Do Judge a Chart by Its Cover

In the Radiology Department

My most memorable code blue occurred during my senior year of residency. It was an unusual day in that it was progressing without interruptions. My intern and I were even able to sit down for lunch at a normal hour. Suddenly, my code pager vibrated at my waist and then indicated the location of the emergency. Luckily, it was just down the hall in radiology.

As I entered the room, I saw an unconscious, fairly obese woman on the table with people hovering over her. One of the nurses informed me that the patient had severe cardiomyopathy, and an acute onset of claustrophobia caused her to vomit and aspirate while supine. Her heart failed almost immediately as a result of the respiratory distress. A radiologist had already started the code and a respiratory therapist was trying to intubate her, but a volcanic eruption of yellow pulmonary secretions was not allowing any life-sustaining oxygen into her lungs. The portable monitor was flatline. As appropriate medications and suction were given, I decided to look through her chart to see if there was anything else I could do. I lifted the chart into my hands, and my arms began to tremble as I read the room number on the chart cover: maternity ward!

I screamed, "There's a baby in there!" The room fell silent. I ran to the nearest phone and had the hospital operator page for an obstetrician to come to radiology immediately. According to the chart, the woman had just entered her third trimester. At that point, all I could think about was saving the baby.

After 2 stat pages, there was still no obstetrician in sight. I started to think about the several cesarean sections I had participated in and decided I had nothing to lose. By this time, the radiologist had called the code, so there was no concern about preserving a sterile environment, nicking the bladder, or stopping excessive bleeding. I asked for a central line kit or anything that had a scalpel in it. At that point, one of my attending physicians who luckily had obstetrics experience arrived. It only took her a few seconds to agree that we had to perform a cesarean section right away in order to save the baby. As a nurse walked in with the necessary instruments, an obstetrician finally arrived as well.

While the 2 more experienced physicians rapidly extracted the baby, all I could do was rest my head on the wall and pray that I would hear the baby's cry in the next few minutes. The NICU nurses were already there with an incubator and monitors. When it was all over, my attending said to me, "I'll talk to the family for you, and I'm going to tell them how you saved that baby's life." I was so drained that, for the first time in my residency, I accepted the offer. Unfortunately, the baby died later that week in the NICU.

Eight years later, I still often reflect on that day. It reminds me of how delicate life is. I only hope that someone can learn the same valuable lesson I did. Taking a second to look at a chart or even a room number may help save a life. Most importantly, in our profession you cannot be afraid to take desperate measures when a desperate situation arises. My only peace is that the newborn died in a warm incubator surrounded by loved ones.

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