



FLIGHT ROUNDS

SUMMER 2010

Case Study: Traumatic Impalement, a Rare and Challenging Call

by Peter Brierton, EMT-P
FLIGHT FOR LIFE–Waukesha/Milwaukee Base

Recently, Flight For Life (FFL) responded to an incident which involved a male impaled on the hay forks of a Skidster or Bobcat-type vehicle. An additional degree of challenge was added by the remote, rural location of the scene and the responding EMS providers' inability to provide fluid resuscitation or pain control. This patient remained impaled for more than seventy minutes. The patient's size and the proximity of the helicopter's landing zone also played into the medical crew decisions for somewhat unconventional treatment.



EMS and Flight For Life crews working together to remove the tine from the patient's legs

Background

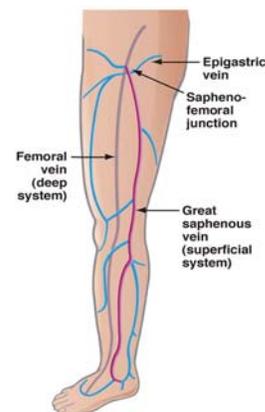
Traumatic impalements are an extremely rare and unusual medical event. Unfortunately, due to that fact, there is little literature available regarding annual statistics. The cases that are reported in the literature have only involved the lower abdominal and pelvic organs.¹

The following is a description of Flight For Life's response to such a call. Due to the infrequency that medical providers encounter impalements, priorities in treatment and transport for these injuries will be reviewed, along with gross anatomy of the leg and neurovascular structures that were involved in this situation.

The timeline and multiple factors must be considered in a call like this. Flight For Life received a request for a patient with an impalement and lifted off at 0922. En route we went through our mental checklist, just as every EMS provider does. The only information we received from the requesting dispatch agency was that one male patient was impaled. Our priorities were: scene safety and ABCs. Our questions were: what body part is involved and is there an airway issue? We also recalled the general rule: you never remove an impaled object unless there is an airway issue.

While in flight, our Flight Communication Specialist relayed updates. Providers on scene advised us that the patient was still impaled and that the time of injury was 0840. We surveyed the scene and landed at 0948. We were met by multiple fire, EMS and law enforcement agencies. Preparing for the worst case scenario, we saw a large male patient laying on the ground, covered with blankets, with EMS providers caring for him. He was conscious, and his airway was clear and intact. We noted that his right foot was being supported on a five-gallon pail. That was the location of the patient's impalement! Through not one, but both of his legs!

A steel tine had entered posterior to the right distal femur, exited on the medial aspect and entered the left leg on the anterior surface, superior to the knee. The tine stopped midway through, so the point could be readily palpated under the skin, above the left knee. It appeared that



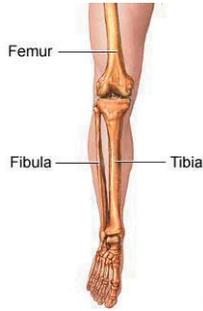
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Traumatic Impalement

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the bones were intact and that the patient had normal sensation bilaterally.

This injury involved the distal part of the femur, muscles and neurovascular structures. Anatomically, on the upper, anterior portion of the leg, the quadriceps is partially comprised of the vastus lateralis and medialis muscles which help to extend the leg. Posteriorly, the hamstring is comprised of the biceps femoris, semitendinosus and semimembranosus muscles which help to curl the leg, flex the knee and rotate the tibia laterally. Nerves in this region include the sciatic, intermediate and medial femoral cutaneous nerves, and the saphenous and the peripatellar plexus. Arteries located here are the femoral, lateral circumflex and popliteal; veins include the great saphenous and its branches.



The patient had been operating a Bobcat tractor with a hay fork attachment. Hay forks are roughly five feet long and made from hardened steel. They look fairly medieval as they are just a long spike or tine used in moving large rounded hay bales. Because these bales weigh, on average, 1,400 pounds, these tines are extremely strong. Our patient was working in front of the Bobcat with the tines at knee height. A bale had shifted, pinning and impaling him onto the tine. As bizarre looking as this impalement appeared, the patient was neurologically intact, and even had good distal circulation and sensation to both legs.

As the first responders were already doing an excellent job stabilizing him, our crew initiated a large bore (16 gauge) IV and administered analgesics for pain control. From a timeline perspective, it was now eighty minutes since the time the injury occurred. The patient remained fairly stable and his pain was being adequately controlled.

Clearly, the Bobcat would not fit into the helicopter, so we had to remove the tine on scene. Although the general rule is to only remove impalements if the airway is involved, as EMS providers, we know that we must be flexible and creative, and walk through a careful, decision-making process when faced with unusual situations. The positive things we knew: the patient appeared stable, with no external bleeding observed, and his CMS was intact. The downside was that he had a two inch thick steel rod through both legs. As a team, we developed an action plan. Many techniques were discussed, including using a hydraulic rescue cutter, cutting the tine with a torch, or using a saw. All of these were considered to be too time-and labor-intensive, not to mention the potential for further injury to the patient.

