

## Transfer Interrupted

### In a Hospital Elevator

**M**y first year of internship has been eventful and full of code blues. I work in a community hospital where an intern and a senior resident handle the intensive care unit and critical care unit (CCU)—17 beds total. I enjoy my rotations in the CCU, and we are frequently in the thick of codes.

Around 10 AM on the second day of a rotation in the CCU, the senior resident got a call from our critical care consultant. A patient on the medical floor had been dyspneic and agitated for the past 20 minutes. The patient was an elderly man who was admitted to the hospital the previous day with complaints of hip pain. He was taking warfarin for atrial fibrillation.

I quickly went to the medical floor to introduce myself to the patient and reassure him. He was cooperative, but he looked distressed and complained of breathing trouble and hip pain. His blood pressure was stable and his oxygen saturation was satisfactory, but the patient looked sick despite 10 L of oxygen by face mask.

I arranged for two access sites for fluids and sent a blood sample for laboratory studies. A chest radiograph was promptly ordered. Physical examination revealed no obvious signs of any ominous cardiac, pulmonary, or neurologic pathology. All this time, the nurses were busy arranging the Life-Pak and emergency medicines kit for his transport to the CCU.

At 10:20 AM, I called the patient's attending physician and family to inform them that I was transferring him to the CCU. By this time, the patient was on 100% oxygen by face mask, and he was still tachypneic and had become more lethargic. I saw that we had little time to wait to transfer him, so I called the senior resident immediately.

Alarmed by the patient's deteriorating condition, we had no more time to wait for a crash cart or Life-Pak—the next minute, the senior resident and I were pushing the patient's bed toward the end of the hallway, with no idea of what was in store for us.

The patient's breathing had become labored, and he began to gasp. Just when I thought of intubating the patient before transfer, the resident and the nurse pushed him inside the elevator and the elevator doors shut. No one had noticed that, although the CCU was one floor down, the elevator was heading up. The elevator went up several floors, the door finally opened,

and right before it closed, I saw one of my co-interns in the hall. I shouted to her: "We may have a code any minute! Tell CCU we'll be bringing a code blue!"

While we were all looking at the patient inside the moving elevator, he stopped breathing. His pulse was not palpable. The resident immediately started to bag him, and I started chest compressions. It was a frustrating and tense moment because we would not have imagined that a patient could collapse within 30 minutes of the initial event, certainly not in a moving elevator.

The moment the elevator opened on the critical care floor, we raced the patient toward the unit. The code blue team was ready. The patient was immediately intubated and given shocks. With some difficulty, a triple lumen catheter was inserted and medicines and fluids were pumped into him.

The patient regained a pulse, but shortly thereafter he had another code. Despite more than 30 minutes of the code blue team working on him, his heart rhythm did not increase. He was pronounced dead at 11:14 AM. It was very difficult to break the news to his family and admitting physician, all of whom had seen him one day before in apparently good health. The experience was quite unbelievable for me as well.

I have mixed feelings about this experience, and I feel sad when I remember the patient's face and his last minutes talking to me. I imagine that if we had been better prepared, the patient could have been transported with a defibrillator or Life-Pak and emergency medicines or he could have been intubated before transporting. However, I feel satisfied that we waited long enough for the equipment and we would have wasted precious time if we had stayed on the medical floor any longer. After all, no place is better than the CCU to handle a code blue.

I have been a part of numerous codes, but none of the codes have been as unexpected as this one. However, this code taught me a simple lesson: Be ready for anything. Now, whenever I transfer a patient to a different floor or unit, I make sure that we are ready and equipped to handle any unusual circumstances.

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