was in the hospital. The last thing he remembered was "looking at that lady in her casket." I gently tried to explain that he had collapsed because of an abnormal heart rhythm that was very serious, but he kept insisting that there was no reason for him to be in the hospital and that he was ready to go home.

Finally, I said, "Sir, while you were at the funeral, you died."

He thought about this for a minute and then responded, "Well, why didn't they just save time and throw me in the casket, too?"

The patient remained hospitalized for another week and was discharged after placement of a defibrillator. I came to know him and his wife well. As evidenced by his earlier comments, the patient had an entertaining and quirky sense of humor that always made me laugh. So often, it seems that codes are futile and a last-ditch effort to revive patients who everyone knows will not do well. This patient was a good reminder that codes really can save lives and that even after coding at age 81 years, a patient may have a lot of life left in him.

—Molly Imber, MD
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WHAT WAS YOUR MOST MEMORABLE CODE BLUE?

Real-life stories are sometimes more bizarre than fiction, yet they leave us with a profound lesson about the unique and fragile balance between life and death and the role of medicine within this context.

In a few paragraphs (less than 700 words), send us your most unusual, difficult, or humorous story of a code blue (resuscitative effort) in which you were involved. Include any long-term reflections that you may have about the case, or share with us the humor of the moment. You may discuss an event that took place in your first days of residency or one that occurred just yesterday. The story may have taken place on a back road or in a hospital cafeteria. Whatever or wherever it was, we want to know.

Please send us your most interesting personal stories. Submissions should include the author's name, address, phone and fax numbers, and e-mail address if available. We'll maintain your anonymity if you wish. The best stories will be selected for publication.

Send your submission to: Code Blue, *Hospital Physician*
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