We decided on an unusual alternative – removing the tine from his legs with the Bobcat. We enlisted the help of the patient's eighteen year old son as the Bobcat operator, as he was the most experienced with that machine. We discussed the potential effects that could occur when the tine was removed. Our most serious concern was the possibility of severe hemorrhage, and how to control or counteract significant blood loss. FFL carries IV fluids as well as four units of O-negative blood. We were at a remote farm location and on a BLS scene without other IV fluid resources. Ultimately, we decided that, if we were not able to control bleeding, we would do a "load and go" ground transport to the nearest emergency department to stabilize the patient. The following plan was devised: the patient would be given enough pain medicine to minimize any additional pain that might be caused during the removal of the tine; also, EMTs would be positioned by each leg so direct pressure could be immediately applied if the wounds began to bleed heavily during the procedure; finally, a thigh BP cuff was placed to act as a tourniquet, if needed. With this strategy in place, the caregivers were positioned by the patient, and the Bobcat was directed straight back. The left leg was manually stabilized as the tine was slowly removed. Everyone prepared for the worst, but fortunately, only minimal bleeding occurred.

We quickly wrapped the wound with trauma pads and again assessed the left leg for distal CMS; it remained intact! We then moved to the right leg – which was potentially worse, as the tine had pierced through the entire leg. The right lower extremity was stabilized with personnel ready to apply pressure at the entrance and exit wounds as the tine was pulled out of the leg. It was to our great relief that the result was anti-climactic, but in an excellent way. Once again, minimal bleeding was easily controlled with bandaging.



The patient was loaded into the helicopter and safely transported to the trauma center, where his wounds were extensively irrigated. He was released the next day, legs sore but intact.

Several important lessons can be learned from this challenging call.

- Always do your mental checklist and make a plan of care; always consider following conventional techniques, but remember that you must be flexible.
- Be creative; there are many ways to get to the same end result, but always have a back-up plan. It is worthwhile to have a Plan B and C in case Plan A fails.

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Happy Feet!

by Claire Rayford, RN
Professional Relations/Marketing Manager
Waukesha/Milwaukee Base

Recently, the Flight For Life–Waukesha/Milwaukee Base had a special visitor. Former patient, young Sam Phillipson, stopped by to say “hello,” and brought along his sister, Julia, and mom, Carole. Sam is a typical, rambunctious five-year-old (but he minded his mom very well!) – who explored the lobby, went up and down the stairs to the second floor, stopped to visit in the Communications Center, and trotted down the hallway to the hangar. He hoped to see the helicopter, but it was out on a flight.

That all sounds fairly typical for a kindergarten-aged boy, but what made this so remarkable is that Sam did this on his two, below-the-knee, limb prostheses. It is hard to believe that, almost two years ago, on a crisp, sunny, fall day, Sam was involved in a tragic lawnmower accident while playing in his backyard. Resulting injuries included complete amputations of his left lower leg and right foot at the ankle, a left hip fracture/dislocation, an extensive



Sam wearing his new Happy Feet

de-gloving wound to his back and buttocks, and partial amputation of his left arm above the elbow. The trauma system (including Jefferson County Sheriff’s Department-Dispatch Center, Sullivan EMS, and Flight For Life) worked to rapidly evacuate Sam to the Level I Pediatric Trauma Center at Children’s Hospital of Wisconsin (CHW). Multiple teams of caregivers worked tirelessly to give Sam the chance to survive.

As we all know, though, it takes more than medicine to surmount the incredible challenges Sam experienced. A

devoted family, with courage, hope, determination, and prayers (along with Sam’s inimitable spirit), partnered with wonderful physicians, nurses, therapists, dieticians, and many other caring staff at the hospital to make a little miracle happen. Nine weeks after his admission, Sam was discharged home. By then, he was tooling around on a small, Sam-sized wheelchair. The family also connected with Shriners Hospital for Children – Twin Cities (Minnesota), who are now instrumental in the next phase of Sam’s recovery by providing his artificial

limbs. Within months, he was fitted with his first pair of “Tiger Legs” (so named after the decorative design on the new prosthetic legs).

Sam now enjoys showing everyone his new “Happy Feet,” nicknamed after the fun penguin motif on the second pair of artificial legs. During his visit, Sam showed us how his legs clip on and off, talked about how much he enjoys going to school – especially recess, where he runs around with all of his friends, and carefully wrote his name on a sheet of paper. He then asked

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Lawn Mower Safety Tips

According to the U. S. Consumer Product Safety Commission (2009 data), approximately 200,000 people (including 16,000 children), are injured in lawn-mower-related accidents. Because mowing the lawn is as common a summertime activity as riding a bicycle or having a barbecue, many don’t stop and take a little time to follow some simple steps that may prevent serious and life-threatening injuries.

Please consider the following safety tips when operating your lawn mower.

Before powering up the mower:

- Examine the lawn/area to be mowed, and remove objects that might be thrown up by the mower – such as toys, stones, twigs, small branches, and other debris
- Wear stout shoes (not sandals, flip flops, etc)
- Wear hearing and eye protection!
- Wear relatively close-fitting clothing and long pants; apply sunscreen
- Keep young children a safe distance from the area to be mowed – and in a supervised area, if necessary. (Also, remember to keep pets inside of the house or leashed away from the area)
- Never start up the mower in the garage
- If possible, use a power mower that stops moving forward when the handle is released

While mowing:

- Children should be at least 12 years old before they operate any power mower or hand mower
- Children should be at least 16 years old to operate a ride-on mower
- Children should never be passengers on ride-on mowers
- Children should not be allowed to adjust mower blade settings
- Be aware that riding mowers have the potential to tip or roll over if used on steep slopes or hills
- Turn off the mower blade when crossing gravel roads, driveways, or walk-ways
- Avoid mowing in reverse. If this is done, always look behind you before backing up or pulling a power mower backwards
- Always allow the mower blades to stop completely before leaving the mower’s operator position
- Wait for mower blades to stop completely before detaching the grass catcher or clearing the discharge chute; never inspect or work on your mower with the motor running
- Never use hands or feet to knock debris from the mower, even when the engine is off

(Adapted from recommendations offered by a group of medical societies, including: American Academy of Pediatrics, American Academy of Orthopedic Surgeons, American Society of Maxillofacial Surgeons, American Society of Plastic Surgeons, and the American Society for Reconstructive Microsurgery. Additional information compiled from several lawn mower safety websites.)

