
FIELDNOTES | SPRING 2017

My First Code Blue

By Rayda Aaishah Joomun, MD

For Daddy, my best friend...

I clearly remember that day as if it were only yesterday. After a well-deserved vacation, I was back to work full of enthusiasm. The unusual quiet in the clinic made the morning chirp of the sparrows audible. The smell of the hot baguettes filled the corridor as the engine of the bakery's minivan revved faintly outside, its tire screeching away. The clinic camera revealed a grey car parking outside. In rolled an old, balding man on a wheelchair pushed by what appeared to be his daughter and wife.

I broke into my usual warm welcoming grin to kick-start my day. The relatives informed me that the man was not well since one week. He had been a chain smoker for the past twenty years. He had developed, it seemed, a chest infection and had complained of difficulty breathing the day before. Their eyes met mine with a hopeful gleam.

On taking a closer look, I found that the man had no respiratory effort, no central or peripheral pulse, no heart sounds and fixed, dilated pupils. He was ice cold and lifeless in the wheelchair. Pallor mortis already began to set in. I tore myself from the completely oblivious relatives. "Code Blue", I said grimly with a brisk nod to the nurses. Together, we shifted the man onto a hard board over the bed and pulled the curtains blinding the rest of the world from the horrible truth we would be fighting against. The monitor showed no pulse, no blood pressure and no oxygen saturation. I pushed in a Guedel to open the airway and via a facemask started high flow oxygen while promptly initiating CPR. One of the nurses set up an IV line while another connected the EKG leads from the lifeless chest to the heart monitor. The waves were fighting their last semi-electrical activity over what appeared to be erratic electromechanical dissociation. Someone bagged 2 breaths via the Ambu.

I ordered: "PEA...PEA, push 1mg of epi stat". I resumed CPR doing 30 chest compressions non-stop. 2 rescue breaths were given. The new rhythm was nothing different from the first. A large ET tube was forced down his trachea. We pushed more epi and resumed CPR. We repeated the same sequence while the EKG tracing worsened. The erratic waves silently disappeared with the thick isoelectric line revealing more of itself. Yet I did not give up on that old man. I pumped his chest down relentlessly to try to reboot his heart, sweat dripping off my forehead. He was barely responding to our efforts. Eventually he flatlined. I did not stop the cardiac massage. His ribs creaked helplessly under my vigorous compressions and his chest heaved with the foreign air we stuffed. We ran this code for 45 minutes with unsuccessful results. The monitor screeched with a desperate lifeless beep.

I would have given anything for a VF or even a pulseless VT. At least it would mean that a salvageable pathway was there somewhere in his failing heart. I could then have shocked him to life. But the flatline consolidated itself. I mentally called his time of death. As I opened the curtains, I stood frozen as the women bluntly asked: “So how is he doctor? He will be fine, right?” Instantly, I was transported to five years from now to my first real code blue. I found myself running into my dad’s bedroom after hearing him breathe funny. To my utter dismay, I found him gasping for air, his face contorted, giving away his last breath. He sat lifeless propped up against the pillows. For all I know, he could have been napping after his usual newspaper reads. Alas, his beautiful brown eyes which radiated life and humour lost their light. It went out like the snuff of a candle. His handsome face grew ashen, almost appearing like one of Madame Tussauds’ perfectly sculpted wax figures. I screamed but he never responded. My dad was lost to Davy Jones’ locker.

Back then, I was a first year medical student. I had come on vacation from my first semester abroad. I knew nothing of CPR. I had just begun to comprehend the medical semantics of anatomy, physiology and biochemistry. I believe even if I would have been well versed in BLS, I doubt I would have been able to run a code on my dad. I somehow knew that nothing could be done. My dad had been talking in metaphores lately. He mentioned to be strong if anything happened to him one day and emphasized to complete my studies at all costs. Daddy had a great sense of humour and was the healthiest man I knew. Not once did I brood over these words. I went numb as my mother rushed to my side to witness this life-altering event.

I moved to his cold body, closed his eyes respectfully and held his hands in mine. I still remember these once strong hands stabilising the handle as I rode my bicycle for the first time. Ironically Charles Dickens popped into my mind at that time, his “as dead as a door-nail” piercing my heart. Truthfully, nothing made sense anymore. This was supposed to mean 100% dead, but etiologically a nail with its protruding end hammered down to become bent would be completely fixed, unable to be pulled out. So was that what they meant by ‘dead’? The bent nail firmly held vertical and horizontal boards together. Thrashed was it not, to be fixed yet supportive of the wooden body...confused thoughts ran though my mind. Watching my dad with tearful eyes I understood that the body was merely a vessel. The wooden frame was in place but the nail was beaten down, permanently kinked, damaged for good.

Since my first code, I promised myself the next time, I would leave no stone unturned in giving my patient a second chance at life. I would visualise each person as somebody’s parent, spouse or sibling. Opening the curtains, I broke the bad news to them. Déjà vu struck again. This time it wasn’t me or my mother but these two strangers breaking into sobs, the daughter kneeling at her father’s feet and the wife sitting down for balance. Their pain stung my heart but I understood it all, went through it all. I prayed to God to make me witness the Lazarus syndrome for this man, even though it was seen as rarely as 38 times since 1982. I wanted to spare them from going through what I did. Nothing buzzed in the room. Senescence had taken this old man.

The man was solemnly shrouded in white linen. My hands shook as I filled the death and cremation certificate. A suffocating feeling of despair and deep sorrow took me by surprise. I

felt caged in the ER. I flung myself out the door where I found the girl cradled onto the staircase. She stared blankly at me. I knew what I had to do, what nobody did for me back then, what I had to helplessly figure out for myself in time. I climbed onto the step next to her. Taking her hand softly in mine, I told her that her father was already dead when he was brought in, probably for a while, judging by the flaccid limbs and the coolness of his skin. I reassured her that there was nothing she could have done. His death was never her fault. Even calling an ambulance would not have made a difference. His dad's time had come. Old age and cigarettes had worn him out. Silent tears streaked down her cheeks. She breathed out in relief. I told her my story. "Life would be hard now. You will be asked to prove yourself many times. There will be hard days ahead, hurdles to overcome...but you will always have your father's blessings. His presence will be felt in all you do. You will witness miracles even...God takes great care of orphans. And remember that those who love us never truly leave us", I softly said to her. She nodded with a silent agreement that she would be alright in time. She smiled faintly, hugged me and mumbled a thank you before breaking down into sobs.

I realized that my own eyes were moist, understanding that bereavement never ends...my comfort lies in the pride my dad would experience watching me today. Hippocrates indeed truly advocated to "Cure sometimes, treat often, comfort always"...

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