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On Call

By Sneha Mantri

My second night on call during my medicine rotation. Already, I felt familiar with the routine: after the day's work was done, all the patients tucked in and squared away, plans in place for the next day, our team would head up to the lounge on the ninth floor. My resident, a wiry man named Sri, would look through the pile of take-out menus on the wooden table, and we'd vote on a place. (Some residents, my friends told me, just picked whatever they wanted, calling it their prerogative as the senior on the team. I was lucky.) That night, we decided on Thai. My favorite.

The lounge had a wall of windows overlooking Amsterdam Avenue; it was just beginning to snow—the first, unexpected snowfall of what was to prove a long and cold season—and the windows were stippled with white dots. Below, I could see pedestrians shuffling down the street or huddled at shelterless bus stops, struggling to manage their umbrellas and bags. Sri leaned close to the window and took a picture of the falling snow with his iPhone.

"Tradition," he explained when he saw my smile. "Every year since I am coming to this country, I am taking a snap of the snow and sending it to my niece. She now is five."

After just a week on the team, I knew Sri loved displaying pictures of his niece. Only after we had approved of her cute looks did Sri plant himself in front of the only computer in the room, monitoring the emergency department from afar. Any new admissions would come through the ED, and a well-timed phone call to the admissions coordinator, Sri could, in theory, deflect a new arrival. Amanda, my intern, hoped aloud that we wouldn't get any new patients that night. I, with a patient load dangerously close to the required minimum for the rotation, sent up a silent counter-hope and opened my review book to pretend to study.

I hadn't gotten past the first page of pulmonology when Amanda asked if I wanted to go with her when she checked on the patients we were covering. "You'll get to see some different stuff from our team, and I can quiz you on the way." She had a habit of pulling at her long black hair whenever she spoke.

"Sure," I replied, closing the book. Seeing real, live patients was always more interesting than textbook descriptions of them.

"We'll page you when the food gets here," Sri promised as we passed him on our way to the door.

The elevator connecting the house-staff lounge with the wards always smelled sharp

and tangy. "Why is that?" I asked Amanda once the doors had closed on us.

She wrinkled her forehead for a minute, sniffing audibly. "Oh, that?" she said after a moment. "That's C. diff. There was an epidemic here a few months ago—it's over, but they can't get rid of the smell. Kind of sucks, but you get used to it. It's not so bad on the floors; there's more air and ventilation."

She was right; the smell all but disappeared once we got off the elevator and got down to work. Amanda was covering the renal service that evening, which meant that everyone we saw together had a long list of electrolyte abnormalities. When I looked up the afternoon labs in the computer for one patient, nearly everything blinked red, danger and alert-coded in every flicker. When I showed those labs to Amanda, she merely sighed and pulled out a piece of paper to calculate repletion requirements for the gentleman.

Halfway through her calculations, her pager went off. "Food's here already?" she muttered as she pulled the beeper off her scrub pants. I watched as her mouth turned itself upside down into a frown. "There's a code. Come on."

We ran for the stairs. As we raced up the wide, fluorescent stairwell, we were joined by other house-staff, all moving as fast as possible. Sixth floor, sixth floor, I heard them pass the message down, a reassurance that we were almost there.

I'd never been to the sixth floor before. I'd had no reason to. It wasn't a ward floor, painted in shades of green and laid out in a neat row of doubles opposite a rectangular nurses' station. The sixth floor was where the intensive care units were. Where the sickest of the sick lived, and often died.

Our destination was the Cardiac Critical Care Unit. The steel double doors of the unit were flung wide open, and we streamed in. A nurse stood directly in front of us—I remember she wore blue-and-white polka-dotted scrubs—pointing the way in silence. We hardly needed someone to tell us the way, though; the noise and activity coming from one of the rooms was guide enough.

Rooms in the units are all singles; the patients are deemed sick enough to deserve real privacy with their families. There was no family in this room. If they had been visiting when it happened, they would surely have been hurried out by the nurses, as the recovery team arrived. Instead, the room was filled with residents in scrubs, all doing different things. It seemed in chaos at first, but as I stood in a corner and watched, the movement fell into order.

At the head of the bed was one resident, calling out the orders. You come here, you go over there, get in line. His beard and the dark under his eyes made him look older than most residents I'd met. He was pressing a plastic mask to the patient's nose and mouth, connected to a blue bag he was squeezing. The gray stethoscope dangling from his ears looked something like an elephant's trunk. I learned later he was the anesthesiologist, the one running the code as its leader.

Two people huddled at an orange cart in the far corner of the room, drawing solutions into syringes which they handed to the resident at the head of the bed. Everyone else formed a line on the patient's left. One by one, they stepped up, placed their hands on the man's

chest, and pumped out a few rounds of CPR before the resident at the head of the bed deemed it necessary to call out "Switch!" and another person took their place.

