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“Frozen in Time”

911 DISPATCHER: 911. What’s your emergency?

MARK HYNEK (Father): I’ve got a little boy that went out in the middle of the night and he went outside and he’s -- I don’t know if he’s alive or dead.

There’s nothing. There’s nothing. I’ve lost my boy.

911 DISPATCH: We can see if we can help him. Sometimes the cold will slow down their system, and we can help him.

MARK HYNEK: Paulie, Paulie, Paulie.

I seen the door open and I thought, oh, no. I would run upstairs, checked all the bedrooms, checked with mom.

CINDY HYNEK (Mother): He says, “I can’t find Paulie. I can’t find Paulie.” And I’m, like, “Well, did you look here? Did you look there?” And we couldn’t find him anywhere and I heard him go outside and I kept looking in the house just in case.

MARK HYNEK: As I come down over the bank and that oak tree there, that’s where I seen him laying on the side of the bank there. And then I picked him up and I did that, you know, checked with that. I touched his eyes. His eyes were open and stuff, and there was no blinking or anything.

BRAD GREWE, M.D., SURGEON (Mayo Clinic Health System, Eau Claire): It was around 60 to 70 degrees Fahrenheit, and our normal body temperature is like 98.6. That’s not compatible with life.

BRIAN MURLEY, R.N. (Mayo One Flight Nurse): Walking in the door, when someone told me right away that we had a flight and it was a pediatric arrest. Whenever there’s hypothermia involved and it’s cold, even if there’s a full arrest, especially with a kid, you know there’s a chance of survival.

With that in mind, as we were preparing, we knew once we got en route we wanted to call back to the hospital and let them know what we were en route for so if there were resources they needed to pull in, by the time we got back, they’d be there waiting.

DR. BRAD GREWE: The helicopter activated and getting them quickly and doing all the right stuff on the way and then us taking over and then eventually we went to the operating room to warm him up.

ROBERT WIECHMANN, M.D., CARDIAC SURGEON (Mayo Clinic Health System, Eau Claire): The problem isn’t being cold. The problem is how did you get cold and how you become hypothermic. That’s very, very important. And so in this -- this was the perfect situation because he laid down. He got cold. He was breathing. His heart was beating until finally he got so cold that his heart arrested. This is a very unique case and brings out very important principles about hypothermia.

DR. BRAD GREWE: Most of the time we don't have traumas involving young kids. They happen but, you know, most of the traumas we deal with are adults and so working on a child is always -- raises the level of anxiety for everybody.

DR. ROBERT WIECHMANN: We opened his chest, and his heart was absolutely still. And we put the lines into his heart to take the blood out to the heart-lung machine and bring blood back from the heart-lung machine to his heart. And the blood then, I could see the blood leave his heart and go through the tubing, back to the heart-lung machine and the warm blood come back to his heart. And within seconds of that warm blood hitting his heart, his heart started to quiver. To me, it was a sign of life. It was amazing.

DR. BRAD GREWE: All of a sudden, there's real hope now, and things worked out well after that.

DR. ROBERT WIECHMANN: You could have this happen another 99 times, and you may not get this result.

CINDY HYNEK: We got a telephone call from the hospital and everyone in the room -- I answered the phone. Everyone in the room thought it was, he's gone. It's done, you know. And I answered the phone and I started to cry and I told him "We've got to go down to the hospital." And he's like, "Well, is he gone?" And I said, "No, he's alive." And the whole room was just, what?

DR. ROBERT WIECHMANN: And then within several minutes, he developed a normal heartbeat, and we were able to then take him off the heart-lung machine really without any trouble and close his chest and then our colleagues from Rochester were here, immediately ready to transport him to Rochester for the remainder of his care.

RANDALL FLICK, M.D., ANESTHESIOLOGIST (Mayo Clinic Children's Center): The resuscitation had really been done by our colleagues in the health system in Eau Claire, and they had done a really remarkable job of caring for Paulie and doing what needed to be done in the immediate term. For us, it was to sort of continue that care going forward.

There isn't a moment. There are many moments, and those are moments of hope. So within probably 48 or 72 hours -- it's been a while so I don't remember exactly -- we allowed Paulie to wake up. So we turned off the medicines that were keeping him asleep and allowed him to wake up if he was going to wake up.

CINDY HYNEK: We were watching "Fievel Goes West." And he was just laying there, and he had his hands in bandages from the frostbite. And up until this point he really hadn't made no effort to communicate or talk to anybody or look at anybody and he's laying there watching the movie and he took his hands and he goes, "Pew! Pew!" And right then I said, "My Paulie's back."

DR. RANDALL FLICK: It takes days to find out whether he is able to communicate effectively, whether he recognizes people, and then weeks or months to know whether there's more subtle change to his brain function. But at each step along the way, Paulie, I think, pretty much surprised everyone.

My expectation was that Paulie would have problems with his lungs or problems with his heart or problems with his kidneys, all the kinds of things that you expect when someone's heart stops, but those things really were very, very minor in Paulie's case.

PAULIE HYNEK: Everything was at the right place at the right time. Everybody knew what they were doing, you know, and I don't think they really, like, freaked out about it, but they knew they had to fix me basically. So they just did their job and got it done, I guess you could say. I mean, I just think about, well, at least they did it. They got it done right. That's all.

DR. ROBERT WIECHMANN: It has to do with his age. It has to do with the first responders. It has to do with, you know, the emergency transport team. It has to do with all of our staff here in the emergency room and the operating room and then the wonderful care he received in Rochester after that.

DR. BRAD GREWE: It's no one person. It's no one decision. It's no one step. It's everything from the moment that the call went in to the emergency line and getting the helicopter activated.

DR. ROBERT WIECHMANN: He was truly dead and that he is now what we would all consider an exceptional, age-appropriate student and friend and son is amazing.

[End of video]