

Paramedic: Doctor's Eyes

Third in a Series

(Editor's Note: The idea of good ambulance service is for the attendant to treat you at the scene of your accident or illness. This treatment takes two forms — stabilizing and corrective treatment. Emergency Medical Technician (EMT) is the name given to ambulance attendants qualified to stabilize. Paramedics or Advanced EMTs, can do much more. Today's story looks at paramedics in relation to Tippecanoe County.)

By JOHN NORBERG
Staff Writer

Friday, June 7, 1:30 a.m.:

A woman held the door open for Dennis as he ran into the home carrying a canvas bag of medical dressings and small equipment. In a back room he found a man sitting on the edge of a bed, his face beaded with sweat, his hands clutching a sheet. "My heart," he said. Dennis started to relax and examine him. He took his blood pressure. "I need a shot," the man said nervously. "Give me a shot, will ya?" Dennis took his pulse. "Come on," the man said, "give me a shot." "They'll give you a shot at the hospital if you need one," said Dennis. But the man asked again. "I'm sorry," Dennis finally said. "I'm not allowed to do that."

No ambulance attendant in Tippecanoe County is trained to the level of a paramedic. If Dennis had been that morning of June 7, he might

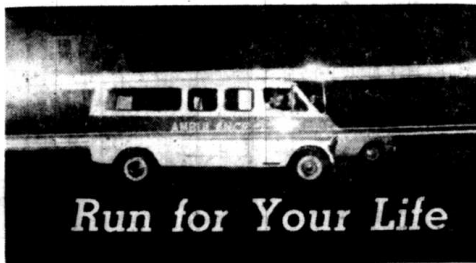
have been able to administer a shot. He might have been able to hook the man up to equipment which would send the man's heart beat pattern from his home to the physician in the hospital emergency room.

A paramedic ambulance system is the extension of the emergency room into the community. In some ways, and to a limited degree, a paramedic is an emergency room physician's hands, eyes and ears.

Here's what he does: When the paramedic arrives at the scene he examines the patient; determines what the problems are, calls or radios the emergency room physician and gives him the information. The physician then evaluates what the paramedic has said, and gives him instructions. In some cases, the paramedic might take immediate action.

Things he might be instructed to do are: Administer specific drugs and medications (including intravenous fluids), give stopped hearts an electric shock to get them going again and attach possible heart attack patients to telemetry equipment so their heart beat can be monitored in the hospital — before they're even put in the ambulance.

The idea of using paramedics in community ambulance services, came from the military's experience in times of war. Men were given concentrated training on dealing with emergency situations — what to do immediately to save a life. These individuals were out on the field instead of back at the hospital.



"Doctor after doctor commented that in Vietnam they could take care of all these casualties," says Jerry Niemantsverdriet, Home Hospital emergency room supervisor. "If the same thing happens here, it's a disaster." The difference is the paramedic going out to the patient.

Because the paramedic's training is concentrated on life and death situations, his ability to treat seriously injured people at the scene of an accident is often better than some physician's, or nurse's.

"When qualified ambulance personnel get to the scene, everyone else should get out of the way," says Dr. Robert Vermilya, Lafayette anesthesiologist on the county emergency medical services task force. "Get in your cars and leave. Doctors — same deal."

"The medical schools in the past

have not trained medical students to do basic emergency medical care — not the kind we're talking about in paramedic training," says Dr. Lindy Wagner, director of the Lafayette Center for Medical Education.

Beginning in 1978, the state Emergency Medical Services Commission will give special licenses to ambulance attendants qualified at the paramedic level. Being discussed now is the need for about 500 hours of training before an individual will be allowed to take a test at this level. Those with military training would be allowed to take the test after leaving the service.

Why don't we have paramedics in the Tippecanoe County ambulance system? There are two basic reasons: 1) The county isn't ready for it yet, and 2) Ambulance attendants don't have career opportunities here.

There are several people with Shipley's Ambulance Service who

are qualified to begin paramedic training. The manager of the service, William Reoch, already has had part of a paramedic course. The training can be made available at Lafayette Indiana Technical Vocational College.

But, the emergency room physicians right now don't know the attendants well enough to allow them to do anything beyond stabilizing patients.

"You have to know them, it's important to know them," says Dr. H. M. Gish, head physician at the St. Elizabeth Hospital emergency room. "It's possible to have 400 or 1,000 hours of training and still not be able to do the job."

A physician isn't going to tell a paramedic to do anything he's not sure the guy can do.

This month Shipley's Ambulance Service is scheduled to begin stationing ambulances in the hospital emergency rooms for part of every day. The main purpose behind this is to provide more experience for the attendant. But it also will lead to the physicians getting to know the attendants better.

Another problem with going into a real paramedic program at this time, is that there is no provision in state law permitting non-physicians to do some of the things paramedics are trained to do. In 1978, when the Emergency Medical Services legislation goes into effect, paramedics — by law — will be able to do all these things provided they have a license to operate at this level.

Paramedics could do many things now, provided a physician had complete trust in them, but it's doubtful that many paramedics could be kept working here because there are almost no career opportunities with Shipley's Ambulance Service.

First, pay. The attendants, with the exception of the manager, make \$380 to \$420 a month — about \$5,000 a year before taxes.

Second, hours. Because there were only six attendants working for the service at the end of July, some of them were working 24 hours a day, seven days a week.

And third, under the current set-up, an attendant here will never know if he'll still have a job at the end of every contract period. Since 1968, ambulance contracts have been for one- or two-year periods, and at the end of that time, the County Commissioners take new bids. There's no guarantee Shipley's will get a new contract and attendants might find themselves unemployed.

Under the current set-up, Shipley's can't get trained people to apply for work. So the service has to hire people with little or no experience and then give them on-the-job plus classroom training. And once they're trained, they might leave for better pay, better hours and job security.

About 14 people have quit Shipley's in the past four months — some of them were well trained.

Next: Problems in trying to improve ambulance service in Tippecanoe County.