Night Vision Goggle Use Begins Soon

by Jeff Kahler, Pilot, Fond du Lac Base

Safety is “number one” and is always at the forefront of everything that we do at Flight For Life (FFL). Continuing to provide the highest level of care and safety for our patients is part of the mission of FFL. Once again, we are raising the bar of safety by implementing a new initiative which will change night-time flight operations, adding an additional margin of safety for our patients and crew.

Starting this summer, FFL will begin to utilize Night Vision Goggles (NVGs) at the Waukesha/Milwaukee, Wisconsin, and McHenry, Illinois, bases, with the Fond du Lac base following shortly now that the enhancements have been completed. The use of NVGs will allow the pilot and crew to significantly increase their visual recognition of hazards at night while in the most critical phases of flight (landing and taking off).

The ANVIS-9 Generation 3 goggles intensify ambient light thousands of times. That means it can take a visual acuity of 20/200 (the average acuity for a person at night) and increase it up to 20/20. This increase in visual capability will allow the pilot and crew to quickly recognize hazards throughout the entire landing area. They will no longer be relying solely on information provided to them by the scene commander or by what is found using the aircraft’s search light. Identifying hazards during the 360-degree reconnaissance of the landing zone significantly decreases the chance of accidentally striking an object during the final landing sequence. This increases the safety of the flight crew, patient, and emergency responders on the ground.

Night vision goggles are an additional tool our flight teams will have available to them. NVGs **do not** allow pilots to fly during weather conditions that they normally would not fly in. They add another level of safety for our program in our continued quest toward “Vision Zero,” zero accidents of consequence.

As a pilot with extensive NVG experience while serving in the United States Military, I can tell you that, once you have flown with NVGs, you realize what a tremendous asset they are to enhance safety during night-time flights.

As FFL continues to evaluate and implement safety initiatives, the addition of NVGs will place us ahead of the NTSB safety recommendations. By turning “Night into Day,” we continue to provide the safest possible environment for our crews, patients and emergency responders from throughout our service area.

Upgrades and Enhancements added to Fond du Lac Aircraft

Here’s a list of upgrades and enhancements that have been added to the Fond du Lac aircraft:

- Night Vision Goggle Compatible
- Honeywell Mark XXI Enhanced Ground Proximity Warning System (EGPWS): Anticipates projected flight path and warns of terrain obstacles
- Traffic Information System (TIS): Aircraft avoidance system
- Wire Strike Protection System: Provides greater protection if inadvertent flight into horizontal wires
- Garmin GMX200 Multifunction Display (MFD) displays: Navigation information, EGPWS, XM Weather information, IFR approach plates
- SkyConnect Satellite Tracking System with Satellite Phone
- Dual GPS: Garmin GNS430 and GNS530W. Allows location identification within 3 meter accuracy, moving color map, displays satellite weather (XM Weather). Both do Nav/Com/GPS
- XM Satellite Weather: Equivalent to weather radar with a two minute delay
- Technisonic TDFM 7158 Digital Radio with UHF/VHF/800 Capabilities: Channel capacity is 510 channels per band
- Dual Electrical and Hydraulic Systems: Provide greater safety
- Searchlights: 800,000 candle power Super Night Scanner – retractable, rotatable, searchlight system with 360 rotation and 120 degrees of extension. Aircraft also equipped with an additional retractable searchlight and fixed landing light system



Flight For Life-Fond du Lac BK117

Hill Visits with Chuck and Jack

by Tammy L. Chatman, CMTE
Professional Relations/Marketing Manager
McHenry Base

The Association of Air Medical Services (AAMS) Spring Leadership Conference was held on March 17th-19th in Washington, DC. The conference's focus is centered on issues that face the air medical industry. One of the days is dedicated to Capitol Hill visits to meet with members of the House and Senate. I attended the conference on behalf of Flight For Life, as I have done for the past ten years. Former patients Jack LeMaster and Chuck Tiedje accompanied me to Washington, DC – specifically to make legislative visits in support of safety and reimbursement for air medical transport. Chuck and Jack attended the American Eurocopter reception and also were present for the Air Medical Survivor's Network lecture on Friday morning. The conference attendees showed a tremendous amount of appreciation and admiration for their perseverance in their recovery and for travelling to DC on their own time and money to support Flight For Life.



Chuck Tiedje and Jack LeMaster
on the Capitol steps

The group scheduled 11 visits for Thursday, but Tammy Baldwin canceled due to conflicts and they simply ran out of time for the final visit. In all, they had nine meetings with staffers from the Senate and House in our service area (Illinois and Wisconsin). Due to the "excitement" on Capitol Hill that week regarding the impending health care vote, none of the meetings were attended by Senate or House legislators. It is very typical that the staffers take the information they have learned in their meetings with constituents, brief the Senator or Congressman on the issues, and share the leave-behind materials.

