

# Basic Life Support

## by Brook Starr, MS4

I saw them coming down the hall and I knew the time had come for me to use my BLS training. Skills frequently practiced on mannequins, never yet utilized on a human being. Paramedics were already compressing Jay's fibrillating heart. I got in line to take my turn. A nurse kindly reminded me to remove my stethoscope from my neck. "You'll want to take this off," she said. Countless actions were taking place around me as seasoned professionals assumed their positions. Can they tell this is my first time? It didn't matter. In the organized chaos I knew my role: push hard, two inches deep; push fast, 100 times per minute; allow full recoil between each compression.

My first turn was a thrill. I felt useful and confident in what I was doing. Another nurse said, "I can feel her compressions in his femoral artery." This must mean I was doing a good job. Then came a pulse check – had Jay's heart resumed its regular rate and rhythm? No, he was still in V fib. Charge the AED, everybody clear the body, administer the shock, and check his rhythm again. No change. Resume compressions, give epi, and note the time. I was warm as adrenaline filled my vessels as well. Another compressor stepped in. "I'm behind you when you need a break," I yelled over the chorus of others confirming meds and directing next steps. "3, 2, 1, switch." I'm pressing on his chest again. This time I remember what an attending had taught me: match your compressions to the beat of the song "Stayin' Alive." I start singing to myself, Ah, ha, ha, ha, stayin' alive, stayin' alive.

Pulse check. V fib. Charge. Clear. Shock. Rhythm unchanged. Resume compressions. Give epi. Note the time. "I'm behind you when you need a break." "3, 2, 1, switch." Ah, ha, ha, ha, stayin' alive, stayin' alive.

The cycle repeats for 30 minutes. By my fifth turn doing compressions, my arms are jelly. I feel the burn of lactic acid accumulating in my muscles and the trail of sweat beading down my back. For the life of Jay, I'm pushing as hard and as fast as I can. The AED yells at me to "push harder" and then "push faster," and I realize I'm reaching the end of my ability to help Jay. He is also approaching his end. I steal a glance in his unresponsive eyes and fail to see signs of life.

Pulse check. V fib. Charge. Clear. Shock. Rhythm unchanged. Time of death 1026.

My heart is racing, and Jay's is still. I go to the restroom, return to my workstation, and my attending tells me to go see the next patient. Just like that. Onward. This is another day at the office for him, but my life has just changed in the face of a life ending. I finish my shift and walk down the street and wonder, Can people tell that I've just watched a man die under my care? Did that just happen? The shock hangs on me like a cloak and I'm in a daze. Some time passes and the gravity of the day's events hits me. Tears flow for the end of Jay's life and for the transformation of mine. I know that this experience has isolated me from many of my loved ones. They struggle to understand it as I attempt to fully articulate it. I verbalize what I can, and I'm met with the warmth of their compassion and support.

In the following days, my mind continues to return to Jay. Did it really happen? Yes. We poured our hearts out to restart his and yet he died. I will never see the other team members from that code again; there is no trauma-bond for me to lean on. But to bear the weight alone is to hasten the effects of pervasive burnout in this profession. Healing comes when I turn myself inside-out. Giving voice to the things that seem unspeakable undermines the power of the silence, whether those who hear it can fully relate or not.

Shock. Isolation. Grief. Openness. Relief. The cycle repeats as my heart strengthens and mends.