

Patient Encounters

Walk briskly. Never run.

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“STAT PAGE: E. N. T. “

Few things in life make someone drop everything and run faster than this overhead message in a hospital. Especially the someone responsible to respond.

STAT pages overhead are frequently heard in the hospital, and they never represent something going well. But when this message specifically is played for the whole hospital to hear, it typically means one thing - a patient with severe and immediate airway trouble.

Typically, the progression of events is as follows:

“STAT PAGE: RESPIRATORY THERAPY”

At this point, my ears as an Otolaryngology - Head and Neck Surgery resident start to perk up. I look around the room and lock eyes with co-residents or staff members - an unspoken, but universally understood warning signal.

“STAT PAGE: ANESTHESIA”

I know there's a concern that very likely might need my attention. If this patient can't be intubated, I'm next on the roll call. I slow my current duties and start thinking about where emergency equipment lies in proximity to me.

“STAT PAGE: E. N. T.”

Jump up. Grab the emergency equipment near me. Call my senior resident and attending staff on the way. Walk briskly. *Never run.*

The first time this happened to me, admittedly, I was scared. Thankfully, I was not alone. The situation involved an elderly gentleman with a history of oropharyngeal cancer for which he had received radiation. Earlier in the day, he experienced hemoptysis and was transferred to our service from a peripheral hospital for evaluation. He was stable on transfer, but this hemoptysis very quickly became a sign of worse things to come - *a sentinel bleed*. Unfortunately, this

gentleman experienced a massive bleeding episode and suffered a code blue. My senior resident and I arrived at the scene and began chest compressions with the assistance of the emergency department team. When roles became firmly established and an airway was not able to be obtained safely via intubation because of the bleeding, we elected to perform a slash tracheostomy. This was completed successfully, and spontaneous circulation was briefly achieved. Sadly, the patient eventually died after discussing goals of care further with the family. It was later determined that he had suffered a fatal diagnosis - a carotid blowout.

After nearly three years of residency, I've heard this STAT page my fair share of times. The situations don't get easier to deal with medically, but experience has helped how I approach the situation before I get there, while I am there, and how I cope afterward. That being considered, I still have much to learn.

Each situation presents its own challenges, but they are typically chaotic. Having a clear and focussed mind when you enter the room is of vital importance for patient and provider safety, as well as for your own well-being. Of course, getting there quickly during a STAT page is critical, but if you physically run to the call, room for error may be introduced. Hospital hallways are busy, and the safety of others may be endangered. An underlying sense of worry may also be permeated to patients and hospital staff as you race by. When you get to the patient, your sympathetic response will be in overdrive - you may be sweaty, your heart may be racing, and you may be out of breath. Your judgment may be clouded when you need to make potentially life-saving decisions. These situations will introduce enough adrenaline, there is no need to introduce more. Walking briskly instead of running could help to mitigate these error-prone conditions.

When in the emergency situation, rarely will you be alone. Communication with team members is paramount. Introducing yourself and your role in the team will ensure the team leader (maybe this is you) can delegate tasks appropriately. Make sure to speak loudly so that everyone in the room can hear you - if you have

something to say, it probably needs to be heard. Not being heard can lead to downstream confusion. Additionally, tell yourself to be the calmest person in the room. Though you'll be screaming internally, and your chest will be thumping, a calm face in the face of calamity can instill a sense of trust and focus in the rest of the team, especially if you need to perform a major intervention or take on a leadership role. Finally, make sure to think outside the box - important details critical to patient care may be missed in the momentum of the emergency. Has the patient's family been called? What are their goals of care? This may change the course of the situation in a dramatic fashion.

After the situation (and yes, it will end!), your emotions may feel overwhelming - especially if it does not end well. Take time to relax and reflect on how things went. It is normal to experience guilt and self-doubt, even if no guilt is founded and you did everything by-the-book. Even if things ended well, reflect on what you learned or how things could have gone even better - this is a moment of power in your learning. I am lucky in my training in that I am surrounded by supportive mentors

who ensure we debrief such situations. If a debrief is not offered, seek one out, as it can be important for not only your learning, but your well-being in the short and long term. Discussing distressing situations with colleagues can help to ease any burden you may bear. When you are ready, document the events as they transpired in a matter-of-fact fashion.

Such situations are not unique to my training. A multitude of disciplines will face emergency situations, many more often than my own. These lessons I have learned are anecdotal only and are by no measure comprehensive in how to handle medical emergencies. But maybe this reflection of my own experience will enter the mind of somebody as they hear their own name called overhead; and as they start to run - they stop and walk briskly. Maybe then they'll remain calm and make the right decision to save a life. Maybe then they'll go the extra mile to debrief, and their mentor will make sure their conscience is clear. Maybe then they'll share their experience and the lessons they've learned.

We are a community built on shared experiences.