A usual visit lasts about 7.5 minutes in duration, beginning with a short explanation of your organization, what you do, and the service area covered. Then there is a request for support on particular items/issues, and discussion regarding those issues. In every visit this year, the group spent 25 to 30 minutes talking to the staffers. During the visits, Chuck and Jack shared their stories of tragedy, survival, and recovery. They had spent considerable time prepping by reviewing information they had been provided and did a great job in describing how Flight For Life made an impact in their lives and the lives of their loved ones. They also

were very passionate about safety and making sure programs like Flight For Life would continue to be able to perform its lifesaving work into the future.

In all of the appointments, there seemed to be a genuine interest in the group's message. Staffers appeared to hear our request for their support in passing legislation that will support safety for our crews and patients and make sure that we continue to be reimbursed fairly for our service. What that means will remain to be seen.

Flight For Life will keep in contact with those we visited and will continue to lobby for Flight For Life and air medical transport safety. That is our responsibility to our patients, referring and receiving agencies, and the communities we serve.

An enormous "Thank You" to Chuck and Jack for their time, effort, and passion that they have given to the Flight For Life organization! We are most grateful for all you have done!

Customer Service Advisory Board Welcomes New Members

As with all committees or boards, the time came for some people to rotate off of Flight For Life's Customer Service Advisory Board (CSAB) and some new folks to join us. New in 2010 we welcome:



FFL CSAB members at our meeting in May

- **Pamela Couture**, RN, ED Charge Nurse, TNS, Advocate Condell Medical Center
- **Matthew Diamond**, Telecommunicator, SEECOM
- **Dick Isely**, EMS Coordinator, Kiel Fire Dept/Ambulance Service
- **Patricia Ninmann**, Deputy Jail Administrator, Dodge County Sheriff's Dept
- **Adam Roehl**, EMS Director, Princeton Ambulance Service/City of Princeton
- **Craig Schicker**, RN, Emergency Services Manager, Aurora Sheboygan Memorial Medical Center

And we thank these CSAB members for their years of service:

- **Scott DeSantis**, McHenry County Sheriff's Dept
- **Brent Connelly**, Chief, Lake Geneva Fire Dept
- **Joel Braunschweig**, Assistant Chief, Woodland Vol. Fire Dept
- **Mary Vail-Jones**, RN, Emergency Dept, Aurora Lakeland Medical Center
- **Pam Samuelson**, Assistant Clinical Manager, Emergency Services, Advocate Lutheran General Hospital

FLIGHT FOR LIFE to Hold Annual EMS Conference at TWO Locations This Fall!

Flight For Life's 26th annual Emergency Services Conference: Trends and Issues 2010 will be offered at two locations this fall:

- **Saturday, September 18, 2010, at Kenosha County Center in Bristol, Wisconsin**
- **Saturday, October 2, 2010, at St. Agnes Hospital in Fond du Lac, Wisconsin**

Both days will be from 8 am – 4 pm with the same topics covered. This year's sessions include:

- Asthma, Bronchiolitis, and Croup... The ABCs
- Hyperbaric Medicine: Carbon Monoxide Poisoning
- Narc, Narc, who's there?
- Case Review: High Speed Rollover with Ejection and Discussion of Spinal Cord Injuries
- Night Vision Goggles: See What We See!

Registration and check-in will be from 8:00 – 8:30 am and will include a Continental Breakfast. Lunch will also be included. RN & EMT CEUs have been applied for in Wisconsin and Illinois.

FEES*	For	For 9/18 in Kenosha	For 10/2 in Fond du Lac
\$50	STUDENTS: EMT or Nursing	Postmarked BY 9/03	Postmarked BY 9/17
\$65	Everyone Else	Postmarked BY 9/03	Postmarked BY 9/17
\$75		Postmarked AFTER 9/03	Postmarked AFTER 9/17
\$85	ALL	On-site Registration - if space available	

*GROUP DISCOUNT: \$50 each for 5 or more registrations from the same department or hospital **MAILED TOGETHER AND** Postmarked BY 9/03 for the Kenosha Conference or BY 9/17 for the Fond du Lac Conference.

Watch for an online registration form and copy of our brochure on our website: www.flightforlife.org. Please note that we are not able to take payment through our website – so payment will need to be mailed to:

FLIGHT FOR LIFE
Attn: Marketing
2661 Aviation Road
Waukesha, WI 53188

Traumatic Impalement

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- Take into account all the factors: location, injury severity, and whether or not the patient can survive a lengthy, time-consuming procedure.
- For farm related injuries, remember to utilize resources on scene; farmers are multi-talented experts who normally know the machinery better than EMS providers.

The more complex the rescue, the more necessary it is to focus on the basics: ABCs and rescuer safety. Without ensuring them, the greatest technical rescue can and will go bad and can degrade into nothing more than a technical recovery. Be efficient with your time, but deliberate as you execute your plan of care. As EMS providers, careful planning and preparation will help to provide optimal outcomes for our patients.

References:

¹Impalement injuries involving the spinal canal J. Tokushige et al Jun 2000 *Journal of Orthopedic Science, Japan*

New “Customers Only” Secure Web Page to Be “Live” Soon

The Flight For Life website will soon have a “Customers Only” web page which will include links to the following files.

