Family Emergency Update

written by Holly
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By Holly Lisle

Matt and the Possible MI

After going to a local doc-in-the box with the symptoms of racing heart (tachycardia), palpitations (feeling of pounding heart in the chest), and catching in his breath when taking deep breaths, and getting an artifact-y and questionable 12-lead EKG with some possibly bad signs on it, Matt was admitted to the ER Sunday morning. Admitting diagnosis that we knew about was possible inferior MI (heart attack, for folks who don't do medical jargon).

Other admitting diagnosis—the one we did NOT know ended up on the chart…"Chest Pain."

"Chest Pain" was a CFU (clerical fuck-up). Someone—ER doc, triage nurse, ER nurse, admitting doc, ward secretary…—SOMEONE who wasn't listening put that on his admitting diagnosis in spite of the fact that Matt had never had chest pain, had never complained of chest pain, and was at the time of admission not experiencing chest pain. This would prove to be a problem in what was to come.

I stayed at the hospital. Did not go home to get things—just stayed. Hospitals were my gig before writing was, and one of the things I know as an RN is you never leave someone you love alone in the hospital in the hands of strangers. You stay. Period.

All day Sunday and all day Monday, we ruled out heart attack with bloodwork, chest X-ray, EKGs, and an echocardiogram. By Monday night, all of his tests were negative for any sort of

heart attack, but he still had the atypical symptoms that had taken us to a walk-in clinic on Sunday morning.

Palpitations. Tachycardia. Occasional catching in his breath.

After telling us Sunday night that all Matt's tests were normal, and telling us that he was going to write the "clear to discharge" order, the cardiologist went out to the nurses' station, checked the chart, and spotted the "Chest Pain" admitting diagnosis. And instead of writing "clear for discharge," ordered a cardiac stress test (treadmill test) for 9:45 the following morning "because your chart says you were admitted with chest pain."

Matt again emphasized that he had never had chest pain. Palpitations. Tachycardia. His breath catching sometimes on deep breaths.

Too bad. It was on the chart. We were told by the cardiologist and several nurses that our two options were for Matt to have the stress test, or to leave the hospital AMA (against medical advice).

We were there self-pay (no insurance), and having a treadmill stress test to check further for the MI he hadn't had was like having a doctor order a fetal stress test on a woman who had been admitted for possible pregnancy AFTER she was found to be not pregnant, because her admitting diagnosis was "complications of pregnancy."

You ruled that out, assholes. Move on. Patient is still having symptoms, and it isn't what you first thought…so stop checking what it isn't, and figure out what it is. But that wasn't going to happen. This was socialized medicine in action.

We left AMA around 11:30 PM, and the next morning made an appointment to see a doctor recommended by his mother, who also goes to this guy. Yesterday, Matt saw him in his office, talked to him for about an hour, and is now being treated for

stress. By about 3 PM, no more palpitations, no more tachycardia, no more catching of his breath.

So we're all good, right? Life will resume its normal routine.

Not so much.

What happened next

About 10 PM last night, we got a call from Matt's folks, who were in the ER of a different hospital with my brother-in-law, who was admitted with aphasia (inability to speak), loss of motor control, and a couple of other things.

Our first news was that it could be nightmare blood sugar (very high). We were sitting in the ER with the rest of the family for the next news, which was was that it was malignant cancer of uncertain origin which had metastasized to his brain, and which included one 9cm tumor.

Third news was that it was probably benign, and related to previously diagnosed hemangiomas.

And that's where we are now. Up in the air, waiting for something definitive.

I'm taking the rest of the week off from everything, in order to be available for family. If things go well, I'll be back Monday.

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