The Code

What we see depends mainly on what we look for.

John Lubbock

THE TRAUMA ROOM RARELY PAGES ME IN THE MIDDLE OF the night. I flicked on the light and dialed.

"What's up?"

"The Robinson family (not their real name) is here and they asked us to give you a call. Mr Robinson started bleeding through his tracheotomy tube just before bedtime tonight. The paramedics said he bled off-and-on at the house but then the bleeding stopped. We were getting ready to send him home when he suddenly started coughing out blood again. Do you think you could come in?"

"Yeah, of course." I sat up. "I'll be there in 20 minutes."

I hung up the phone. I had been Mr Robinson's cancer surgeon but had little to offer now other than the knowledge of his treatment; the emergency department staff would be doing all of the work. I anticipated focusing most of my attention on the family.

As I drove to the hospital, I tried to recall every detail of his case. Several months before, I had evaluated him for a large, obstructing laryngeal cancer and had performed a tracheotomy. Mr Robinson, his family, and I had gotten to know each other as we worked through his treatment options.

Now, two months after Mr Robinson finally completed a rigorous combination of radiation therapy and chemotherapy, this bleeding heralded a sudden and worrisome turn. Had a blood vessel in the larynx eroded? Was he bleeding from the lower esophagus? Both of these were serious yet potentially treatable problems.

A third scenario placed the bleeding source in the upper chest, where the tip of his tracheotomy tube would have eroded into one of the large vessels overlying the trachea. A hole that develops directly from a vessel into the airway almost always leads to massive, uncontrollable bleeding. I tried to focus on the less lethal possibilities, but could not.

I parked and walked directly to the trauma room. As the door slid open, I realized that a full code was under way. Bright red blood flew into the air with each squeeze on the ventilating bag. Blood filled suction canisters as the team tried to keep his airway clear. I eased my way through the staff, listening as the emergency physician worked though the resuscitation protocol.

I barely recognized the lanky, unresponsive man on the cart. His half-closed eyes were unfocused and expressionless. His limbs recoiled after each chest compression. A stream of blood ran from his tracheotomy site onto the cart below his neck and shoulders. There was clearly no way that transfusions could pour more blood into his body rapidly enough. The room smelled strongly of caked and clotting blood.

I looked around. The equipment, the linens, and the floor were all splattered. Periodically someone would wipe Mr Robinson's face. A housekeeper moved silently through the room, emptying bags of bloodied trash and towels, glancing sidelong at the dying man on the cart.

"Right after we called you, he suddenly cut loose! We haven't been able to get a pressure for a while." The emergency physician looked at me. "I think it is time to discuss things with the family. How well do you know them?"

"Pretty well," I acknowledged. "They are good folks."

"Okay," he said. "Let's go have a talk."

We walked down the hall to the family waiting room. I sat down next to Mrs Robinson. "He's alive, but he is very low. The doctors and nurses are doing all they can, but he's not responding to the treatment." I looked around the room. "I can tell you that he's in no pain. I wish I had better news but, at this point, he's losing blood very, very rapidly and his heart just can't keep up."

A relative began to sob. "Oh, Lord!" exclaimed one of the adult daughters. "He had been getting better! Yesterday was a great day! He was laughing and joking . . . he had eaten a fish dinner just a few hours before we came in!"

I did not tell them everything. I did not tell them that this tall, imposing man now looked disturbingly pale as he lay on a cart down the hall. I did not tell them about the grim faces of the staff.

And I did not tell them about the blood.

The emergency physician addressed Mrs Robinson. "Would you like to come into the trauma room and be with him while we work?"

I turned to look incredulously at him. I had never been involved in a code where the family was in the room. Codes can be brutal, sterile, and impersonal affairs. This code seemed unusually surreal because of the blood that coated everything. I worried about the family's reaction.

"Oh, can we go and be with him?"

"Absolutely," said the emergency physician. "I am going back in and your doctor will bring you after he tells you what to expect." How was I to do that, exactly?

A few minutes later, I escorted three family members to his bedside, guiding them into positions where they could see yet would still have a ready escape route. I kept my hand on Mrs Robinson's shoulder and found her a chair where she could cling to one of his hands. His sister, comforted similarly by one of his daughters, sat across from us and

latched onto an ankle. I watched the family members closely. I narrated the action as the resuscitation attempt continued. He had no pressure, no pulse. Nothing.

My apprehension that the family might become unglued proved completely unfounded. They focused on the patient. I, on the other hand, found myself watching the blood cascading steadily onto the floor.

Several minutes passed. The emergency physician looked carefully at Mrs Robinson. She listened but did not look up.

"We are going to stop now, okay? This is not helping him. Let's let him rest."

Mrs Robinson stared intently at her husband's hand as she rubbed his fingers steadily between her own. She nodded. The chest compressions stopped. The staff receded and the room went still.

"Oh, God!" the sister cried out. "Is he dead now?"

Someone rotated the monitors out of view, eventually turning them off. I felt Mrs Robinson's shoulder shift under my hand as she spoke. "He's at peace now." She continued massaging his fingers.

For several minutes, the family kept hold of him. The sister's breathing steadied as she rested her head on his legs.

Mrs Robinson looked up and considered the scene around her. "I'm ready." We filed back to the waiting room where, over the next half hour, their pastor and several family members comforted one another. The news spread quickly to the extended family via cellular phones.

The rest of the family eventually asked to see him. When we returned to the trauma room, the floor sparkled and the room smelled intensely of bleach. The housekeeper had done an extraordinary job.

Mr Robinson, still eerily pale, looked comfortable, head tilted slightly to the left, his eyes closed. His relaxed, supple hands rested outside of the clean sheet covering him. The conversation tentatively returned to normal things. Mr Robinson's brother had caught the fish that he had eaten for dinner the night before. "Did he enjoy it?" the brother wanted to know. He sure did! The brother beamed and everyone laughed. I looked around; there wasn't a drop of blood visible anywhere.

The family returned to the waiting room. I thanked the emergency department staff and tracked down the housekeeper. "Thank you. Nice work," I told her. She smiled and turned away.

Because it was 6:45 AM, I decided to make rounds before heading to my car. When I finally pulled out of the parking structure, I noticed the housekeeper, wearing a warm coat over her scrubs, clutching her bag, and waiting patiently for the bus that would carry her home.

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