

The Shopping List

In the Emergency Department

We readied ourselves as soon as the call came. I was doing my ED rotation as a family practice intern and had almost gotten used to the “code blues” that rolled in periodically throughout a shift. The paramedics were transporting someone in cardiac arrest. The respiratory therapist was called, and we gathered in the ED bay, donning gloves, checking equipment, awaiting the arrival.

The patient was already intubated, and the paramedics were performing CPR. We took over as they relayed to us what little they knew about him: he was visiting someone at a nursing home when he collapsed, and a security guard had begun CPR. The paramedics said the patient was in asystole when they arrived. After they administered a few doses of epinephrine, there was some electrical activity in his heart, but still no pulse. Nearly a half hour had already passed since the call.

The patient appeared to be about 60 years old; he was African American, white-haired, tall, and well-built. I listened to his lungs to make sure the endotracheal tube was positioned correctly. Another doctor checked his groin for a pulse while someone took over chest compressions. A nurse applied electrode leads so we could determine if his heart had any activity. Others pulled off his pants and underwear and cut off his shirt while we worked around them.

I took over the chest compressions while we gave him more medications through his IV. Glucose, in case low blood sugar caused his arrest. Calcium gluconate, in case his potassium was too high. Bicarbonate, in case there was too much acid in his blood. And repeated

doses of epinephrine. His heart’s electrical activity remained minimal, occasional weak complexes that are called “agonal.”

Meanwhile, someone searched his pockets, looking for useful information. There was no wallet. He had some coins in a front pocket and a list scrawled on a scrap of an envelope in his back pocket. At first, we hoped it was a medication list, as if that would help us help him, but it was only a grocery list. This was all we would know of him: that he was headed to or from the grocery store to buy this mundane list of items.

The code took only 10 or 15 minutes. By then, he had already been “down” for 45 minutes, without any return of a cardiac rhythm or pulse. Even on the miraculous chance we were able to get a pulse, his chances of survival after such a long time without a heart beat were virtually zero. His time of death was called, and all the activity stopped.

I went back to seeing other patients in the ED but felt strange and unsettled for a while afterward. Maybe it was the mystery of the man’s life, someone I encountered only in the brief flurry of activity that followed his death. Maybe it was the poignancy of the shopping list, wondering if he’d made it to the store or not. Maybe it was the futility of the attempted resuscitation, the wasted resources and energy, something gone through almost by rote so that we could say we did everything we could.

—**Jessica L. Bloom-Foster, MD**
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