The Boy Who Lived

In the ED

As an emergency medicine resident, code blues happen frequently during my shifts, but they do not often involve children. My most memorable code happened when I was a second year resident. Paramedics brought in a 15-year-old boy who was cold and pale with fixed and dilated pupils. The telemetry report revealed that he was in cardiac arrest and had been asystolic for at least 20 minutes.

As I prepared the equipment for the code, I truthfully did not believe that our attempts to resuscitate the patient would be successful. When I heard that he was not intubated, had no IV access, and had been pulseless for over 30 minutes by the time he arrived under my care, I struggled with the idea of giving him every chance possible and the thought of our efforts being futile.

After I quickly intubated the patient, established IV access, and instituted ACLS protocol, the patient regained a pulse. Once he was stabilized on pressors and a ventilator, he was transferred to the PICU. The PICU attending and I discussed the prognosis with the patient's family, who had found him that morning lying in the bathtub unconscious and unresponsive with vomit in his airway. They suspected an opioid overdose of his father's pain medication but had never known him to use illicit drugs or have thoughts of suicide. As the PICU attending explained the effects of anoxic brain injury, he buffered the news with the successful resuscitation that offered the patient a chance for recovery.

Although most patients who are asystolic for long periods do not often respond to resuscitation, this boy was different. I visited him throughout his hospital course and witnessed his eventual extubation and improving mental status. Within days, an MRI showed no signs of anoxic brain injury, and at the time of discharge he was following commands and getting better each day. Nurses who were involved in the code frequently asked how he was doing and were shocked to hear about his amazing recovery—a recovery that was only possible in a young, otherwise healthy kid.

When I resuscitate patients who are near death, I always ask myself if I have made a positive difference for the patient or his or her loved ones. Did I give the patient a life he or she would not have otherwise wanted? Did I create a more prolonged and arduous hospital course for the family just to delay the patient's inevitable death? Although that may be true sometimes, I like to think that, even if a patient ultimately dies, I at least gave the family time to say goodbye. Sometimes a family can eventually accept the death of a loved one, but this is more difficult with children. Sick children provoke fear in the hearts of emergency physicians for this very reason. A child's death is harder to accept. Luckily, I did not have to witness or accept this child's death. He proved to be the boy who lived.

—Laura Dolkas, 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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