

**First Anesthesia Conference  
Nov 16, 2007**

**Essay – G.A.G.**

**Topic: patient who was to die but survived**

This short story is about a patient who I think was to die but later survived through the mercy of God and the intervention of medical practitioners. Today he affiliates with a church congregation giving his praises to God.

About two years ago, a young adult male went out at midnight to attend a graduation program. An eye witness said he got drunk at the party and recklessly walked home under a heavy rainfall. On his way, he jumped into a rolling water and was bitten three times by a snake, probably Cassava snake. He immediately fell into the erosion and shouted for help. No one went to his rescue probably because of the heavy rainfall or because of the late hour of the night or because no one heard him cry.

About 30 minutes after this incident, the rain stopped and suddenly two of his friends came by and saw him lying in the erosion shouting from pain in his leg and on his heart. The friends searched around and saw a cassava snake close to him. Of course, the snake was killed. The two friends had no knowledge on the management of snake bite, but they quickly helped him up to walk to the road where they hope to find help. Every one had gone to bed, no health practitioner, no herbalist.

Upon arrival to the road, pt started vomiting severely, followed by severe watery stool. The setting is a little town along the Monrovia – Gbanga highway about one hour drive away from the nearest hospital. Here, the patient lies, rolling on the ground, shouting and crying from pain in his leg and on his heart. He shouted for a drink of water but the more water he was given the worse the vomiting. At one and a half hours after the incident, patient complaint of dry throat, difficult breathing, weakness and dizziness. No one could help him but all stood by crying for God's mercy. After few minutes, patient could not respond to any verbal communication. Some concluded "he was dying". Just then they found a car to transport him to the hospital.

At about five to ten minutes drive to the hospital, patient relatives observed that he was no longer breathing, not responding to stimulus, and heard no heart sound. They momentarily stopped the car and some decided that the patient is dead and that the body should be taken back home to avoid further expenses at the hospital. Other insisted that the body be taken to the hospital and deposited to the morgue and await proper burial planning. They continue the journey and finally reached the hospital's emergency room. Nurses took the patient in. The doctor quickly try to get some history but all he heard was "he died from snake bite".

The doctor made a quick assessment and noticed that patient was not breathing, no heart beat, no pulse. But he saw vomitus pulling from patient's mouth and nose. The doctor shouted "Arrest 5 minutes" we need help.

The emergency team quickly arrived, the anesthetist quickly suctioned, and performed crash intubation. Resuscitation started, Intravenous line started, Doctor ordered and served other medications except anti-venom which was not present. Ventilation was done with an ambu bag which was the only airway equipment or ventilation equipment available. After forty-five minutes of rescue activities there was no life signs. Doctor said, "well patient is gone, extubate him and take him to the morgue". Some of the crew consented but anesthetist insisted "we keep trying". About one hour of resuscitation, a heart contraction suddenly appear but less than seven beat per minute and irregular. It later gradually decrease and disappear. Another forty five minutes of resuscitation was instituted, and heart contraction re-appeared but irregular, the contraction lasted an hour but failed away. By this time some relatives have returned home to share the death news of this patient. Resuscitation was carried out again and at thirty minutes, heart contraction re-appeared and gradually increased to about fifty beat/minutes and irregular. Ventilation with an ambu bag continued, but no spontaneous ventilation for about 36 hours. An attempt to cease ventilation resulted to a dramatic fall in blood pressure and heart rate. At 60 hours, there appears a breathing about less than five beat/min. Ventilation continued for up to seventy-two hours, at this time, patient had gained moderate respiration about eight beat/minute spontaneously. By 78 hours, he was extubated and put on O<sub>2</sub> by nasal cannula. At 90 hours, he was weaned from the O<sub>2</sub> and allowed spontaneous respiration.

Unfortunately the patient leg has become inflamed and gangrenous and was placed under constant medical supervision, and was discharged two months later.

My analysis of this scenario are the following.

1. Patient may have died at home if there was no car to transport him to the hospital
2. Patient may have die if relatives have discontinue their journey to the hospital when they noticed that pt was not breathing.
3. Patient may have died if all rescue process was abandoned after several unsuccessful attempts.

My conclusion is that many patients who are to die could survive if they are given a timely, efficient health care.

Submitted  
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