Blog of the Month

June 2018
Written by J Leighton

"Is anyone here looking after the man in sideroom 3? Does he have a DNACPR? He's er…" the surgeon was rifling through the notes trolley for his file, "arresting. He's arresting." We all jumped up and started running. None of us knew the man in question; he'd been admitted overnight and it was only 8.30am. We got to the room and there were a lot of people there. The surgical team who had noticed him as they started their own ward round. The crash team, who arrived as we did. The nursing staff who were already moving the furniture to accommodate everyone. The cardiology reg, who gave me a nod as he arrived. And the patient. I stood against the wall, taking everything in.

They were less of a well oiled machine, and more a many-limbed creature. The crash team took the lead ordering people in and out of the CPR loop, while the registrar was rifling through the notes and establishing the clinical situation. He was asking for drugs and the syringe was already being pressed into his hand by a nearby nurse- nobody spoke unless it added something, the room was the definition of efficiency.

After some time had passed- it simultaneously felt like 5 minutes and 2 hours- the team seemingly shared the thought that it was futile. They agreed to stop CPR, and the crash team documented the events. A few minutes later, the nurses had gone to answer buzzers. An hour later, we were immersed back into the ward round. The next day, there was another patient in that room. But a year later, I can still remember those events clearly.

I had seen people die before, in hospice and at home, when they peacefully drifted away and the room was quiet and calm. I wasn't prepared for the adrenaline and violence of a crash call, and I wished I had been. For the dozens of times I'd compressed the chest of a Resus-Annie, I wasn't ready to run through that ABCDE approach on a real person with their book on the nightstand, page marked for later reading.

While every medical student will experience cardio-respiratory arrests differently (and I am certainly grateful my first arrest wasn't one where I was in charge), my experience has led me to think that there may be value in undergraduate resilience training when it comes to crash calls. While we are taught comprehensively about the procedures of resuscitation, the experience itself is much more weighty, and while dealing with mortality can't be taught, I believe it should be acknowledged earlier and more formally in the undergraduate curriculum.

Details have been changed to respect the privacy of this patient.