

The Grace of a Final Goodbye

In the Emergency Department

About 10 years ago, I had the privilege of taking care of Nancy, a retired nurse who was disabled by progressive sarcoidosis. Her myocardium was infiltrated, and, after years of medication, her heart was beginning to fail. She was aware of her condition and told me that she did not wish to be resuscitated if she worsened. Nancy presented conscious to the emergency department with new onset of a rapid, regular, narrow complex tachycardia, with a heart rate of 170 bpm and a blood pressure of 90/60 mm Hg. She was dyspneic but had clear lung fields. As I continued to examine her, Nancy mentioned that her husband of 30 years was out of town on business on the east coast.

This was in the days before adenosine, and for some reason, I felt uncomfortable giving Nancy a dose of verapamil to slow her supraventricular tachycardia. I consulted her cardiologist and requested that he come in and assist because I was uneasy giving her the recommended treatment and concerned about cardioverting Nancy.

Nancy's cardiologist spoke to and examined Nancy, then opted for the verapamil. I was mentally kicking myself for "not being man enough" to follow through with the treatment myself. Yet, I still felt anxious as the nurse pushed the verapamil into Nancy's intravenous line.

Sarcoidosis is a perplexing disease. In Nancy's case, the disease had infiltrated the pliable collagen of her heart and changed her heart into a stiff cartilaginous organ restricted from its normal motion. If nothing

was done for her heart rate, Nancy clearly would go into pulmonary edema and expire from cardiogenic shock. Nancy's stroke volume was critically restricted and the only way for her to maintain her cardiac output was by increasing her heart rate to the point of decompensation.

My anxiety began to melt away as the heart rate came down—120 bpm, 100 bpm, 80 bpm, and then 70 bpm. My tension again rose as her heart rate continued to drop until she was in bradycardic arrest. Although Nancy had made her wishes regarding resuscitation known, withholding resuscitation treatment at this point just did not feel right. After a few quick words and exchanged glances with the nurse, cardiologist, and Nancy's daughter, I quickly resuscitated Nancy with intubation and a bolus of epinephrine and atropine. She woke up within a minute. We extubated her, and her heart rate was back at 170 bpm, with a blood pressure of 90/60 mm Hg.

The nurse and Nancy's daughter tracked down Nancy's husband. Nancy, her daughter, and her husband spent the next 15 minutes on the phone saying goodbye. The cardiologist then had the nurse administer the verapamil and Nancy's heart rate dropped quickly from 170 to 120 bpm, then 60 bpm, and then her heart stopped. But this time I did not resuscitate her. This time things felt right, and we all said goodbye to Nancy.

—Jon Pazevic, DO, FACOEP, FACEP
Edmonds, WA

Opportunities

US IMMIGRATION LAW

WILLIAM NEWELL SIEBERT
ATTORNEY AT LAW



307 North Michigan Avenue, Suite 924
Chicago, Illinois
60601, USA
Voice: 312/329-0646
Fax: 312/553-4419

e-mail: wsiebert@siebert-immigrationlaw.com

Practice concentrated in US Immigration law

CLASSIFIED INFORMATION

Deborah D. Chavis
Sales & Marketing Manager
Hospital Physician

Turner White Communications, Inc
(610) 975-4541 • FAX: (610) 975-4564

Copyright 2004 by Turner White Communications Inc., Wayne, PA. All rights reserved.