

The Stroke Pager

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I was given my pager on the last day of orientation before intern year started. It went off shortly after I arrived home.

6:30 PM – Level 1 Stroke –
MedEvac 8 – 66 YOM –
Possible CVA –
Right-sided weakness –
Slurred speech – Onset approx 1800
– ETA 10 min

I was overwhelmed with questions: *Am I on duty already? I thought I started tomorrow! Why am I being paged about a stroke? Should I call back? How do I call back? I was not given a number to call. I am not a neurologist. Should I call a neurologist? I'm barely even a doctor.*

It goes off again: 2:15 AM – Level 2 Stroke . . .

There are different levels? Is this page here because I didn't respond to the last one? How do I set my pager to silent?

This page also had no callback number. Without a way to respond, I decided there was nothing I could do. My first day working in the urgent care clinic was now only 5 hours away. I forced myself to calm down, turned my pager off, and went back to bed.

My pager was silent for the next month. By the time my first inpatient rotation started, I had dismissed the stroke pages as either a fluke or a prank by a senior resident who had since lost interest.

I was wrong. Soon I was receiving 1 to 2 stroke pages per day. I called the paging office for an explanation.

"I have good news and bad news," the monotone voice began. "The good news is that you aren't on any of the stroke team lists. The bad news is that we have no record of you even getting these pages."

"Okay," I replied hesitantly. "So what can I do to stop them?"

"Nothing," she said matter-of-factly. "We don't know where they are coming from, so we cannot stop them."

I learned to live with the stroke pages. *It is okay, I started saying. It is just a stroke.* After all, the stroke pages were a relief from all the ones that did require my attention.

11:15 AM – Level 2. It is okay. It is just a stroke. I must have ordered that x-ray correctly.

Left-sided weakness. It is okay, just a stroke. My patient in soft restraints must have finally calmed down.

Facial droop. It is okay, another stroke. My new patient has not yet arrived, and I have time to catch up on notes.

Every day I worked to improve my efficiency. One day I admitted a woman with pneumonia. Admission orders, a note, and sign-out: 1 hour. Six months later the same routine only took 30 minutes. Using a computer on wheels during an admission resulted in additional time saved: I could listen to the patient and put in orders at the same time.

The harder I worked the less I thought about the stroke pages. They became just 1 more obstacle before I could turn my pager off, go home, and relax.

Once winter arrived the stroke pages became intolerable. Weariness gave way to discouragement. I began dreading heading into work.

Another page arrived during a particularly long night shift.

3:40 AM – Level 2 Stroke –
77YOF –

*Dense left hemiplegia – Last known normal unknown –
ETA 15 min*

"It is okay. It is just a stroke." I had begun to say it aloud by this point in the year.

I went to delete the page, but paused. I thought about this poor woman, probably scared out of her mind, unable to move her entire left side. An aching feeling hit the pit of my stomach.

There were people behind these pages. Real people with real stories. How did I get so callous?

Beep Beep BEEP! My reverie was interrupted by a flurry of pages. My new admission had reached the floor. I started to grab the computer on wheels but decided to leave it behind.

Instead, I brought a chair to the bedside and sat down next to the patient. My plan was just to listen to him, not to worry about putting in orders or being efficient. Just listen.

He was chatty. In addition to being ill for the first time in his life, this was also his first time coming to the city. We talked for a while even after I was done examining him. He was a grandfather, I learned, with 8 grandchildren, and he was an avid fisherman. His chest pain had actually started on a fishing trip.

My intern year moved forward. Though the stroke pages kept coming, I spent more and more time at my patients' bedsides, hearing their stories, and less time focusing on efficiency.

One day I was admitting a veteran with new-onset hemiplegia. Magnetic resonance imaging confirmed the diagnosis. This was my first stroke admission.

"Doc, I'm scared," he said after I introduced myself. "What's wrong with me?"

I sat down next to him on the hospital bed. "This is a stroke. It is okay to be scared." I watched his expression darken, his eyes staring off into space. I

reached out and held his hand. "We are going to help you through this, no matter what."

He looked back up at me, the color returning to his face. "Thanks, Doc. I really appreciate that."

Later on, as I walked out of his room, my pager went off. *Your new patient with the stroke is in the computer system. You can put in orders now.*

Finally, a stroke page I could do something about.



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