

## Do Not Resuscitate

In the ICU

The first time I ran a code was during my internship. It was 3 AM when I finished writing an order for a patient in the CICU. I thought I would make the rounds before heading to the on-call room to try and get some rest. As I walked toward the MICU, I heard a nurse yell, "Call a code blue!" Immediately, I ran to the patient's room. Lying on the bed was Ms. Smith, a 93-year-old African American woman, and she was not moving. I knew that my senior was supposed to run the code, but it would be at least a couple of minutes before he arrived. I decided to take charge and started running the code. I asked the nurse, "Is she DNR?"

She snapped, "If I knew she was DNR, then I wouldn't be calling a code!"

With that established, I began to spurt out orders as if I had run a code many times, and I was amazed at how smoothly I did it. People started to appear from nowhere to assist. The respiratory therapist was there within minutes, and then my senior showed up. I looked at him, and he said with a reassuring smile, "Go ahead and run the code." Before I knew it, we were pumping the patient's chest, intubating her, and administering drugs. Minutes later, we recovered a pulse. She stabilized and was transferred to the MICU. It was an exhilarating experience to save this woman! This was the reason I became a doctor.

I called Ms. Smith's next of kin, which happened to be her daughter. When I told her what had happened, her shocking response was, "My mom is DNR. Why did you resuscitate her? This is exactly what she wanted to prevent!"

I dropped the phone in disbelief and quickly asked the nurse to bring me Ms. Smith's chart. There was no

DNR order, DNR sheet, or DNR color code anywhere on her chart. We quickly deduced that Ms. Smith had been transferred from a nursing home and her DNR status had not been written on the chart or verbally communicated to our staff. I explained to Ms. Smith's daughter that a mistake had been made and she could sign a form that would allow us to discontinue life support and terminally wean her mother off the ventilator. She agreed and within an hour she signed the form. I then personally disconnected Ms. Smith from the ventilator.

Waiting for the inevitable took a long time. My shift finally ended and Ms. Smith was breathing on her own. Her heart rhythm, which had been in atrial fibrillation, was now sinus rhythm. I left the hospital certain that I would never see Ms. Smith again.

When I returned to work 2 days after Ms. Smith had coded, a nurse told me that a patient wanted to speak with me. When I entered the room, Ms. Smith was sitting up in bed with a smile on her face. She asked, "Are you Dr. Gonzalez?" Pale, shocked, and unable to speak, I nodded. She said, "Dr. Gonzalez, I hear you saved my life despite my wanting to go. I thank you! I take back my DNR order. Come give me a hug!"

I continue to keep in touch with Ms. Smith. She's still alive and just turned 95. I would never presume to be solely responsible for saving Ms. Smith's life, but her recovery was a special gift to me. We as physicians have a rare and unique privilege. Although I would always respect a patient's wishes, I will think of Ms. Smith when I read DNR on a patient's chart.

—Orlando V. Gonzalez, MD  
Montclair, NJ

### 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 story of the most unusual, difficult, or humorous code blue (re-suscitative 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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