

MIND TO MIND

*Creative writing that explores the abstract side
of our profession and our lives*

Stephen T. Harvey, M.D., Editor

Code Gray

Richard K. Jansen, M.D.

I spent most of my career working in a big hospital doing nothing but burn cases, thousands of them. Burns were my thing. That life is over. Now it's a small town, small hospital. The classic place where everybody knows everyone and everything. My new hospital is mostly tourists' broken bones and locals' broken water. It's not bad just different. Here nobody is sick and nobody dies. The helicopter that lives just outside our ER makes sure of that.

Back in the city I was never totally convinced of the cost/benefit math of helicopter medical transport. So it was no small irony that when my wife broke her water at 28 weeks, way too soon for my little rural hospital, the same flight nurses who had been in my OR a few nights earlier asking for an intubation were suddenly packing her up for the ride down the hill. Later, when I caught up with her she said, "It was an incredible flight! Can I go again someday?"

"No." I laughed. "They don't do joyrides."

Two years later it's another beautiful summer day and I am headed out to indulge my fishing habit. Across town I can see a huge smoke plume at the hospital. There had been fliers posted all week advertising live fire extinguisher training. "Wow," I think. "They must be really getting into it."

The first call is just one ring. Our cell service is like that on holiday weekends. A minute later the voicemail dings. Emergency. They're calling everyone they can get. It's a Code Gray—Hospital Disaster. The helicopter went down on the pad.

Carol Wiley Cassella, M.D., served as Handling Editor for this submission.

From the Saint Anthony Summit Medical Center, Frisco, Colorado. rkjansen@msn.com

Accepted for publication August 3, 2016.

Permission to reprint granted to the American Society of Anesthesiologists, Inc., and Wolters Kluwer Health, Inc., by copyright author/owner. *Anesthesiology* 2017; 126:346-7

I'm driving with a real purpose now dodging the tourists' cars and police roadblocks.

In the ER the nurse sees me and says, "They need you in room 2."

I step through the door and I see soot and blisters and angry colors that don't belong all framed by shreds of charred flight suit. As I inspect the patient I sense the ghost of my past life looking over my shoulder. "I thought I would never see you again." I say to myself. "One more time." The ghost whispers in my ear. "It's on!"

Gown, gloves, get old skills to work. Damn. I need reading glasses now to get that wire in the hole. Just do it by feel. Secure it Richard and try not to sew your thumb down in the process.

The volume is running but how much? Not enough and it's renal failure, too much, compartment syndrome. Maybe not enough will be too much. "Some," I decide is the right answer. Just enough to perfuse cells and tissues on the edge of viability. We'll slow it down after this bag.

The room is packed with friends and family. Some faces are covered with masks, some with tears, some with both. Inches behind me a young woman is crying her heart out.

Carefully, we consider which questions to answer and how. Titrating the expectations just right can be as tricky as the fluids and the drugs and sometimes, more important.

I get a new auditory hallucination, the Burn OR. The high pitched whine of the dermatome, the sick symphony of four bovie's working all at once, the whirr of the rapid infuser, the reassuring "Beep, beep, beep," of a steady, solid pulse ox tone turned up for everyone to hear. I hear all those sounds as I stand there looking at this patient that I have seen so many times before, looking for something else we should be doing now. I struggle to remember what we used to say when a new patient came in. What were our criticisms of those places that sent them to us?

The ER doc steps in. "The first helicopter is almost here. Get ready to transport."

"I thought Patrick was going first?" says someone in the crowd, asking the question for all of us.

The ER doc looks around the room and says simply, "He's not going."

Soon strangers in flight suits appear. I wonder what they were thinking as they set down next to the molten metal and soggy ashes that had been our helicopter and our crew? They are professional and efficient and soon our patient is headed out the door. The last of the strangers pauses for a moment to offer his own titration of assurance and condolences.

As the helicopter lifts off it carries my patient, my coworker, my neighbor away to that place where pain and drama and hopes are concentrated. The old ghost of my past life left with them. Back to wherever he's been waiting to be called by Code Gray.