Twice

In the Emergency Department

One of the most difficult aspects of being a doctor in the ED is dealing with the dying and, consequently, those left alive. Recently, I cared for a patient who I declared dead twice, something that I hope never happens again.

The patient was elderly and looked very pale as she gasped in labored and sucking respirations. She had been discharged on the previous day but had started vomiting blood due to severe gastritis caused by the high-dose steroids used to treat her newly diagnosed lymphoma. She was accompanied by 2 daughters who wanted me to help their mother but not do anything "brutal," as they had a realistic idea of their mother's prognosis. We agreed on no chest compressions and no electrical shocks but were otherwise given full license.

With her daughters escorted out of the ED to call other family members, we intubated the patient, placed a central line, and set up other monitoring equipment. We started her on dopamine and called for uncrossed blood. Things were going well, until she developed a myriad of malignant cardiac dysrhythmias. We administered the usual medications but, as requested, did not perform chest compressions or defibrillate the woman.

The hospital's social workers were dispatched to relay the grim prognosis to the family as the woman's heart slowed down and ultimately stopped. With the patient making no respirations on her own, with no beats on the monitor, and with no pulsatile flow on a bedside ultrasound machine, I called the code, asking as I always do, "Does anyone have any objection to calling it?" No one did.

I rehearsed my "she is dead" speech as I surveyed the result of our attempts. There was blood from the central line, coffee-ground vomitus from her mouth, tubes in her mouth, leads hooked to the switched-off monitor, and ultrasound gel puddled at the base of her thin abdomen where it met her rib cage. Suddenly, the pile of ultrasound gel shimmered, quivered, and began to gradually undulate. I felt for the patient's femoral pulse and found a bounding waveform.

The next awkward moments were some of the longest of my career as she continued to have a great pulse but still was not breathing. We watched for 30 to 40 seconds, and there still was no movement as her pulse continued to pick up strength and the monitor, which we plugged in again, showed a fast but normal rhythm with a discernible blood pressure.

By now, the family had swelled out of the waiting area into the family room for bad news and undoubtedly expected the worst. I joined them to let them know she had apparently "come back" after the code was called. The family was briefly buoyed by this news but eventually understood her condition to be terminal. They decided on leaving her ventilated with only medications for comfort until her husband arrived; again, they wanted nothing "brutal." When I returned to her bedside, she had indeed made some gasping, agonal attempts to breath and was placed on the ventilator. As the room was cleaned to receive her family, her blood pressure and heart rhythm had again started to destabilize but we turned a blind eye. The family knew the patient's prognosis and accepted it as they gathered at her bedside.

As the patient continued to fade, the nurses constantly silenced the mechanical alarms. Her husband finally arrived and joined the vigil. Approximately 30 to 45 minutes later, she became pulseless and apneic and was in asystole for a full 8 minutes. Then, I told the assembled mass that she was dead after listening to her chest for a full minute.

I have never had a person who I called the code on come back and I hope I never do again, but I am glad this patient did. Seeing her husband arrive after I thought her gone forever reaffirmed my already idealistic notion of love; he genuinely and obviously mourned her, and his family served to magnify and dignify his emotion. Although I feel chagrined about "pronouncing" her dead twice in 1 day, I feel more at peace with her demise than had she "died" just once.

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