My most memorable code blue occurred several years ago at my cousin’s wedding reception in a ballroom of the city’s largest hotel. After several hours of dancing and drinking, the party was still going strong. Around midnight I was mingling when suddenly I heard my name called above the crowd.

I walked through the noisy crowd with a glass of beer in my hand and came to an adjoining ballroom that held an equally festive party. Just inside the door were several of my family members and a distraught woman. Everyone was looking down at a large man in obvious respiratory arrest. I handed my drink to my father who had called for me, and I bent over the supine man. His face was dusky and he had vomited. I checked for a pulse but found none. I immediately told someone to call 911.

This gentleman and his wife were hotel guests from Canada. They had been walking through the hotel after dinner that evening and stopped to watch a party of Shriners. The couple liked the music so much they asked if they could sit and listen to the band play. The Shriners not only invited them in but seated them at a table. The couple danced all night, but after the last dance, the husband felt faint with some tightness in his chest. When he sat down to rest, he slumped to the floor unconscious. This is the situation I walked into after several hours of drinking.

After clearing the patient’s airway of vomitus with a handful of cocktail napkins, I gave him two quick mouth-to-mouth breaths. Accurately describing the experience of giving a patient mouth-to-mouth resuscitation after the patient has vomited is difficult—even through a cocktail napkin, I can safely say the experience was one of the grossest acts I have ever performed.

Next, I checked for a carotid pulse, found none, and started chest compressions. As I performed compressions on this large patient (6 ft, 2 in, 190 lb), my just married cousin and several of her wedding guests arrived on the scene. She was a newly graduated registered nurse as were her guests, and, although I have participated in numerous codes throughout my medical career, I was immediately told by these new nurses that I was compressing too hard. I asked a nurse to check for a femoral pulse because I know that this pulse means the arterial pressure is approximately 80 mm Hg. I told another nurse to give mouth-to-mouth resuscitation, but she was unsuccessful because of the patient’s large size and her reluctance to give mouth-to-mouth on a vomitus-covered patient.

After what seemed like an hour (but only 5 minutes had passed) the first responders to the 911 call arrived. These firefighters had no real useable equipment, except for a foot-operated suction device, endotracheal intubation equipment, intravenous fluids, and cardiac drugs.

I immediately identified myself, “I’m Dr. Kyle Garrison, I’m on staff at Bethany Medical Center and Providence Medical Center and I’m also an ER physician at Lawrence Memorial Hospital.”

To which the paramedic replied, “Who are you?”

I repeated my credentials and curriculum vitae, followed by an order for an intravenous line, a bolus of 100 mg of lidocaine, and preparation for intubation.

The firefighters followed my orders; a cardiac monitor was placed, a nurse started the intravenous line, and the paramedic intubated the patient. I bagged the patient with oxygen and another paramedic performed chest compressions. The patient soon developed a pulse and rhythm on the monitor. He was transferred to a gurney and placed in the ambulance with myself, a nurse, and the two paramedics.

At the emergency room of the local hospital, the patient’s wife waited with many Shriners and their wives who came in support of the couple they had just met that evening. I talked to the patient’s wife and expressed my sympathy. Then my father and I went immediately to the nearest convenience store for a bottle of Listerine to wash the taste of vomit from my mouth.

I later received a can of real Canadian maple syrup and a letter thanking me for my efforts. My former patient told me that he had sustained a myocardial infarction that evening but, because of all of our efforts, he survived to later undergo successful bypass surgery. He was also especially thankful because he could spend Christmas with his new grandchild.

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