



More than just a case study

An introduction to ondansetron for my son, "the dehydrated child"

Michelle Lawler MD CCFP FCFP

When you are a family doctor, you learn about novel therapies and the latest treatments from journals and continuing medical education events. But a night in the emergency department with your toddler can provide another, much more personal learning experience.

The beginning

It is funny the things that etch themselves into your memory. In the emergency department triage line with Ben* that evening in March, I had "10.1 kilograms" lodged in mine. This had been my son's weight at his 15-month checkup a few months earlier. Now, looking at his hollow cheeks and pale face, I knew that he must be even less than the 9.34 kilograms he weighed just the night before on the scale at the family doctor's after-hours clinic. After 2 days of vomiting, he had thrown up yet again in the doctor's office entrance. Now, 24 hours later, there was nothing left in him.

We should have suspected something was wrong when Ben had been uncharacteristically quiet that week of March Break. Usually he is the type of child who could use a crash helmet as he races around the house, careening around furniture and jumping off the couch, but he had been content to sleep in his stroller during long walks with my mother. At first, we had been able to give him acetaminophen, and he had drunk the oral rehydration solution and apple juice in his sippy cup without complaint. But before long we were waking up every few hours in the night. He had started clamping his mouth shut at the sight of the green plastic cup, and we had had to resort to squirting syringefuls of liquid into his mouth whenever he opened it to cry.

Those sleepless nights and days of worry had led us to this long queue of assorted parents and children. Our turn finally came to speak to the stoic nurse at the tiny table that held back the tide. Glancing up from her computer, the nurse took one look at Ben's sunken eyes, then, instead of reaching for her thermometer, she put us on the fast track. We bypassed the main waiting room, filled that late-winter evening with children with coughs and croup. I could feel tears about to start in my relief that someone else could see how sick my son was. No one tells you how difficult it is to recognize the signs as your own child gets paler and paler, or how easy it is, in your exhaustion and worry, to doubt your own judgment.

Care at midnight

The nurse sent us to Katherine in Triage Room 2. Katherine tried to distract Ben so she could take his vital signs. "I'm about to faint," she said with a smile, blowing soap bubbles that lightly popped, one after the other, over his body. Ben just looked up at her. "No, no, no!" he protested as the blood pressure cuff tightened around his leg. She finished the paperwork, then led us back into the hall and through several sliding doors, moving us into a small isolation room with a bed and a chair and quiet. Ben thrashed in my arms.

Another stranger, the registration clerk, entered the room and asked for Ben's health card. The clerk's name tag was hidden in the folds of her purple scrubs. As she left, the pediatrician on duty walked in with a comforting smile. He introduced himself and a slender blonde medical student emerged from behind him, staring wide-eyed through her glasses, pen in hand. "Look at a dehydrated child," he directed her, then remarked on Ben's sunken eyes and dry skin and irritability. "Just come back and see him after his 200 cc bolus." She nodded and her eyes grew bigger still as she watched Ben arch his back in my arms. It was then that the severity of his illness struck me. *My son is now the learning case, and I, the parent who has waited too long.*

"Usually we give ondansetron and fluids by mouth, but he looks like he needs an IV. You'll be with us for the night," he said to me apologetically. I was puzzled by his tone. It was a gift to know that he would be safe and that I could put to rest the debate that had been raging in my mind for the past 3 days: *Do I bring him in or not? Will they just give him oral fluids and send us home?*

Then they were gone and the nurse returned. She put on some blue plastic gloves with the alacrity of the young family doctor we'd seen the night before. She tried to take his vitals but again he was unhappy about the blood pressure cuff on his leg. She left us. I laid Ben on the bed and covered him lightly with a blanket, and he slept. It was midnight already; we had arrived at the hospital just after supper. The place was quiet, the hush disturbed only by the sound of doors sliding open and closed down the hall. Someone headed out, on their way home; in the other direction, a mother arrived holding a baby, its head resting on her shoulder. The baby grunted, breathing with difficulty. The mother walked faster, following a nurse into a room. The sound of retching carried from down the hall and then a boy and his mother appeared, the boy clutching his blanket and coughing

* Names have been changed for privacy.

occasionally as they paced back and forth. Staff at the nursing station were talking, laughing, ordering extra-large coffees.

Two nurses came in to take Ben's blood and start the intravenous (IV) fluids and ondansetron. (They too were wearing blue plastic gloves—funny, the details that lodge in your memory.) My son woke up as they took his vitals and repositioned him so they could insert the drip line. "Another Sens fan!" the man remarked, noticing Ben's Rookie Senators shirt, the only one clean at home when we left for the hospital. Ben just looked at him. I leaned over, holding my son's body with mine and pressing my cheek against his to comfort him. The nurses held his arms tightly, looking for a vein. I wondered if I should tell them that his father was also a nurse, who has spent many such nights in a remote emergency department, finding IV sites. *Please let them be successful.* I pray, too, that these nurses will someday be rewarded for this midnight care when the time comes for their own family members to need similar kindness. The team took Ben's blood and started the drip, succeeding despite the strength Ben had somehow found and applied to struggling hard against them.

The drip was running now and I lay down on the bed next to my son, pushing the blankets to the railing on the other side so he could not slip out, despite the fact he was not going anywhere too quickly at this point. *No more vomiting.* I watched his face as he dozed. The IV hummed away and the night sounds re-entered the room. The desk nurses' voices seemed louder now and I caught the word *intubation*.

Time passed, then the pediatrician returned. Ben's bloodwork results had come back and his urea count was over 10 mmol/L. My mind was momentarily blank: *What should it be for a child that age?* The doctor saved me. "Usually we like it to be less than 6," he said. Relief again; Ben really did need to be here. We talked for a short while, finding people we knew in common, and then about oral ondansetron and how they were using it more in emergency care and prescribing it for noncancer nausea, especially since the patent had expired and the price dropped. *More diarrhea but better for the nausea,* the medical part of my brain registered. I promised myself to look it up when I got home. Another sick child went by and the pediatrician followed. Both Ben and I fell asleep to the night sounds.


In the morning

I awoke and looked at my watch: 6:30 AM. There was more activity now. My mind filled with the responsibilities of the day ahead. Would we be home in time for me to take my other son to day care? What would I do about my morning patients? I could hear a doctor reviewing the cases left, and then, before the change of shift, another pediatrician appeared and examined



Ben. Ben had awoken with a wet diaper, and he looked better. We were free to go. The original triage nurse came in, took out Ben's IV line, and gave us a dose of oral ondansetron in a syringe to take home, "just in case." "The best thing for rotavirus!" she said. I wished she could give me 10 doses. She surprised me then by adding, "I knew he looked sick. You know, I didn't just put him in a room because of who you are." I was taken aback, having never expected her to give my son privileged treatment. I wondered if she knew that I had been sheepishly making excuses to myself for not bringing him in earlier: *What more can they do for him there that I can't do for him at home?*

I bundled my son in his winter coat and we left the building. The sun was coming up as we crossed the frosty parking lot, now mostly empty. The night had been filled with lessons for me as a physician. I had gained knowledge of treatment and, more important, learned to trust my instincts and to ask for help as a parent.

On the way to our car, we passed another parent hurriedly pushing a stroller, carrying another screaming child. Filled with gratitude, I wanted to reassure them: "Don't worry; you are here now ... everything will be all right." 

Dr Lawler specializes in family practice obstetrics at the Queensway Carleton Hospital and is a community preceptor in the University of Ottawa Family Medicine Department. She is a member of the West Carleton Family Health Team.

Competing interests
None declared