Time on His Hands

In the Emergency Department

Exhausted, I flopped back onto my none-too-comfortable call room bed. The clock on my pager read 3:48 AM. I had 4 hours to go until my relief arrived. I was a third-year internal medicine resident at a large Boston hospital, on rotation at a small, regional Veterans Affairs (VA) hospital outside the city. With the exception of a moonlighter who was covering the Emergency Department (ED), I was the only physician covering the Critical Care Unit, Medical Intensive Care Unit, step-down unit, and the medical ward. There were no attending physicians in-house at night, and I had no intern assigned to me on this rotation. The buck stopped with me.

I had just finished admitting a 63-year-old man to the hospital for alcohol withdrawal and was looking forward to getting a little sleep. At 3:54 AM, my pager went off. I shook myself awake and dialed the extension. It was the moonlighter in the ED.

"Got another one for you," he said, as I fumbled for a pen and index card in the semi-darkness. "He's a 58-year-old man with chest pain. He came in twice last week with the same thing and was ruled out for myocardial infarction both times. He looks about the same now—precordial chest pain, mild shortness of breath. His electrocardiogram (EKG) shows some nonspecific anterior changes. I gave him an aspirin and some intravenous nitroglycerine. A chest film is pending."

"Did he get a work-up of some kind last week?" I asked sleepily.

"The woman who does our stress tests has been out of town. The patient's scheduled to have one at another VA in the area in 9 days. Listen, you sound beat. I'll watch him for a while. Get a catnap, and come down here in an hour. He should be fine."

"Thanks, that sounds good. I'll see you around 5:00 AM," I said as I hung up.

As I lay there in the call room, sleep did not come. Instead, I thought about the patient in the ED. First, it was less than optimal that someone who presented twice in 1 week for chest pain should have to wait so long to get a stress test. Second, I felt uncomfortable "sitting" on this patient without seeing his EKG for myself. Last, I knew that there was no way that I would wake up in a mere 1 hour if I dozed off up there in the call room. I got out of bed, threw on my white coat, and headed down to the ED.

When I arrived in the ED, the patient, who looked older than his reported 58 years, was lying on a stretcher, tachypneic and writhing in obvious discomfort. His pulse oximeter read 90%, and he was wearing a nonrebreather facemask. As I approached him, I could see that his pulse was 110 bpm, and his blood pressure was only 88/60 mm Hg. I grabbed his chart and saw the EKG clipped to the front; he had clear ST segment elevations of 5 to 6 mm in all of the anterior leads!

"Hey, did you guys see this?" I asked the nurse at the desk.

"The moonlighter saw it," she answered, "right before he called you. He's sleeping right now. Do you want me to wake him?"

"Forget it!" I said. "Let's get some fluids running wide open. He's going to need thrombolytics!"

Forty-five minutes after giving the patient streptokinase, his ST segments were significantly lower, and his pulse and oxygenation levels were normal. At that point, I moved the patient to the cardiac unit. The following morning, his first creatine kinase level came back from the lab at 3500 U/L, with an MB fraction of 18%. Later that morning, I transferred the patient to another site so he could have cardiac catheterization that same day and heard afterwards that he had had a 95% blockage of his left anterior descending artery.

Looking back, I will never know exactly how or why the patient's EKG was so grossly misread on initial inspection in the ED. Maybe the moonlighter was as tired as I was, or maybe he just made a mistake. Maybe if I had an alarm clock in the call room I would have slept that extra hour, and who knows what would have happened to the patient. All doctors like to think that the care they deliver is always correct and appropriate, but mistakes can happen. That night, a patient lived because one of his doctors had no alarm clock.

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