

## A Code Blue Conundrum

On the Orthopaedics Floor

One night when I was on call during my internal medicine residency, a code blue was called from the orthopaedics floor. A woman in her eighties who had undergone a total hip replacement that morning had been found apneic and pulseless by a nurse. By the time I arrived on the floor, the resuscitation cart was already there and cardiac monitoring had been started, which showed a perfect sinus rhythm. Curiously, the patient had no heartbeat, no respirations, and no reflexes, and her pupils were dilated. A surgical resident had also just arrived, and we started CPR. My initial impression of the patient's condition was electromechanical dissociation due to a pulmonary embolism, so we started calcium boluses along with other standard resuscitative interventions. The orthopaedic surgeon arrived about 15 minutes later, and we explained the puzzling situation: the patient's body was definitely becoming cold, but the monitor still showed a perfect tracing.

After every effort that we made failed, we decided that the patient was indeed brain and cardiovascularly dead, but for some inexplicable reason electrical activity in the heart continued, so she couldn't be pronounced dead. We sent the patient's body to the ICU to wait until the tracing was flat, and I went to bed.

The next morning, I met with the surgical resident at breakfast.

"So, what happened?"

"Turns out she had a pacemaker! One of those early ones that show no spike and to boot it was placed right below the right costal margin. And since it wasn't mentioned in her history and she had no relatives who knew about it..."

It seems we had spent an hour resuscitating a pacemaker.

—Fausto Fernandez, MD  
Locust Grove, VA

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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 most unusual, difficult, or humorous story of a 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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