A Bumpy Code

In the ICU

My most memorable code blue occurred during my residency. After a long day on call at the ICU, I woke up from a restless sleep in the call room to the sound of the code alarm. I jumped to my feet, groped for the light switch, hastily donned my lab coat, and rushed to the fourth floor. The patient in question had a history of chronic alcohol abuse and had been admitted for detoxification. He was pulseless, and the rhythm monitor revealed *torsades de pointes*. We prepared to defibrillate the patient, and I asked the pharmacist to prepare 2 g of magnesium sulfate for administration afterwards. In the meantime, the respiratory technician was trying to lower the head of the bed, which seemed to be jammed. My intern tried to help the technician when suddenly the head of the bed came down with a crash!

I could hardly believe what happened next. I checked the monitor, and it showed that the patient was in sinus rhythm with a pulse! Could our patient's surprising stabilization have been caused by the sudden movement that acted as a precordial thump? Drs. Richard S. Crampton and George Craddock from the University of Virginia had originally promoted paramedic use of the chest thump after a bizarre incident that occurred in the 1970s.[1] The Charlottesville-Albemarle Rescue Squad was transporting a patient with an unstable cardiac rhythm. The patient's normal heart rhythm was restored when the vehicle inadvertently hit a speed bump in a shopping center parking lot. An immediate magnesium level revealed hypomagnesemia, which was carefully treated with no recurrence of polymorphic ventricular tachycardia. According to the 2005 International Consensus Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations, "one immediate precordial thump may be considered after a monitored cardiac arrest if an electrical defibrillator is not immediately available."[2] Strange as it may seem, our patient also appeared to have converted due to a fortuitous accident. The patient had an uneventful course after the accident and was discharged from the hospital 2 weeks later.

—Ravi K. Mallavarapu, MD
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REFERENCES

1. Conner D, Shander D, Deegan C, et al. Self-administered chest thump for cardioversion of recurrent ventricular tachycardia. Chest 1978;73:877.
2. 2005 International Consensus Conference on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. Part 3: Defibrillation. Circulation 2005;112(22 Suppl):III7–24.

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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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