

## Family Responses

In the ICU

When I heard the code blue announced from the overhead speakers, I immediately made my way to the ICU. Upon my arrival at the patient's room, I noticed that some nurses had started CPR. I was told that "Carla" was a 56-year-old woman with a history of metastatic colon cancer who had been admitted with probable sepsis and respiratory failure earlier in the day. A quick assessment of the patient and a glance at the monitor revealed pulseless electrical activity. We quickly ran down the differential of what might be happening and began the resuscitation. After working for approximately 20 minutes with no success, we were discussing calling the code when some of Carla's family members arrived at the room. As they saw us performing chest compressions, they started to scream and cry in each other's arms. We continued to work while the chaplain and some nurses attempted to comfort the family. Suddenly, one of Carla's daughters slipped along the bedside and began pounding on her mother's chest while screaming, "Come on Momma, fight, fight, fight! You can make it! We love you! Stay away from that bright light!" Then, she fell to the ground and began sobbing uncontrollably.

At first, everyone was taken aback by what had happened. I saw that my fellow intern had stopped chest compressions for a second and looked as though she did not know what to do next. That moment seemed surreal: it was like a scene from a movie or television show where the patient would instantly have a sustainable rhythm, awaken, and probably even walk out of

the hospital within the next day or 2. After the initial shock passed, a nurse and 1 of the residents began consoling the daughter and the other family members while discussing the gravity of Carla's condition. We continued to work on Carla for about 10 more minutes, primarily for the family's sake. Eventually, we stopped and pronounced her dead. The family stayed in the room for a while, said their goodbyes to Carla, and thanked us for all we had tried to do for her.

This code was one of my first resuscitation experiences with family members present. Carla's code always reminds me that family members can have different reactions toward illness and death. Currently, some hospitals allow and even encourage family members to be present for code blues, which I believe can be therapeutic for family members and can help them come to terms with the passing of their loved one. After experiencing this code, though, I believe it is beneficial to have a representative present, such as a nurse or chaplain, to answer questions/concerns family members may have and to help with other issues, including procedures ensuring the safety of everyone present. Codes can be unpredictable. We as physicians have to prepare ourselves to deal with different situations and different people everyday, which can be the most frustrating or most rewarding part of our job.

—Christopher R. Gilbert, DO  
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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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