Every so often, at a word from the resident at the head of the bed, all motion stopped as a syringeful of clear liquid—epinephrine—was pushed through an intravenous line. The resident at the head of the bed placed two purple-gloved fingers at the angle of the patient's jaw, feeling for the carotid pulse. One of the people at the cart moved forward and felt under the bedsheet, in the man's groin. Femoral artery, my brain prompted.

"Nothing," she called.

"Continue CPR!" shouted the resident at the head of the bed, even though he was only a foot or so away from the line.

I turned to ask Amanda what I should do, but she had already taken off her white coat with its bulging, paper-laden pockets and was in line, tying up her long black hair into a ponytail.

"Do you want to do CPR?" A voice behind me on my left asked. I turned. It was Sri; he must have come in while I was watching the others. I nodded. "Then get off your white coat," he said, "and put yourself in line."

I obeyed. My scrub top was short-sleeved, and the instant I draped my coat on the back of a chair, goosebumps pinched the skin on my arms. The CPR line was shorter now, most people having spent their adrenaline already. The bed was higher than it had seemed from the back of the room, almost to my shoulders. Someone found a stepstool for me, and I kicked it under my feet and stepped up.

I hardly saw any patient at all, no face, no personhood. What I did see was this: an expanse of quivering flesh with a hard white sticker placed over the sternum. The man must have been at least three hundred pounds; the width of his chest seemed to fill the room.

I locked my elbows, the way they'd taught in the CPR course, and laced my fingers together, right hand over left. The heel of my left hand settled firmly into an indentation already made in the white sticker. Push, push, push. The fat shook, but the chances that my lightweight pushes were actually being transmitted down past layers of adipose, muscle, bone, down to the heart were minimal.

"Throw your weight into it!" someone said, and I did, until I was rocking back and forth with every thrust. Even with the stepstool, the bed was too high for me, and I raised myself on tiptoe to get a better angle. With every thrust, the patient's body and mine shook.

"Slower, slower." This was Sri's voice, again behind me and to the left. "Stayin' Alive, Stayin' Alive." He began tapping out the disco beat on my left shoulder to remind me of the rhythm I needed, the rhythm the patient needed. I slowed myself to his pace and found it made my arms burn even more. My shoulder-length hair, which I hadn't tied back, was flopping forward in my face until I couldn't see the white sticker anymore.

Keep your hands on the sternum, I told myself. Don't lift them off. Don't lift them off.

But inevitably, my hands rebounded after a series of particularly forceful thrusts.

"She's getting tired," I heard the resident at the head of the bed said to no one in particular. "Switch!"

Wordlessly, I stumbled down. The person behind me moved forward with more precision and kicked the stepstool away. It caught me on the right ankle, and I reached down to drag it away. My arms were stiff and protested with a click when I bent them. My mouth felt full of cotton. All I wanted to do was to stop shivering and get a drink of water, but I didn't want to ruffle through the white coats in the pile on the chair just yet. I just needed was a little rest, and then I could get back in line.

At the bed, CPR continued. The resident at the head of the bed pushed more epinephrine. He called for pressors. Everyone turned to the far right corner of the room, and for the first time, I was aware of the blood pressure cuff around the patient's right arm and the monitor overhead with its straight green line. The blood pressure cuff let out a high-pitched whine, and I realized it had been cycling continuously during CPR. The green line did not change.

The resident at the head of the bed felt for the carotid pulse again, as the other resident reached for the femoral. Neither of them spoke; they just looked across the patient's body into each other's eyes. The resident at the head of the bed let go last. He put the mask and blue bag on the cart.

"I'm going to call it, if there are no objections."

No one spoke.

The resident at the head of the bed peeled off his purple gloves, right, then left. He glanced at his watch.

"Time of death, eighty fifty-three pm."

People began approaching the chair, shuffling through and identifying white coats. Mine stood out now as the only short one. Amanda handed it to me with a blank expression.

"Thirty-five minutes of CPR. Thank you, everyone."

We left the unit in silence. Once past the steel double doors, everyone began to scatter, returning to the parts of the hospital they belonged to.

"Come," said Sri to Amanda and me. "The food is here. I was typing a page when the code came."

Sri and I took the stairs back up to the ninth floor; Amanda said she'd meet us after getting her papers from the renal ward.

"Your first?" asked Sri as we climbed the stairs.

"Yes." My voice sounded funny, roughened, dry. I swallowed; it hurt.

Sri nodded. "They are usually like that. I saw one good one, once, on a fifteen year old boy. Most are like this one."

The lounge smelled of abandoned Thai food, sharp and tangy. As I moved to open the window, Sri opened the plastic bag, with its bright yellow smiley face.

"It will be alright," he said, as he handed me cold penang curry and hardened white rice.

"Thank you." I replied, looking out the open window at the snow.

Sneha Mantri is a graduate of the Narrative Medicine master's program (2011) and a neurology resident at the University of Virginia. Her interests within narrative medicine include the imaginative education of the physician and the incorporation of narrative techniques into medical frameworks. She also writes short stories and is currently working on a series of tales set in Depression-era Appalachia. She was Managing Editor of the Intima from Spring 2012 through Spring 2013.