The First Is the Worst

On the Medicine Floor

It was the first night of my medicine call as a resident. I was nervous because I had never run a code as a medical student and the thought of running a code now was frightening. About 30 minutes into the shift, a code blue was called on the sixth floor. I ran from the fifth floor to the sixth floor as fast as I could, hoping it was a false alarm. On the way to the code, instead of going through all the possible scenarios that I had just learned in ACLS, all I could think about was the classic medical novel about internship, *House of God*. I had just read the book and was thinking of law number 3, "At a cardiac arrest, the first procedure is to take your own pulse."

When I arrived in the patient's room, the situation was chaotic, and several people were waiting for me to tell them what to do. After making sure I was alive, I quickly examined the patient and then ordered the team to start CPR, obtain IV access, and hook the patient up to a monitor. The monitor demonstrated that the patient was in pulseless electrical activity. I tried to remember the causes of pulseless electrical activity as I directed the team to administer epinephrine and continue treatment.

It was now time to secure the patient's airway. I had performed many intubations as a medical student during my anesthesiology rotation and felt reasonably comfortable doing so now. I inserted the laryngoscope blade and tried to see the vocal cords, but I could see nothing but blood that kept coming and coming. I asked for suction, but the blood just filled the patient's throat as fast as I could remove it. No other doctor was present, so I tried blindly to intubate the patient, and I was unsuccessful. My senior resident had just arrived, and she attempted to intubate the patient, without success. We called anesthesiology for assistance, and they succeeded in intubating the patient.

As we listened to confirm placement of the endotracheal airway tube, there were no breath sounds on the right side. My senior resident placed a chest tube on the right side, and copious amounts of blood came out, covering the patient's bed and the floor. We continued to perform CPR as the patient continued to fade. Both the patient's attending physician and family were contacted. After about 20 minutes of CPR, the code was called.

I was numb. It was my job to pronounce the patient dead. I completed the necessary paperwork and then, officially, the patient was dead. I went back to the patient whom I had been admitting prior to the code, wondering what had happened. I later discovered that the patient had lung cancer that eroded his esophagus, causing massive hemorrhaging.

After that experience, I was certainly not scared of codes anymore. How could the next one be any worse than the first?

—Jeremy C. King, DO
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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 story of the most unusual, difficult, or humorous 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.

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