

## **Indexing Title: JGGuerra's Medical Anecdotal Report (04-06)**

Title: " My first Mortality"

Date of Observation: August, 2004

Narration:

It was a relatively benign Sunday duty when I assumed my Emergency Room Post. I had my regular chart and bedside rounds that particular morning. Three patients were endorsed, two cases of Acute Appendicitis and a Vehicular Accident.

At the corner of my eyes, I saw a fairly young looking man, in his early twenty's, at trauma bed four, in agonizing pain. His right leg has a posterior mold and his right foot was completely soaked in blood. I immediately went bedside and extracted a short history. The patient related that his right foot was ran over by a garbage truck. He sustained a crushing injury to the right foot with associated multiple metatarsal fractures including the distal third of the right tibia. I unwrapped the affected limb, and to my surprise, the right foot was mangled and barely anatomically recognizable.

The case was then referred to the orthopedic consultant via phone. The initial contemplated procedure was to salvage the limb and do debridement and ligation of bleeders with plan of foot reconstruction on the succeeding operation.

I was tasked to do the operation. Intraoperatively, I noticed that the foot was completely crushed and mangled. The probability of success of limb salvaging procedure is quite low. The procedure went on smoothly. I was able to debride the devitalized tissue and ligate the bleeders. Appropriate postoperative care was given to the patient.

However, on the second postoperative day, he had sudden onset of difficulty of breathing and episode of hypotension. I was informed that my patient was arresting at the ward. Without hesitation, I left my Out Patient Department post to attend to him. When I arrived, he had already expired.

I asked myself where I had gone wrong. I gazed down at my first mortality – a twenty-four year old male who could have been somebody, who could have been someone I know. Then I shivered at the thought that hit me – that young man could have been me.

As I walked out of the room, I felt devastated... I uttered a prayer...

Insight (Stimulus, **Reinforcement**, Discovery, Psychosocial, Physical, Ethical)

Referring a case via phone communication should be like providing front row seats to the persons being consulted. You should be able to describe the case in such detail that it can actually be visualized clearly in the mind. If referrals by mouth alone cannot conjure the image vividly, it is wise to take advantage of your available resources, as exemplified by modern communication gadgets. No information is too minor to leave out for it could be the missing link to the success of your contemplated management.

From this experience, I have learned the importance of relaying information completely. Had this been done, another treatment plan probably below the knee amputation for the case could have been taken, which in turn, could have made a significant difference in the outcome of this case.