- **Required Insurance Forms:** (these are all PDF files)
 - ◆ Medical Necessity for Air Critical Care Transport form
 - ◆ Authorization and Assignment of Benefits form
- **Mock Patient Release & Indemnity Agreement Forms**
- **FFL Merchandise and Safety Coin Order Forms**
- **Links to these Online Evaluations/Surveys:**
 - ◆ Customer Satisfaction Surveys
 - ◆ Clinical Observation Participant Shift (COPS) Evaluation
 - ◆ Communication Center Observational Experience (CCOE) Evaluation
- **Information Regarding:** (these are all PDF files)
 - ◆ Clinical Observation Participant Shift (COPS) Program
 - ◆ Communication Center Observational Experience (CCOE) Program
- **Training:** (PDF file)
 - ◆ Flight For Life's Hospital Security Inservice
- **Safety Updates** will be added as needed
- All the **“Quick Links”** listed on our homepage

A letter will be sent out to all of our customers with the login and password information for the “Customer Only” page. We ask that you pass this information on to your staff so that they can also use the resources on this page when needed.

FLIGHT FOR LIFE Bases to Host Annual Blood Drives

After very successful blood drives last year at our 25th Anniversary events, Flight For Life has decided to hold annual blood drives for each base. Of course, you are all invited and we hope that you will consider visiting us and donating blood at one of our events:

In Illinois:

On Saturday, June 26th, **FLIGHT FOR LIFE** partnered with McHenry Township F.P.D. for the Firefighter Blood Donor Challenge. Thanks so much to all who came out and gave blood – 112 units were collected which included 21 double red cells and only 12 deferrals!

FLIGHT FOR LIFE is partnering with the Fox River Grove Fire Department to host the first annual “Seven Angels Memorial Blood Drive.” The event will be on Saturday, October 23, from 9 am – 3 pm to honor the seven high school students who were killed in a tragic bus versus train accident on October 25, 1995. A short memorial service will follow at 3:30 pm.

In Wisconsin:

Join us for our 2nd Annual Blood Drives – Help us give back – Come and Donate Blood at one of our **FLIGHT FOR LIFE** Bases:

Waukesha Base [Sponsor Code: SPON004481]

2661 Aviation Road (Waukesha County Airport)

Monday, July 19, 2010, from 2 - 7 pm

OR

Fond du Lac Base [Sponsor Code: SPON004496]

176 S. Rolling Meadows Drive

(Fond du Lac County Airport)

Saturday, August 21, 2010, from 8 am – Noon

How to Sign Up Online to Donate Blood

1. Go to: www.bcw.edu/ffl
2. Click on: **Mon July 19 Waukesha** **OR**
Sat August 21 Fond du Lac
3. Select the time you would like and enter your information.

NOTE: If you can't make it to our events, you can

donate at any BloodCenter of Wisconsin location. Just give them our sponsor code (listed above) and your donation will be added to our total units donated.

If you need assistance registering for either of the blood drives – call Kathy at (414) 778-5435.

Win a One-Of-a-Kind Quilt!

At each of our blood drives this summer, one-of-a-kind quilts, created utilizing t-shirts from **FLIGHT FOR LIFE**, and Fire & EMS departments, will be raffled off with proceeds going to our Night Vision Goggle Program. All who sign up to donate at one of the blood drives will be given a **FREE** raffle ticket for that quilt. Please watch our website and Facebook page for information regarding how to order additional raffle tickets (\$5 per ticket or three for \$10).

The FFL-McHenry quilt was made from the Brian Carey memorial t-shirt, McHenry Township FPD and **FLIGHT FOR LIFE** t-shirts. The quilt was created by Gail Dodge.

The FFL-Waukesha/Milwaukee quilt includes t-shirts or patches from Waukesha County Fire and EMS departments, as well as **FLIGHT FOR LIFE**. The quilt was created by Annette Navarre.

The FFL-Fond du Lac quilt includes t-shirts or patches from Fond du Lac County Fire and EMS departments, as well as **FLIGHT FOR LIFE**. The quilt was created by Tina Fugate.

Thanks so much to all the departments who donated shirts or patches. A special thanks to our quilters who did such a wonderful job on each quilt!

Have You Tried Our New Online Satisfaction Survey?

By now, you may have heard about our new Online Customer Satisfaction Survey. We decided to try this to provide a quick, easy alternative to the faxed copy of the survey. Many of you have tried it, and it seems to be working well for you.

Following is the process to complete the Online Survey: When your patient's care is transferred to the Flight For Life crew, one of them will hand you a small printed card which has the flight log number hand written on it. The card instructs you to go to our website and click on Customer Satisfaction Surveys on the home page and select the appropriate survey (Referring Hospital, Scene Call or Receiving Hospital). The survey will pop up, and we ask that you enter that log number in question

number two. Then fill out the rest of the survey, and it will be sent right to us.

Of course, we realize that not all facilities/departments have Internet access, so we will continue to fax the survey, providing the same log number on the fax cover sheet.

Whichever method you prefer to use to complete the survey, we thank you for your feedback. It helps us to improve our service to you!

If you have any questions about the online survey, please call Kathy at (414) 778-5435.

Giving Blood Gives Back

by Jayce Commo
Customer Service/Outreach Coordinator
Fond du Lac Base

Rose Faucher knows a thing or two about the importance of donating blood. After all, she has been giving blood since 1966. That was the year she helped her mother run the Holyland Blood Drive throughout Calumet, Fond du Lac, and Sheboygan Counties. In 2003, Rose became the Coordinator of the event, held five times each year. But on November 17th, 2009, Rose gained a whole new appreciation of the value of donated blood.

Earlier that Tuesday, Rose had coordinated yet another successful blood drive, their fifth and final of the year.

Around 8 pm, after returning home with her husband David, Rose was unloading boxes out of her car when she suddenly found herself unable

to breathe. Seeing his wife gasping for air, David, a former EMT, immediately called 911. In what was the first of a series of quick reactions – reactions that would ultimately save Rose’s life – First Responders arrived at the scene in minutes. Luckily for Rose, they lived just down the road.

