Beginner's Luck

By Sia Ching Hui

Morning rounds are usually unspectacular affairs. Medical students trudge behind the house officers, who chase the medical officers, who breathe the dust of the registrar, who in turn follows the directions of the consultant-in-charge. We help to pull curtains and grab case files. Occasionally, when the doctors realise that we actually exist, they will ask us questions to keep us entertained. I believe the entertainment is on their end because they will get the most bewildered looks, as we usually have a disturbing inability to answer the questions posed.

We appeared at 7.30 in the morning at the ward to follow the rounds as usual. To be fair, rounds give us an excellent opportunity to look at fresh cases and understand how follow-up care is like. Many just do not appreciate such an unstructured teaching methodology. While we were on the third patient on a list of 30, the houseman received a call that his patient was doing poorly. The houseman told the nurse to watch the patient and call him again if it became urgent.

And within five minutes, the aforementioned patient desaturated. The houseman quickly apologised to the consultant and ran off. I swear I saw dust coming out from his heels. We were oblivious to what was really happening, and were desperately trying to recalibrate ourselves in the hierarchical stasis that just had its equilibrium disrupted.

As we reached the ward, we heard the beep of the heart monitor going off in strange tunes. The curtains around the 98-year-old patient were drawn. The patient was a scrawny old lady who had looked friendly and benign the past few days during the rounds. The team list said she was in for an intertrochanteric fracture and was lying in the ward after a dynamic hip screw insertion. She also had anaemia and vaginal candidiasis. Today was different however; she was not merely lying in bed looking at us dreamily. Instead, she was surrounded by many people. But the people were all more active than usual.

She was dying: her limbs limp, eyes closed and face blank. The nurse was giving her chest compressions and another was bagging her. The registrar came and took over. He intubated the poor old lady and gave her multiple shots of adrenaline. The heart monitor went into a sine wave, to the rhythm of the chest compressions. I had a sick feeling. The patient's heart was really actually still if not for the chest compressions. I looked at the auntie. This was too sudden. The doctors around just discharged their duties like it was something normal. "What a way to start the morning post-call," one commented in a bored tone.

The nurse giving the chest compressions was getting tired, so the houseman took over. The registrar asked how long they had spent trying to revive the patient. It seemed like eternity as we tried to pay attention to what was happening. I peered outside the curtains at the other patients in the ward. One auntie was sound asleep, two were eating breakfast, one was visibly aghast and another did not know what was going on. I think she had dementia.

"You! Medical student, come here. Put down your books and grab a pair of gloves. Come and take over the houseman," the registrar boomed at me. As a medical student, it was a privilege to be noticed during the ward rounds. Now to actually do something was really a huge leap forward. But the problem was that I had never done chest compressions before, apart from on a plastic dummy back at the university and during my army days. My other experience comes from watching poor examples of CPR done in TV serials. No Emergency Medicine posting before either.

I took over. I looked at what the houseman was doing and just followed. Xiphisternum. Interlock the hands. Compress. Count one and two and three and four and five...

"Get on the bed *lah*, you can't compress properly like that. Use more force."

I had one knee on the bed, and was hovering over this dying 98-year-old lady. I tried to concentrate on counting. Sorry auntie, you must have had multiple rib fractures from all this. One and two and three and four and five...

"Wait, what's that?" the registrar said, after a while. "There's a heartbeat! Quick, check her pulse."

The houseman checked her carotids. I looked at the ECG monitor. The normal waveform was starting to appear.

"Pump pump!" the registrar said.

I thought it meant doing more chest compressions. Just as my hands almost touched the chest of the old lady he said, "No *lah* not you, I meant the nurse, to bag the patient." And then I remembered that when there is a pulse, you do not do chest compressions.

The pulse was tachycardic, but the waveform was beautiful. It stayed that way for a minute, then two, then three.

"So you have the magic touch." The registrar looked at me as they called the people from Surgical Intensive Care Unit to come and take over.

"No." Still feeling surreal, softly I said, "It's just beginner's luck."

Auntie, you have lived to fight another day. SMA

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