

## Tattoo

**Kasey Lierz**

So, there I was, leaning over him, standing on a step stool, slamming my gripped fists into his chest as hard as my 5'5" frame would allow me on that warm summer night. A freak accident had lead my path to cross with this 21-year-old man under the direst circumstances.

Ask any doctor and they can tell you there are patients they will never forget; some associated with miraculous outcomes, others tragic. Often, it's the patients who catch us by surprise, make us think, or teach us something about ourselves who are the ones that stay with us through our journeys in medicine. I met one of those patients early on in my training as a medical student.

I was a week into my trauma surgical rotation. Each night we were guaranteed between 3-7 trauma pages from the ED; one of which would be a gunshot wound, and at least two the result of some high-speed motor vehicle accident. I was enjoying myself on the rotation despite working my first week of 12-hour overnight shifts. The anticipation of the unexpected trauma schedule and the chance to put some of my newly learned surgical skills to use made me feel like I was headed toward a career in surgery. So much so that I was beginning to think about what pattern my lucky scrub cap should be: neon, soccer balls, KC Royals, paw prints....

This thought was interrupted by the distinct tone of the trauma pager and I returned to reality. The pager read: Level 1 Trauma. 21yo male struck with object on face and chest. VS unstable. ETA 4 min. The details were trivial, but we'd later come to find he was in worse shape than what we expected when he was brought into the ED on a stretcher. I descended the 6 flights of stairs from the call room to the ED behind my intern. We entered the trauma bay as the unconscious man was brought in by EMS who started spewing out his vital signs, past medical history, and the details of his previous 30 minutes at work that lead him to us.

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“...struck across the chest and face...unconscious at the scene... remains unresponsive...”

He was attached to monitors. Two peripheral IV lines were started. His ABC's (airway, breathing, and circulation) were assessed. His airway was compromised by vomit and his breathing shallow. I helped with the primary survey: undressing him and removing his clunky workman boots. There was obvious bruising. The trauma attending gave orders to have him sent across the hall for a CT head and neck scan. The ED staff and trauma team moved like a choreographed dance around the congested trauma bay. EMS cleared out as the patient was placed on portable monitors for the journey across the hall. Then one of the nurses asked the most ominous question, “Does he have a pulse?” Provider's hands slapped on him as the monitor struggled to pick up the trace of a heartbeat, each hand unable to detect a pulse. And so, it began.

I remember seeing everything and hearing nothing. The nurse who found the problem immediately started chest compressions. I felt my own heart pound as I stared. Blankets were thrown to the corner of the room as orders were called out to people who flooded the bay. A resident from the ED who had been bagging the patient prepared to intubate. X-rays were taken to discover he had a pulmonary contusion that made even the attending physician cringe. The chief resident began gloving and opening kits for arterial lines and chest tubes. CPR continued with pulse checks every 2 minutes. Pupils were checked and mannitol ordered. Intubation complete. With the chest tube placed, the vacuum started to fill with blood. Ultrasound was brought in and pressed against his bare abdomen, no fluid in the abdomen or pelvis. The room spun around me as I grabbed betadine, sutures, 4x4s, and anything else that got called out by the people working to save this man's life. Vital signs were rechecked. Blood from his chest now stained the blankets beneath him and spilled onto the floor. I shuffled in line behind a nurse waiting to relieve the one already pumping blows into his chest. I reminded myself of everything I had learned during my simulation training; this was my first time on a real human. Pulse check. The room paused as hands on the patient's periphery tried to detect that subtle lub-dub of life. Nothing. Continue CPR. The rapid transfusion protocol was initiated, fluids hung. Chest tube continued to spill blood. Arterial line placed. Pupils rechecked. Pulse check. CPR continued.

So, there I was, leaning over him, standing on a step stool, slamming my gripped fists into his chest as hard as my 5'5" frame would allow me on that warm summer night. A freak accident had lead my path to cross with this 21-year-old man under the direst circumstances.

As I looked down at the chest that my hands leaned into I saw his tattoo, now an image forever etched into my mind. It was a heart, laying anatomically over his own, with a ribbon wrapped around it, the words “Until we meet again” scripted across it. I thought of God in that moment. I thought of God and who was sitting with Him that was so important, so missed, so revered by this man that they warranted a tattoo over his own heart. Who was waiting to meet him again on the other side, who might see him tonight. I told myself he wouldn’t die, even though he was tipping the scales.

Pulse check. I returned to the back of the line as CPR continued. More blood was hung, more fluids. Vital signs remained unstable. Pupils were rechecked, unreactive. The repeat ultrasound was positive for fluid in his abdomen and pelvis, which we could now see between chest compressions were distended. The attending barked out orders to prepare the OR and for someone to hold the elevator. I deemed that my job and took off running toward the nearest elevator. I jabbed the up arrow as fast as I could and the elevator descended to meet me on the ground floor. The patient, surrounded by the residents, portable monitors, and nurses who continued to do CPR, flew down the hallway, into the elevator, and up into the OR. The attending, residents, and I scrubbed, gowned, and gloved as the patient was moved to the table and anesthesia was started. Another choreographed dance.

After an exploratory laparotomy and a lateral thoracotomy in the OR, he was pronounced dead in the early hours that morning. I helped suture the incision he had from just below his tattoo to his pelvis and clean his blood-stained body. We placed him on a stretcher covered with blankets, an attempt to make him more presentable for his waiting family and young wife. I felt heavy and numb as we stood in silence in the elevator going back to the on-call room. Death lingers. To this day, I still don’t know his name; he was registered as Trauma Miami.

I learned a great deal about medicine that night, about myself, and about the fragility of life and the strength of relationships. Some earn tattoos on our bodies, others leave tattoos on our lives. I felt as though I became a part of his story, and he became a part of mine. There are some patients we never forget, and perhaps we aren’t meant to.

So, until we meet again...