Oxygen was immediately administered, and although it provided a great deal of relief, Rose still found it difficult to breathe. Soon, an ambulance arrived and EMTs quickly determined the need for a paramedic intercept. Having learned a lot from her husband’s days with the Sheriff’s Department and as an EMT, Rose understood the severity of the situation. Rose recalls, “That’s when I first thought this could be serious.”

Rose was quickly transported to St. Agnes Hospital in Fond du Lac, where it was determined she had two pulmonary embolisms, both about six inches long. It was then that David contacted their son, Lee, who serves as the Director of Trauma at the University of Wisconsin Department of Surgery. After talking with Lee and consulting with the doctors at St. Agnes, everyone was in agreement: Rose’s best chance of survival was to be flown to UW Health in Madison for surgery.

Within minutes, Flight For Life arrived at St. Agnes and prepared Rose for the twenty-five minute flight to Madison. Having been intubated in the Emergency Department, Rose remained on a ventilator as she was



Rose Faucher with
flight paramedic Ryan Gauthier

loaded into the helicopter. Midway through the flight, as flight nurse Jon Hagen and flight paramedic Ryan Gauthier monitored Rose’s vital signs, things took a turn for the worse. Rose’s heart rate had dropped to 30 and her oxygen saturation dipped to just 45. “You think to yourself, this isn’t going to be good,” recalls Hagen. “But no matter how sick someone is, you just have to keep doing what you’ve been trained to do.” Quick action was taken by the Flight For Life crew and Rose’s heart rate and oxygen saturation returned to their proper levels. Upon landing at the UW helipad, the Flight For Life crew was assisted by UW’s MedFlight crew. Having a son who works with the surgical team proved to have its benefits. According to Hagen, “There were lots and lots of white coats waiting there to help.”

Rose was rushed to the ICU for further monitoring and eventually prepared for surgery. At 8 am on Wednesday morning, 12 hours after the symptoms began, Rose underwent successful surgery. In the process, several units of donated blood were administered to keep her alive. For the past 43 years Rose Faucher had given so much of her time and energy, as well as her own blood, to ensure the survival of others. On this day, the favor was returned.

After waking up on Thursday, two days after being rushed to the hospital with a pulmonary embolism in each lung, Rose felt “great!” Each day that passes, she describes herself feeling better and better. She’s back to work and doing the things she enjoys.

As is often the case, stories like this don’t always have a happy ending. “It didn’t look good,” Rose said, adding with a sly smile, “Everybody thought it was curtains.” But thanks to the quick action of everyone involved, and with maybe just a touch of karma, this one does.

“I’m so thankful to have a husband and son who were trained for this type of thing. I’m thankful for the First Responders who were able to arrive at the scene so quickly. I’m thankful for the paramedics and hospital staff, the Flight For Life crew, and the staff at UW Hospital.”

Congratulations to Ripon Medical Center...

For being named a top hospital in the nation by Press Ganey. Out of 1,618 facilities across the country, Ripon Medical Center’s Emergency Department scored in the top 1% in customer satisfaction. According to Scott Springer, Press Ganey Improvement Manager, “For the entire year, RMC was the one who set the mark. RMC was the one to beat.” Great job by all the folks in Ripon!

2009 Scene Call of the Year Award Winners Chosen

Congratulations to these departments who either have received or will soon receive the 2009 Scene Call of the Year Award at a presentation in the near future:

- **Waukesha/Milwaukee Base:** City of Brookfield Fire Department (Full-Time Department), and North Lake Village Fire Department & Stone Bank Volunteer Fire Department – joint award (Combination Departments)
- **McHenry Base:** Carpentersville Fire Department (Full-Time Department) and Twin Lakes Volunteer Fire & Rescue and Randall Fire Department – joint award (Combination Departments)
- **Fond du Lac Base:** Beaver Dam Fire Department (Full-Time Department) and Brooks Ambulance, Inc. and Waupun Fire Department – joint award (Combination Departments)



Carpentersville FD received their SCYA on June 1, 2010

Twin Lakes Fire/Rescue and Randall Fire Department received their SCYA on June 17, 2010



Beaver Dam Fire Department received their SCYA on June 21, 2010

Brooks Ambulance, Inc. and Waupun Fire Department received their SCYA on June 23, 2010



Stamping Out Hunger in Our Community

by Patty Mitchell, RN, McHenry Base Manager

The mission of the local food pantry is to serve the hungry. The numbers of families that struggle to put food on the table every day is staggering. In 2009, the Crystal Lake Food Pantry located in Crystal Lake, Illinois, had over 9,591 visits and, of those served, 56% were adults and 44% were children. They distributed over 47,000 bags of food, with 284,596 pounds of food donated by the community. At the holiday season, the shelves are overflowing with donations. Sadly, according to Kate Williams, the Director of the Crystal Lake Food Pantry, by mid-June, the shelves would be sparsely stocked. Join Flight For Life in spreading the word that local food pantries need our help year-round. You can help make this summer special by organizing a food drive where you work. Take a few minutes to set out a box or bin and get your friends involved or help the kids organize a neighborhood drive. Every donation is vital. No one should ever go hungry and, with our support, they won't have to.



Flight Nurse Patty Mitchell with Kate Williams, Director of the Crystal Lake Food Pantry.

Flight For Life will be collecting food donations for local food pantries at all of our blood drives this summer.

