

Code Blue at 41,000 Feet

By Lynn Gordon, MD (RES '88, FEL '89), PhD, and Jonathan Braun, MD, PhD

This was going to be a no-hassle work-related trip. We were heading to a meeting in Cleveland on March 27, 2013, aboard an American Airlines 767 to Dallas-Fort Worth, where we would change planes. It was about an hour-and-a-half into the flight, crossing over eastern New Mexico, and we were working on our laptops, when there was a tremendous thud.

We looked down at the floor next to us and into the pale face of a large man in his 60s who had collapsed in the aisle. He regained consciousness after a moment, and we asked if he had any illnesses or was taking medication; he told us he was diabetic, took insulin and had high blood pressure.

And then, he had a seizure. His breathing stopped and his pulse ceased. One moment he was talking to us, and the next he was blue. It was hard for us to believe this was happening, but in a situation like this, you just switch onto autopilot. Neither of us had coded a patient since our earliest years of clinical training, but now we had no choice.

A flight attendant brought oxygen and the plane's automated external defibrillator (AED) unit, which also shows an EKG tracing. The pilot called over the loudspeaker, "Is there a doctor on the plane?" Two young men stepped forward: UCLA neurosurgery resident Dr. Brandon Evans and Brian Fisher, a third-year medical student at Texas Tech University. How lucky for us – and for the man we were attending – that they were among the 183 passengers on our flight. The four of us performed CPR. While we began attaching the AED and preparing the contents of the emergency kit so we could begin ventilating and start an IV, Dr. Evans took control of the patient's head to manage his airway, and Brian began chest compressions. Here we were, strangers on a plane thrown together as a single-minded medical team with one goal – to save this man's life.

The trace on the AED showed just electrical noise, confirming our worst fear; he was in V-fib. The instruction from the machine was "Shock Advised." It was a grim moment, and the first shock didn't work. We went back to chest compressions.

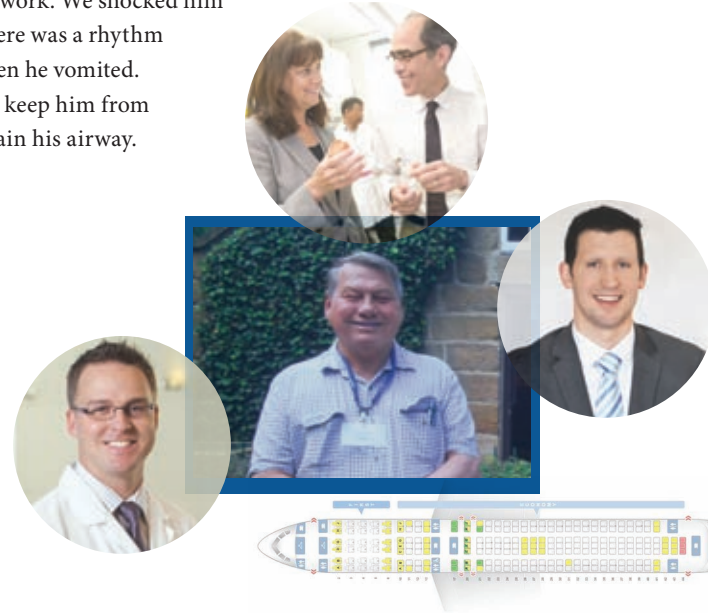
We looked at each other and locked eyes, and a silent thought passed between us: "This man is not going to survive." We looked at the flight attendant sitting on the arm of the seat across the aisle holding

the AED box so we could see the tracings, and implored: "Please land this plane. Quickly."

Then we got back to work. We shocked him again with the AED. There was a rhythm and he took a breath, then he vomited. Now the concern was to keep him from aspirating and to maintain his airway. Suddenly, the rhythm on the AED went wild. He needed another shock. His rhythm returned briefly but quickly deteriorated to V-fib. We performed another defibrillation-shock cycle. The plane was diverted to Lubbock, Texas, and began its descent, as the pilot and flight attendants reassured the passengers. We continued to work on him, as the plane headed for its landing, kneeling around him in the narrow aisle. Several more shocks were required as we descended. Amazingly, he stabilized as we circled to land. He opened his eyes and looked at us. "I'm sorry," he said.

It was the gentlest landing we'd ever experienced, like glass. We pulled right up to the gate, and paramedics were on the plane as soon as the door opened. Brian, the medical student, also got off the plane; Lubbock was his final destination, so instead of having to change planes in Dallas, he had an unexpected direct flight. The passengers applauded him as he disembarked.

As the paramedics took our patient – Charles "Chip" Collison is his name – off the plane, alive, we felt an overwhelming sense of humility and gratitude that we and our young colleagues, Brian and Dr. Evans, had an opportunity to make a difference. The next day, we received a text that Chip was alive; surgeons had placed a stent in his heart, and he was expected to recover. Later, a note from Chip arrived. It said, "Thank you, from the bottom of my still-beating heart."



Drs. Lynn Gordon and Jonathan Braun (top) were assisted by UCLA neurosurgery resident Dr. Brandon Evans (left) and Texas Tech University third-year medical student Brian Fisher (right) when they aided fellow passenger Charles "Chip" Collison (center).

Photos: Courtesy of Drs. Lynn Gordon and Jonathan Braun, Dr. Brandon Evans, Brian Fisher and Charles "Chip" Collison. Illustration: (American Airlines 767-300 seatmap): Courtesy of SeatGuru.com.

Dr. Lynn Gordon is professor of ophthalmology and associate dean for academic diversity in the David Geffen School of Medicine at UCLA, and **Dr. Jonathan Braun** is chair of pathology and laboratory medicine. Drs. Gordon and Braun have shared many less-eventful flights in their 34 years of marriage.