

Protecting Yourself

In the Surgical Intensive Care Unit

As a fourth-year medical student, I had an acting internship on the general surgery service at a hospital in New Orleans. One night when I was on trauma call, emergency medical service personnel brought a 44-year-old man, who had been involved in a head-on automobile collision, to the accident room. The patient was hemodynamically unstable with a distended abdomen and required an emergent exploratory laparotomy. Intraoperatively, he was found to have a ruptured spleen and diaphragm. I assisted in performing a splenectomy and repairing the hole in his diaphragm. His blood pressure was very labile during the operation, and he was noted to have a dilated pupil on the right.

After his immediate life-threatening injuries had been addressed by surgery, the patient was transferred to the surgical intensive care unit, where I made arrangements for a computed tomography scan to be performed and spoke with the neurosurgery resident on call about a consultation. On the whole, I was feeling pretty good about “saving lives”; my confidence level was sky high. While the patient was being prepared for transport to the radiology department, however, he became bradycardic and developed ventricular fibrillation. We rapidly started the advanced cardiac life support protocol; with the encouragement of my chief

resident, who said, “Come on, you have to save him,” I reached for the defibrillator. By this time, there were 20 people standing around the stretcher, including the neurosurgery team.

When the side rail was lowered, the patient’s left arm fell to the side of the stretcher. I proceeded to straddle his arm and yelled “I’m clear, you’re clear, everybody clear,” just as I had been taught, and shocked his heart with 200 J. I was not thinking about the muscles that would contract when someone was defibrillated, much less the muscles of the arm I was straddling. Needless to say, I was “attacked” in the gonads, surrounded by 20 people who, no doubt, will never forget the face I made when it happened. I took a seat while the other members of the team completed the code. Unfortunately, the patient did not survive.

I’d like to think that what happened during that code is long forgotten, but somehow I doubt it. I’m sure that my chief resident still tells the story to his friends in a doctors’ lounge somewhere, just as I am sure it will come up again at my 10-year medical school reunion. So, the next time you are about to defibrillate someone, protect yourself!

—William B. Roth, MD
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