Happy Feet!

continued from page 3

his mom what happened to his "real legs." Needless to say, Carole takes all of his questions with ease and answers them in stride. The entire family, including Carole, dad Marty, adopted siblings Paul and Sam (brothers, from Ethiopia), Julia (from China), and Mary (biological daughter), have learned to adapt and grow together.

Sam will occasionally remark on his traumatic experience; as is often the case, much of it stays buried in his memory. When Carole recently said to him: "You know how much we were praying for you when you were on the way to the hospital," Sam replied that, during the trip, he reached up and "held God's hand." During Sam's transport to CHW, flight nurse Rebecca had Sam's right hand grasped firmly in hers. Sam knew that God was helping her out.

(Carole has posted Sam's amazing story on the Caring Bridge website: www.caringbridge.org)



Sam "working" next to Claire during his visit!

Communicators Corner

by Jason Shields, Communication Specialist

As the warm and sunny weather continues, Flight For Life becomes busier. When requesting Flight For Life for a scene transport, there are several pieces of information that are needed prior to the aircraft lifting off: scene location (address or intersections and closest main roads or highways), how many patients require air transport, fire department ground contact, radio frequency being used, as well as any obstructions surrounding the scene (wires, water towers, radio antennas and uneven terrain). Patient age, approximate weight, and condition (particularly airway status) should be relayed to the Flight For Life Communications Center as soon as possible. For any further questions regarding scene requests, refer to the "Requesting Flight For Life" educational card.



While working at an incident, Fire and Rescue personnel have a lot of things to think about, including where they can safely land the helicopter. Many departments in our response areas have determined where they would land the helicopter(s) ahead of time. Pre-determined Landing Zones, or PDLZs, are highly encouraged by Flight For Life. Fire/EMS departments can pick one or more PDLZs, depending on the size of the community. Each department should designate no more than six PDLZs for submission to Flight For Life, though additional landing zone locations can be determined for use ahead of time. Larger cities may have several PDLZs strategically placed throughout the city. PDLZs could include fire stations, high schools, parks and parking lots. The Flight For Life Communications Center has PDLZ cards for each department that participates.

To assign Pre-Determined Landing Zone(s) to your municipality, visit our website, www.flightforlife.org and complete a PDLZ form (found in the "Quick Links" section on the home page).

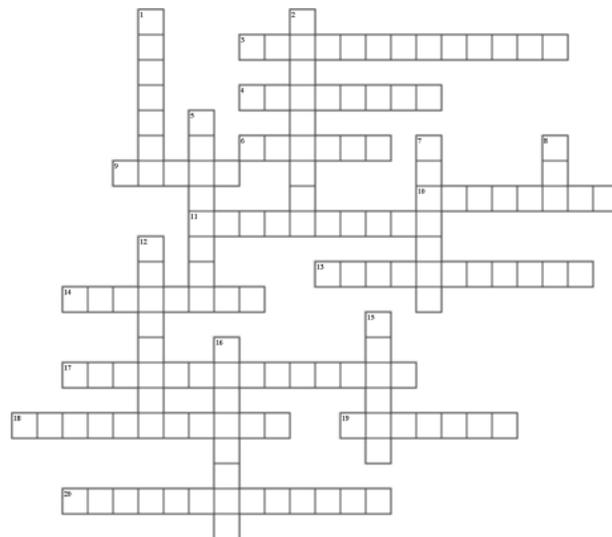
Spend a Day in Flight Comm

Flight For Life is now offering an exciting new experience for our customers called Communication Center Observational Experience (CCOE). It gives customers the opportunity to spend time in our Communication Center observing live operations. The program was developed with our partners in public safety dispatch agencies but will be available to other customers as well.

For dispatch personnel in Illinois, 4-8 CEUs are available.

To learn more, go to our website and see "FFL Offers New Communication Experience" in the 2010 News archives.

Cardiac Crossword Puzzle



Across

3. Treatment for unstable SVT.
4. This valve is found between the left atria and the left ventricle.
6. In regards to the cardiac patient, time is _____.
9. The device placed in a coronary artery used to re-establish blood flow.
10. Polymorphic Ventricular Tachycardia.
11. Pushed slowly over 20 minutes in patients with V Tach with a pulse.
13. 4 of these should be chewed by someone having chest pain.
14. Blood pressure reading when the ventricle is contracting.
17. V-Fib is treated with this.
18. Used in place of Epinephrine.
19. The place to check a pulse in cardiac arrest is the _____ artery.
20. Coronary artery vasodilator.

Down

1. Death of myocardial tissue.
2. This valve is found between the right atria and the right ventricle.
5. Used to treat cardiac patients who still have chest pain.
7. ST elevation in I, AVL, V5 and V6 would be a _____ wall MI.
8. This coronary artery is known as the Widow Maker.
12. ST elevation in V3 and V4 would be a _____ wall MI.
15. Elevation in all leads is indicative of a _____ MI.
16. Blood pressure reading when the ventricle is relaxed.

Answers on page 11

Have You Seen Us on Facebook?

Become a "fan" of Flight For Life Transport System.

We now have **over 3,100** Facebook fans.

Check us out!

www.facebook.com/flightforlifetransportsystem

Medical Director's Corner

by M. Riccardo Colella, DO
Chief Medical Officer & Medical Director
FLIGHT FOR LIFE Transport System

For over three decades, systems of care have been developed to reduce the burden from injury to victims of trauma. Throughout the country, many states have developed local and regional processes to ensure trauma patients are brought to a trauma center: a facility that has been clearly associated with increased survival and reduced morbidity for traumatically injured patients. It has become so well organized and recognized that, in fact, EMS providers routinely by-pass local emergency departments for transport to a designated trauma center. Let's face it, you would never transport a critically injured patient to a facility that is not optimized and resourced to manage it. Why then, are our communities not so well organized to manage an illness that kills more Americans every year than trauma?

