

A Musical Code

In a Patient's Room

It was my first week in the intensive care unit as a new second-year medicine resident. I feared each night that I was on-call, because I knew that, in the event of an emergency, I would be expected to lead the code. Before each on-call night began, I said a little wishful prayer—"Please, no codes tonight." Then, I counted the minutes until sunrise.

It happened when I least expected it . . . when I had become complacent . . . when I was in the bathroom! A voice announced: "Code Blue, 5th floor. Code Blue, 5th floor." I had participated in several codes in the past. After the first few, they all seemed the same. There was always the presence of the cool and collected leader calling the shots. This code was different. I would have to be that presence. Was I ready for this? As I sprinted up the stairs, with my intern 3 steps behind, I realized that as soon as I walked into that room, all eyes would be on me.

Bits of patient history assaulted me when I entered the room: "75-year-old woman . . . history of congestive heart failure, hypertension, a cerebrovascular accident . . . became acutely short of breath . . ." Then a voice said more distinctly, "Doctor, she was turning pale on us, so we called the code. This is her electrocardiogram. What do you want to do?" I looked around; there were 5 nurses, 1 respiratory therapist, 1 surgical resident, 1 intern, 1 frail elderly woman breathing a little too fast, and me. The patient's pulse oximetry was 89%. Her electrocardiogram showed tachycardia, but results were otherwise normal. Could this be an exacerbation of her congestive heart failure, a sign of chronic obstructive pulmonary disease, or something worse, such as a pulmonary embolism or myocardial infarction?

Fortunately, I managed not to totally lose my cool, at least not then. I remembered my "ABCs." First, I had to assess her airway. I looked in her mouth. Her airway was

patent. But how would I assess the degree of shortness of breath? Should I intubate her? I decided that the best way to assess how short of breath she was was to see if she could talk to me comfortably. So I asked her, "How are you doing?" She replied, "Okay," and shrugged her shoulders. That didn't help me. Then I asked her if she felt short of breath, and she replied, "A little." I needed her to talk more, because 1- and 2-word answers were not going to help me make the decision of whether or not to intubate her. Yes, she was huffing a little, but I was not going to intubate her if she could speak comfortably.

Then I did something that will be with me for the rest of my life. To this day, I do not know from where my next comment came. As 9 pairs of eyes were on me, I said to the patient, "Okay, I want you to repeat after me, 'The rain in Spain falls mainly on the plain.'" I cannot even remember how the patient responded. Everybody in the room, including the patient, was staring at me in disbelief. There was silence and then titters of laughter breaking out here and there in the room. Over the following days and weeks, the story floated around the hospital. Do you know that face people make when they are trying really hard not to laugh? For several weeks after the code, I witnessed that face quite a bit. I cannot even begin to describe the parodies that colleagues and even some strangers created about the story.

The patient was not intubated, and she was eventually discharged from the hospital. I can only hope that she does not get readmitted to my service some day. She might try to recite a song from *My Fair Lady* in order to skirt treatment. The moral of the story is this: have something prepared for every code situation, and make sure you avoid using any musicals!

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