This is a resident case log of a patient encounter in which an "Aware Medicine topic" was central.

Room 428

One of the challenges I encounter every day is deciding to what "depth" to get involved with patient care. As a new doctor, fresh out of medical school where the pathologic process of Takayasus arteritis is more on the brain that dealing practically with a patient in chest pain, I often find it challenging to act, while maintaining awareness of the ever evolving complexity of the human ecosystem. I recall laughing with one of my friends in medical school over his embarrassing mishap when he entered a patient room, helped the nurses clean up the patient's stool and then asked the same nurses if the patient had had a recent stool. He received a blank expression of "duh." Despite the overt appearance of ineptitude, I completely relate to the difficulty of considering the complexity and magnitude of the patient's condition in front of you, without missing the obvious. Indeed, developing brainstem reflexes so that more room is left for higher cortical processing is one of the biggest challenges in intern year, at least in my opinion.

It was just such a "missing of the obvious" that jolted my senses in the middle of a night, midway through my intern year, at the end of a long string of inpatient weeks. I was awoken from sleep by a "code blue, all personnel to room 428." I hustled out of my bed, found my glasses and went running. This was a young man who had tied a plastic bag around his neck, the nurse found him apneic and pulseless. She was shaken, apparently he was a young guy, thirty something. Ten people were in the room; he was large. I swapped out the person doing chest compressions to give them some relief. Room 428.

I actually find doing chest compressions satisfying work because I am good at them. I am careful to let the chest recoil fully (diastolic coronary perfusion) and progress with a rapid rate. I am aggressive, consistent, and do not tire, at least for the 2 minutes that I can keep this up. It takes a lot to pump blood mass through the body. Coincidence or not, I have had good success this year at helping patients regain pulses when they were once pulseless. Chest compressions are a very physical endeavor and supremely meaningful, they are important, and, if you've got the choice, take compressions over breaths.

On this particular man I am as aggressive as ever. Sweat drips from my brow, my stethascope flies off. A clinical picture begins to evolve. He had diabetes, depression, was hospitalized with osteomyletis and had a prolonged course due to protracted nausea and vomiting. His pupils are fixed; he is not in good shape. Room 428. No.

Our service had followed him for over a month. He was intensely unhappy in his life, had quit his job, had plans for suicide at home, and would have voted for John McCain had he not "sold out." Shit. "Do you need a break?" I swap out with my fellow resident stammering down, off the stool, past the electrodes and out of the room. How will I tell by intern buddy, who has followed him every day, who knows his mother? I am breathless, weak. My attending comes out of her early morning shower to answer my call. "Oh, are you alright… I'll be right in."

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Room 428 becomes room 5507. I walk to the central consul in the MICU to make my final call in this hour of confusion and loss. "Ms ___, your son, James, he, he tried to kill himself tonight."

Three days later, brain stem reflexes were all that he had left. After countless consults, procedures and discussions, his family decided to have his organs harvested in hopes that others may live. My intern buddy was present for the harvesting and officially pronounced his death.