ST Elevation Myocardial Infarction (STEMI) occurs when a coronary artery supplying the heart is suddenly occluded. The subsequent blockage in blood flow results in heart muscle death. Each year, almost 400,000 people suffer this deadliest type of heart attack. The therapy for a STEMI involves either an intervention or medications which focus on "busting" the clot and allow reperfusion of the coronary artery and muscle.

A percutaneous cardiac intervention (PCI) is an intervention that involves threading a wire through the clot that is occluding the coronary artery, allowing blood to reperfuse the heart. PCI utilizes a balloon, stent, or surgery and has been demonstrated to have superiority over all medication approaches, yet most hospitals are not equipped to perform emergent PCI on a 24/7 basis. Of those patients that receive PCI, 60% are not treated within 90 minutes as recommended by the American College of Cardiology and the American Heart Association.

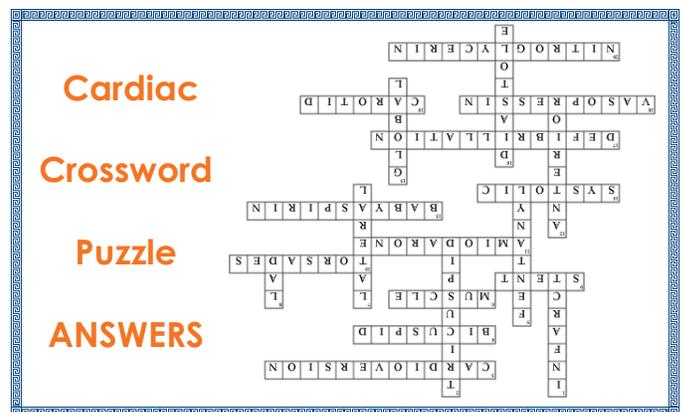
Medications used to treat STEMI are known as a thrombolytic (a clot busting medication) and are usually given when PCI is not available within 90 minutes. Of those patients who receive clot busting drugs, fewer than half are treated within 30 minutes from arrival to an emergency department as recommended. Seventy percent of patients not eligible for clot busting drugs fail to receive PCI and over 30% of all STEMI patients fail to receive either treatment.

The American Heart Association has developed an initiative called "Mission: Lifeline" with an "overarching goal of reducing mortality and morbidity for STEMI patients and to improve their overall quality of care." A well defined set of principles guide the efforts of Mission: Lifeline. The initiative values are:

- Patient-centered care as the number one priority
- High-quality care that is safe, effective, and timely
- Stakeholder consensus on systems infrastructure
- Increased operational efficiencies
- Appropriate incentives for quality, such as "pay for performance," "pay for value," or "pay for quality"
- Measurable patient outcomes
- An evaluation mechanism to ensure quality-of-care measures reflect changes in evidence-based research, including consensus-based treatment guidelines
- A role for local community hospitals so as to avoid a negative impact that could eliminate critical access to local healthcare
- A reduction in disparities of healthcare delivery, such as those across economic, education, racial/ethnic, or geographic lines

There are "Key Players" involved in a "STEMI system of care" including EMS agencies, STEMI Referral Hospitals (Non-PCI capable), STEMI Receiving Hospitals (PCI capable), healthcare agencies, policy makers, and the public. Strategies to regionalize STEMI care have been identified, as well as barriers and solutions for the various Key Players. The Wisconsin Chapter of the American Heart Association began this important process to close the gaps in STEMI care. Please visit their website: <http://www.americanheart.org/presenter.jhtml?identifier=3065083>

It is time that STEMI is recognized as an illness which requires a "system of care." Flight For Life supports the values of Mission: Lifeline by serving all Key Players in the region with rapid air ambulance transportation and state-of-the art critical care, including medically induced cooling after cardiac arrest.



Congratulations to...

- Matt Simon of Campbellsport Fire Department
- Shari Murphy of FHN Memorial Hospital

They were randomly selected from those who completed Online Customer Satisfaction Surveys in April and May, respectively. They each received a **FLIGHT FOR LIFE** T-Shirt.

Mark Your Calendar!

Blood Drives

- Monday, July 19, 2 – 7 pm, at
FLIGHT FOR LIFE – Waukesha/Milwaukee Base
- Saturday, August 21, 8 am – Noon, at
FLIGHT FOR LIFE – Fond du Lac Base

FLIGHT FOR LIFE's 26th Annual Emergency Services Conference: Trends and Issues 2010

- Saturday, September 18, at Kenosha County
Center in Bristol, Wisconsin

AND

- Saturday, October 2, at St. Agnes Hospital,
Fond du Lac, Wisconsin

TNS Refresher Course

Wednesday, October 20 & Friday, October 22, 2010
Class will be limited by size. For information, send
an e-mail to: tncourse@mrmcfl.org

**“We make a living
by what we get,
but we make a life
by what we give.”**

Winston Churchill

Go to www.flightforlife.org for the latest news and information on events.

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The Flight For Life Transport System is provided by the Milwaukee Regional
Medical Center and headquartered in Waukesha, Wisconsin, with bases in
Waukesha/Milwaukee and Fond du Lac - Wisconsin, and McHenry, Illinois

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