

## **Patient who was expected to die but live**

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During the war I worked in a county hospital in Grand Bassa county. I worked with a colleague who was handicapped and had been a drunkard and smoker. I therefore assumed to do practically all anaesthesia.

A 36 year old multipara expectant subject was brought to the hospital in labor.

Previous history indicated that she had three deliveries, but still births. Infant heart rate now slow and faint; meconium stained shows and amniotic bag (sac) ruptured 2 days earlier.

Surgery was proposed. Patient was brought to the OR. For fear of full stomach, regional analgesia was the choice of anaesthetic technique. Patient educated on such.

In sitting position, spinal analgesia was deposited. My colleague managed the patient.

In about ten minutes of spinal and 6 minutes of surgery the blood was noticed being black. My fellow was asked concerning pts condition, eg B/P, pulse and respiration. No abdominal movements. Seeing that he was upset, I joined him to resuscitate the patient.

Patient intubated, no oxygen, ambu bag was connected, using atmospheric air, we ventilated hopelessly adrenaline 1 amp. diluted in 10ml distilled H<sub>2</sub>O was injected pericardially. We ventilated for ½ hour and were wearied. In 40 minutes we decided to discontinue the resuscitation. It was then that patient started to breath. It was absolutely a miracle and followed up the pt's condition for abnormal behaviour but remained normal and her baby. This was my (worst) worst experience.