

A Whiter Shade of Blue

On a Respiratory Step-Down Unit

A few months ago, I was working an overnight call on the general medical floor. In the early morning, after an exhausting night, I received a code from the respiratory step-down unit. The patient was an elderly man with multiple medical problems who had been on ventilatory support for some time. The code team—myself and four residents—conducted the code for nearly 20 minutes without any success. Just as we decided to quit the code, the monitor showed ventricular fibrillation. We shocked the patient to gain a pulse, and then he was stabilized with appropriate medications. Soon after, we left the room and transferred the responsibility to the team in charge of the respiratory unit.

Thirty minutes later, the same patient was coded again, and we returned to carry out the code. After 15 minutes of resuscitation, we were able to stabilize him. This same code blue story was repeated two more times that morning on the same patient.

All of us involved in these codes were physically and mentally exhausted from repeatedly running a code on the same patient; however, the patient's family was very persistent in having us carry out the code. After stabilizing the patient through his fourth code, I left the unit to attend other patients on the floor.

Then, an unexpected surprise: We were called for the fifth time by the respiratory unit for a code, but this time for a different patient. The patient's room number was not mentioned, and we were confused about where the code was. I noticed a few of my colleagues running toward the nursing station, and I rushed in the same direction. There at the nurses' station was a crowd of nurses and residents, all standing in a state of shock. One of our resident colleagues, a code team member, was lying flat on the floor with her face down. With surprise, confusion, and panic all mixed together, we evaluated her. Fortunately, she had a good pulse, steady breathing, and normal blood pressure. Her fingerstick glucose was also good. Within a few minutes she regained full consciousness, and with much relief, we pushed her to the scan room for a computed tomography scan. The brain scan and all further tests were found to be within normal limits.

This fifth code blue of the morning, a very special white one, was a case of syncope that was attributed to sleeplessness and exhaustion from that day's work.

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