

Broccoli Pizza

In the Hospital Cafeteria

I was chief resident in my final year of an emergency medicine residency. It had been a nonstop day at the ED; I hadn't eaten, and my stomach was talking to me more than the patients were. Sensing a transient break in the action, one that I knew would be short lived, I grabbed my chance and escaped the ED for the calmest and sometimes most enjoyable 15 minutes of the day—the cafeteria run.

The cafeteria was quiet as I walked by a few visitors, nurses, and fellow residents while eyeing the broccoli pizza. Grabbing a tray, I walked over, opened the warmer, grabbed two slices, and shut the door. Behind me, I heard a sound that resembled a combination of a smack and thud. I immediately spun around and saw an obese middle-aged man lying unconscious on the floor. I put down my tray and headed over to his side, guessing that I was going to miss out on that delicious pizza.

So there I was, between the New England clam chowder station and the gourmet coffee counter, maintaining an airway. As a former ED nurse arrived, the patient's breathing stopped and the faint pulse I thought I was feeling was gone. A crowd formed as we began CPR. The code equipment eventually arrived and, after placing him on the monitor and finding him in coarse V-fib, we initiated ACLS protocol. After defibrillation, the nurse started an intravenous line, and lying prone on the cafeteria floor, french fries sticking to my scrubs, I intubated the unresponsive man. Following the establishment of intravenous access, ACLS protocol was continued as a stretcher was retrieved. Now palpating a

weak pulse, we placed the patient on the gurney and raced downstairs to the ED.

On the elevator (just his and my luck today), the patient again lost his pulse. With a bit of traveling still to do, I hopped on the stretcher, straddled his waist, and began chest compressions. Our team arrived at the ED critical care rooms as if we were rehearsing a scene from the television program *ER*. As resuscitation continued and pulses were again detected, we obtained an ECG that demonstrated an acute MI, which prompted an emergency call to cardiology. The patient began to mount a marginal blood pressure and was transported to the cardiac catheter lab.

Forbidden to leave the department again by the ED staff for fear that I would generate more business, I resumed caring for the patients I left prior to my cafeteria run. Convinced I had done all I could under the circumstances, my thoughts kept returning to the patient from the cafeteria. With poor outcome statistics weighing on my mind, I tried to distract myself with a lighter subject—namely, my uneaten lunch. After my shift, I walked back to the cafeteria to see if that elusive broccoli pizza was still available. “Man, I ain't ever seen anything like that,” remarked the cashier, and my slice was on the house.

The patient? He walked out of the hospital 2 weeks later. And me? I have never looked at a slice of broccoli pizza in quite the same way.

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