

Diagnosing Heart Attacks

Category: Uncertainty

written by Marilyn Barton | August 21, 2020

In the 1990s, I took care of patients presenting with chest pain to the ER, and our mantra was “time is muscle.” We raced against the clock to deliver oxygen and medicines to patients and, hopefully, prevented permanent heart damage.

But not all heart attack sufferers complained of crushing pain the way they do on TV. The ER physician couldn't risk giving heart attack medications for non-cardiac conditions like gastric reflux or gallbladder attacks. Oddly enough, some people in our care died from heart attacks whose only symptom was a twinge of discomfort. While others, screeching in pain, didn't have cardiac problems at all.

Arriving at the correct diagnosis took time. The quickest tool I had to distinguish an emergency from non-emergency patient was the electrocardiogram (EKG). But that, too, was an unreliable test since not everyone having a heart attack showed signs on their EKGs. In addition to performing my tasks as quickly as possible, sometimes I had obstacles.

Thank goodness for teamwork. While one nurse undressed the patient and covered him with a gown, another started an IV line and oxygen. The ER only had one EKG cart, and it might be stuck behind a curtain. As I sent the ER tech searching for it, I wondered, “Am I dealing with smoke or fire here? Is this patient having the big one?” Once the EKG machine arrived, I placed twelve electrode pads on the patient's body, sometimes needing to shave chest hair, lift folds of fat, and wipe off sweat. I typed in the patient's name, Social Security number and age into the computer. Balancing niceness against efficiency, I instructed my patient, “Lie still,” after which I hit the button and ran the test.

As soon as the EKG printed, I rushed to track down the ER attending physician. We also only had one of him, and my job was to place that EKG under his nose. If other staff needed him, too bad, I grabbed two seconds of his time. Glancing at the EKG, he'd either say, “MI” or “Not MI,” meaning “heart attack” or “not a heart attack.” (MI stands for myocardial infarction. Myo = muscle, cardial = heart, infarction = death.) This vocalization indicated to me if our patient needed the highest level of care. Regardless, still lots of work ahead for the patient and me, but after fifteen minutes swimming in a sea of uncertainty: CLARITY!

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