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DATE OF EVENT: JANUARY 2009

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## The Miracle of Teamwork

Paul A. Skudder, MD

Late afternoon on a Monday, I was visiting the cardiac intensive care unit (ICU) and had to introduce myself to the nursing staff; I'm not in the cardiology department and they did not know me. I asked a few questions to locate a patient who did not expect to see me.

There were several family members at his bedside, concerned but looking ever so much more relieved than when I had last seen them. Far more relieved. And the patient, in his late sixties, was smiling, sitting up, a bunch of tubes coming from various body locations, cheerful and speaking with his family. A new man, a new lease on life. *Wow.*

I began, "Do you recognize me?"

"No . . . should we?"

"Well, maybe, maybe not. It's a bit out of context," I answered.

I thought, *Like really way out of context. All they see is another doc in a white coat and a tie, in a big hospital where docs in white coats and ties are a dime a dozen. I'll bet they've seen so many docs in the past two days they couldn't recognize half of them.*

But they wouldn't remember me from the hospital. It was before all of this. Before the helicopter. Before there was hope.

They looked at me some more. I reached into my pocket, the pocket of my white coat that usually holds my stethoscope. I pulled out a baseball cap with a logo on it. I put it on slowly. I adjusted it and I smiled.

Stunned silence.



Back to two days earlier. It's frigid, just a couple degrees above zero. Crystal clear, visibility from here to everywhere. A busy Saturday in the ski industry, a mountain full of enthusiastic customers enjoying a "bluebird day," the kind where the snow is fluffy and soft, the air is crisp and cold, and your skis seem to turn effortlessly. At the summit of the mountain, in the old wooden shack, those ski patrollers who are not out scanning for the injured, cold, or lost are warming up last night's leftovers in the old microwave with the broken handle. It's time for lunch, and the homemade wooden table is surrounded by familiar faces, relaxed, going over the last few days' challenges, pondering how long the weather will remain clear and cold, and wondering who was on duty next weekend. Generally just "chewing the fat" as they say. The desk is manned by the dispatcher. There are two phones, two radios, and a logbook full of scribbles nobody could really read. The dispatcher turns to me and barks over the crackle of a radio:

"Hey Doc, they are starting CPR (cardiopulmonary resuscitation) on the snow in front of the mid-mountain restaurant."

Red coat on quick, helmet buckled. Turn on my two-way radio hustling out the door. Yell something about "Somebody be sure the portable de-fib is on the way." That's the defibrillator machine we use to restart stopped hearts; you know, the "paddles." *Snap, snap* into my skis. Push hard away from the shack, over the little hump and point them *down*. Don't turn, don't brake. Just go, go, a mile and a half to go, just go. Wind whistling by, biting and cold, freezing exposed skin. Chatter on the radio. Others coming, gathering, different skills assembling. Turn hard, staying on the shortest path between two points. Around the corner, avoid the customers, don't cause another problem. Over the last hump, and there they are, the first of our highly trained team to arrive, red coats, white crosses on the back of each one, bent low, on their knees. Around him.

The group makes room for me. CPR chest compressions (pumping) underway, bare chest, defibrillation pads are already in place. It's cold, maybe

four degrees Fahrenheit, his bare skin is blue, lips blue, face ashen, his whole body bouncing on the snow with each compression. A breathing mask held over his nose and mouth, attached to a bag squeezed regularly, pushing oxygen from a small green torpedo tank into his lungs.

Too many spectators; scared family, curious onlookers. “Get crowd control! We need room to work!”

“We can talk to family later.”

“Everybody *clear!*”

The defibrillator fires. “Shock delivered!”

Compressions again. Shock again. No response. He needs meds, he needs meds. Medicines are crucial for resuscitation of a heart attack patient. Continue compressions. Trade off, somebody else give compressions. He is cold. Maybe that’s good, they use hypothermia (low body temperature) intentionally in intensive care units after heart attacks, protects the brain and other organs. He’s cold. Stay on it.

