

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

Sepsis and Multisystem Organ Failure in the ICU

The patient was a 52 year old man who had been admitted to the ICU for multisystem organ failure, sepsis, and meningitis. As the patient became more unstable, the family continued to desire the patient to be a full code. The patient was unable to communicate as he was intubated and obtunded from his illness. The main challenges in the care for this patient were trying to explain to the family how sick the patient truly was and that his chances for survival with “coding” were small and almost no chance if he were to need resuscitation. As it became obvious that the patient was getting worse and cardiac or respiratory arrest were eminent, my belief was that the patient should be kept comfortable and not have to be put through a code situation.

My personal beliefs did not influence how I cared for the patient, I still did everything I could to try to improve, or at least stabilize his situation: adding pressors, continuing antibiotics, etc. My beliefs probably did influence how I talked to the family, as I tried to be very realistic with them about the situation.

The family eventually decided to have a tracheostomy done on the patient (after 19+ days on the ventilator). I was on call the day of the procedure. When the patient returned from the OR, he was hypotensive. He required maximum dosing of 3 pressors and he was still hypotensive. Eventually, he began to bleed from his lungs, mucous membranes, and line sites. The nurses spent the next 3 hours at his bedside sucking blood from his tracheostomy site in attempts to keep his oxygenation up and also for his comfort. He did code, and after 25 minutes of intense resuscitation efforts, the team decided to stop.

On reflection, the teamwork that went on (nurses, specialists, primary team) to try to help this patient was very good. I think that communication with the family (especially from some attendings) should have been more realistic.

This experience made me somewhat sad that the patient had to go through as much trauma as he did. I felt absolutely supported by the nurses and the intensivist as the events leading up to the patient’s death unfolded.