Know Your Patients

In the Cardiology Unit

As a first year cardiology fellow, I was just finishing a weekend call and was about to grab some hot coffee in the cafeteria when I heard a code blue announced from the cardiology unit. I dashed to the eighth floor, where a nurse told me that my patient had been found unresponsive and pulseless.

When I arrived, the code team was already working through the ABCs and the ACLS. The patient's telemetry buzzed with a very rapid heart rate, and the cardiac monitor showed a wide complex regular tachycardia. The patient was intubated, and she received multiple shocks before the rhythm converted to pulseless electrical activity. With ongoing resuscitation, the patient's pulse was restored and she was transferred to the ICU for further management.

Around this time, the on-call surgical resident said, "Hey, this woman as per my understanding has an ICD. Why didn't it treat her appropriately for the ventricular tachycardia?"

Shocked, I replied, "She had an ICD until yesterday afternoon, but the leads and generator had to be extracted because of a serious pocket infection. Since she has a low ejection fraction, she is highly prone for malignant tachyarrhythmias."

Everyone in the room raised their eyebrows and dropped their jaws because they had been under the impression that the patient had a functioning ICD. To my dismay, the code team had not been given a current history from whomever grabbed her chart during the code. Over the course of 5 days since admission, various treatment plans had been executed. One such plan was to remove the generator and the defibrillator leads to let the infection resolve so that new leads and a new generator could be implanted. Until then, she would remain in the hospital to be monitored.

I felt terrible that this patient with multiple medical problems had been treated with the notion that she had a functioning ICD. As physicians, it is imperative that we know our patients' history in detail, with someone assigned to review the chart carefully as we work our way through a code. Fortunately, this patient was not denied any ACLS protocol due to this misunderstanding. Over the course of a few days, she was doing very well and was discharged 2 weeks later with a new ICD.

—Lalitha Rudraiah, MD
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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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