

AI-01590 Check the pulse

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Enlighten me with the following medical case. A Caucasian 10 year old boy died of heart issues during a field trip accompanied by his MD father. Earlier, the boy was vomiting post bus transportation but the md father was told by the boy it was just car sickness .The. MD dad did not check the pulse of the child and was blamed by the MD mother who is also a chief of internal medicine. The marriage did not survive because of the guilt and blaming and destroyed the family. Explain the importance of checking the pulse in vomiting.

This case, though tragic and hypothetical (or possibly fictional), brings into focus several important medical and human lessons. Let's explore it through both a clinical and emotional lens.

Clinical Perspective: Importance of Checking the Pulse in Vomiting

Vomiting is common and often benign—especially in children. However, vomiting can also be a sign of something far more serious, including:

1. Cardiac Arrhythmias or Structural Heart Disease

- In rare but fatal pediatric cases, vomiting may be a nonspecific symptom of cardiac distress, such as:
- Ventricular arrhythmias (e.g., long QT syndrome, myocarditis)
- Hypertrophic cardiomyopathy (HCM)
- Congenital coronary anomalies

2. Autonomic Instability

- Nausea and vomiting can be triggered by changes in vagal tone, often associated with syncope or near-collapse states.

- A child feeling dizzy or faint after vomiting should have vital signs assessed, especially:
- Pulse (rate, rhythm, strength)
- Blood pressure
- Capillary refill
- Level of consciousness

3. Shock (Hypovolemic or Cardiogenic)

- Vomiting can lead to fluid loss, but if the heart is compromised (e.g., cardiomyopathy), the child might already be in early shock.
- Checking the pulse is a quick, accessible way to assess:
- Circulatory status
- Perfusion
- Rhythm disturbances (e.g., tachycardia or bradycardia)

Missed Opportunity: Why the Pulse Matters Here

The MD father assumed car sickness. But had he paused to check the pulse, he might have noticed:

- An abnormally slow or rapid heart rate
- A weak, thready pulse suggesting poor perfusion
- An irregular rhythm hinting at a lethal arrhythmia

This simple, 10-second bedside check could have triggered earlier intervention, CPR, or emergency transport—possibly saving the child's life.

Emotional and Ethical Dimensions

1. Professional Blind Spots:

- The father, though a doctor, might have fallen into the trap of minimizing symptoms in loved ones.
- There's also a bias to normalcy when surrounded by familiarity and non-urgent settings like a field trip.

2. Guilt and Blame:

- The mother's grief as a chief of internal medicine added a layer of medical hindsight—knowing that a simple assessment might have altered the outcome.
- This led to marital breakdown, blame displacement, and moral injury, especially common in physician families under traumatic loss.

3. Lesson for All Clinicians:

- Even doctors, especially when emotionally involved, can fail to act on signs they'd easily recognize in strangers.
- Pulse-taking isn't just a physical act—it's a habit of vigilance, humility, and care.

Final Reflection

This story reminds us that basic clinical skills save lives. Pulse-checking, like handwashing or listening, is fundamental. In the end, it's not just about knowledge, but attention, presence, and action—even when the patient is your own child.

Would you like a short summary or a version you can use for a case discussion or blog?