More noise, a roar, a gasoline engine, smells like an outboard. The crowd parts. Snowmobile skids in next to us. Meds have arrived with licensed personnel. Open the box, root around, find the meds we need, draw them up in a syringe, push them in the vein. What vein? They are all collapsed, it’s freezing. Veins collapse in the cold. Nobody can find a vein; too cold, too constricted. Where is the biggest needle? Gotta find a really big vein. His neck, look at the neck, find the “landmarks,” the jugular vein will be there even though we can’t see it. “*Stop compressions!*”

“Why? No! He needs compressions!”

“Stop, I can’t go for the jugular with the man bouncing like this.” Without meds he’ll die. Stillness. One pass, straight into the jugular. Yes, we have an IV line! Start pumping again, CPR compressions. Where are the meds? Here, here, push them in here. Epinephrine (aka adrenaline) pushed into the jugular IV. Compressions. Shock. Repeat. Epinephrine. Compressions. Shock.

Off, everybody off. Check him. He has a pulse. No? *Yes!* Cover him, get him warmed up. Maybe? Is it better if he’s cold? Where is the two-passenger

*CPR toboggan?* Here it is—great, already here. People are thinking and moving. A team! This is why we practice so hard.

Strong guys, big guys to steer this one down the mountain! He's a big guy and we need a rescuer on the toboggan with him to squeeze the air bag that's providing oxygen for him, breathing for him. He's not conscious. Will he live? Pupils dilated, a bad sign, will he wake up? We don't know, can't say. Yes, his pulse is still there. Good. Blood pressure? Yes, he has a blood pressure. No bleeding. Cardiac event. Call air ambulance, this one needs a chopper.

He needs a breathing tube in his windpipe before we can put him on the chopper. Wow, these guys with military field experience are good; in the tube goes, on the ground, on the snow. Putting that tube in can be tough in a hospital, on a bed, with bright lights and all the rest! This is now an ICU in the snow, artificial breathing apparatus, jugular IV lines, meds, all of it!

The chopper is on the way. Skiing down, down, a careful two miles on the snow. Strong skiers pulling, two men in the toboggan, one breathing for the other, keeping him alive. Not too fast, don't lose control, don't roll them over, but no time to waste. Air ambulance arrives. Tell the flyers the story, details, what we did, how he is. Load him up, strap him in. Off he goes.

Now the family, ask them about it. Crying; fear; what happened? What will happen? Heart attack? No better explanation at hand, he just dropped on the snow after lunch in the restaurant. They say he was happy all morning, no complaints, no warning signs. Just went down after lunch. Yes, we did our best; we hope he will make it. Do you need directions, how to drive from here to the hospital, almost two hours?

Good luck. God be with you. Best to drive carefully; hurrying will not help him.



Where were we? Oh yeah. I reached into my pocket, the pocket on my white coat that usually holds my stethoscope. I pulled out a baseball cap with a logo on it. I put it on slowly. I adjusted it and I smiled.

Stunned silence.

Then . . . “Are you one of *those guys*?!”

The red-and-white logo on the cap read SKI PATROL.

“Yup. One of those guys. The one with the big needle.”

So the visit began, smiles, tears, hugs all around. Memories of an eventful day from different perspectives. Talk of the procedures in the hospital since then, the diagnosis of the heart attack, and the cardiologists’ good care to ensure a good outcome.

“No, I was not involved in the procedures in the hospital, I am not a cardiologist. I am in a different field of medicine. I did my part the other day. I volunteer at the mountain, part of the patrol, there to help. It’s a really good team.”

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DATE OF EVENT: 1999

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## A Good Samaritan Repaid

Fred M. Henretig, MD

**I**t was a lovely spring weekend, but it was my lot to be working a Saturday shift as the attending (supervising) physician in the emergency room. The morning had begun with nothing out of the routine for our busy, urban children’s hospital—lots of sick, feverish infants, children of all ages with minor trauma, children with asthma and other chronic illnesses having flare-ups—yet happily, no catastrophic events to confront so far that day. That all changed when we heard the hospital operator on the overhead paging system call “Code Blue,” the emergency code for a patient having a severe, potentially life-threatening heart or breathing problem.