

A Twist of Fate

In the ICU

During my third year of residency, I took an “away” elective in infectious diseases in anticipation of applying for a fellowship later that year. One morning following rounds at the institution I was visiting, the attending physician asked me to provide a consultation, warning me that it was only for educational purposes. The consult pertained to a patient admitted to the CCU with hypertensive crisis. This patient had subcutaneous nodules and had told the ICU team that he received treatment for tuberculosis of the hand in the remote past. The ICU team requested the consult to learn more about this rare manifestation of tuberculosis from the infectious diseases team.

When I went to see the patient in the CCU, the ICU team had left the unit to see another patient. Suddenly, an alarm sounded from the room next door. Nurses raced into the room. One of them yelled that the patient stopped breathing. Another nurse shouted, “Call a code blue!”

I peered curiously at the patient in the ICU. In the quiet chaos of that moment, I froze. I contemplated whether to go into the room, but I was only a visiting resident and I did not want to overstep my bounds. Some time passed and no one arrived to run the code. The nurses were becoming more frantic. I decided to take charge and went into the room.

“Place the pads on! Start bagging the patient! Does

the patient have a pulse?” I looked on the monitor and noticed that the patient was in ventricular tachycardia. After I felt no pulse, I shouted, “Shock!” The nurse pressed the button and nothing happened. We tried to shock the patient again. The machine was not working! Then, the patient started to regain consciousness after the third shock attempt converted him to sinus rhythm. Just as I was ordering a bolus dose of amiodarone, I looked behind me and saw perhaps 10 doctors watching me from the doorway.

The code team finally came and took over the code. I felt that everything I learned in medical school and during my residency was tested in those first few minutes when I went into the patient’s room. I learned that helping someone who was not breathing was more important than doing a consult, although it was not my job or my place to do so. This seems so obvious now, but it was not so at the time.

Fate played a role that day. I later learned that the code blue was not heard over the intercom. The attending told me that if I had not gone into the room, the patient could have died. I honestly believe that the unnecessary consult for one patient probably saved another patient’s life.

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