

Care at the Scene Takes Priority

Second in a Series

(Editor's Note: If your husband has a heart attack, if your wife is burned by flaming grease, if your child runs into the street and is hit by a car, what can an ambulance do for you? Today's story takes up that question.)

By JOHN NORBERG
Staff Writer

The primary purpose of an ambulance is to pick you up and rush you to the hospital. Right?

WRONG!

That's almost as bad as saying the primary purpose of a fire truck is to pick-up your burning home and rush it to water. By the time it reached the lake, there might not be much left of your living room.

And by the time an ambulance reaches a hospital, there might not be much left of you.

The primary purpose of an ambulance is to bring medical care to you, and to continue that care enroute to the hospital. And just like a fire truck brings trained men and equipment to help put out the blaze in your home, an ambulance is supposed to bring trained men and equipment to help save your life.

That's "supposed to." Many of them don't.

"We used to think of an ambulance simply as transportation," says Dr. Lindsey Wagner, director of the Lafayette Center for Medical Education. "We used to think of it as simply conveying the patient from wherever his problem is to the emergency room, with the care

really beginning when he arrived at the hospital.

"We don't look at it that way now," he says. "Now we start treatment wherever the patient's problem is, and that's where it should start. It's bringing the emergency room to the patient.

Bringing the emergency room to the patient is the whole concept of ambulance service today. There are three basic reasons for this: 1) Minutes are important and without proper medical care, a patient can die between the time an ambulance picks him up and the time he reaches the hospital; 2) Injuries can be furthered during transportation to the hospital unless proper precautions are taken; and 3) If a patient's condition is dealt with at the scene, the ambulance might not have to rush to the hospital, risking other lives.

To bring the emergency room to the patient, ambulance attendants treat injuries and illnesses at the scene. There are two different levels of doing this — stabilization and corrective treatment.

Stabilization is a little more than advanced first aid. It involves splinting fractures (to insure that bone ends do not sever nerves and arteries during transport), stopping bleeding, covering wounds and burns, administering oxygen, making sure the patient's airway is clear so he can breathe, calming the patient down, recording blood pressure, respiration and pulse and, when necessary, administering cardiopulmonary resuscitation (forcing oxygen into the lungs and chest compressions).



These things aren't as easy to do as they may sound. Everything has to be done just right.

Ask 4-year-old Heath. "I was just going across the street to see my friends," he told the ambulance attendants. Unfortunately, he didn't get very far. He was hit by a truck.

The attendants treated him right where they found him. They asked where he hurt and found out the pain was in his thigh. Using splinters, they cut open his left trouser leg and found a large bump. His leg was bent in an unusual position. With a long padded board they splinted it so his leg couldn't move. It all took 10 minutes.

"We're not diagnosing," says David Flynn, administrative assistant for training with the Indiana Emergency Medical Services (EMS) Commission. "We look around at the situation and say this person could have this type of injury (or sickness). All the ambulance attendant

has to do is assume this type of injury is possible, and he treats it."

If Heath's leg had not been broken, all they would have done at the hospital was remove the splint. Nothing lost. But it was broken, and much was gained.

"Under the new law," says William Turner, a Tippecanoe County resident on the EMS commission, "what we as a commission will be doing is setting up different grades of attendants.

The basic grade — and the one which probably will be required of all ambulances attendants in 1978 — is the Emergency Medical Technician. (EMT) Basically, this is a person who has had about 81 hours of training in emergency medical care, in addition to experience.

This training is available at the Lafayette Indiana Technical Vocational College.

The EMT is an ambulance attendant qualified to stabilize a

patient at the scene. But he can't do much more than that.

Three ambulance attendants with Shipley's ambulance service at the end of July had completed EMT training. Two of them did this at Lafayette Ivy Tech. One was trained in a course taught within the ambulance service. The remaining three attendants working for Shipley's at the end of July were working on their EMT training.

Shipley's attendants have been treating people at the scene since 1969 when the service began operating in Tippecanoe County. But this has not been done without controversy.

"It's hard for people to get rid of the idea of throwing patients in the ambulance, turning on the red lights and going as fast as you can," says Dr. H. M. Gish, head physician at the St. Elizabeth Hospital emergency room. "This is what we're trying to get rid of, but a lot of people still have that basic concept of an ambulance."

When Shipley's attendants first started treating patients at the scene, many people — especially the police — thought they were doing something wrong. They thought the attendants were "putting on a show" and wasting time.

Police, who ran ambulances before Shipley arrived, had handled patients differently.

"When we were running the ambulances," says one patrolman, "it was more or less you pick the guy up and load him and take him to the hospital. When Shipley's took over, they started treating people at

the scene. The police had never done this. They didn't understand. It caused some friction."

Today this problem has been largely solved by education of other departments involved with emergency service. But still, patrolmen occasionally don't understand why the ambulance attendants don't just rush off, and, as one patrolman recently told them, "stop fooling around and get these people to the hospital."

As long as life is not threatened by waiting, the attendants are not supposed to start the trip to the hospital until they're satisfied the condition of the patient is stabilized.

Although emergency room physicians want Shipley's attendants to take blood pressure readings at the scene when possible, not all Tippecanoe County physicians agree.

Lafayette Health Officer Dr. Robert Kohne, for instance, says the attendants should not wait to take the blood pressure of heart attack victims because all they can do is pass the information on to people in "the emergency room.

Right now, that is all they can do. But if Shipley's had attendants trained to administer care at that next level — corrective treatment — there's a lot they could do.

EMTs stabilize a patient's problem. A paramedic can begin to correct it.

Next: The paramedic — what they do and why we don't have any.