



## Motorcyclist with Helmet Survives Crash

On May 20, 2011, at 4:30 pm, Jeff Sizemore was on his motorcycle cruising up West Chicago Street in Coldwater, Michigan when a car abruptly pulled out in front of him. His memory of the crash stops just before hitting the car.

department at **Community Health Center of Branch County**. By then Jeff was fighting to breathe from a tension pneumothorax (a complication from a collapsed lung). The ED staff placed a chest tube providing Jeff a great deal of relief, but he was also rapidly losing blood from internal injuries.

When West Michigan Air Care arrived, Jeff was still alert, but very pale and cold with weak peripheral pulses. The medical crew explained to Jeff the need for intubation and drugs that would make him sleep through what was to come, and he readily agreed. Following

a first pass intubation, the flight crew rapidly transported Jeff to Borgess, initiating blood transfusions en route. Upon arrival at Borgess, massive transfusion protocol was initiated and Jeff went to the operating room.

Jeff suffered a left hemo/pneumothorax with 6 broken ribs, a broken scapula, and abdominal trauma that required the removal of his left kidney and spleen. His right hand required repair as well.

When Jeff woke up several days later he recalls, "I didn't know what was wrong with me or if I'd be OK... but the nurses at Borgess were very good. The doctors were very knowledgeable. As I got

better, they kept giving me new goals to reach and they were very encouraging."

Encouragement is what helped Jeff get through the whole ordeal. "After the accident, when I was lying there, I thought I was done. I thought I was gone," he said, "but people stopped and reassured me and they told me I was going to make it. Every step of the way I received encouragement from so many. The people were the ones that made it happen for me."

Jeff recovered and was discharged in a few weeks with outpatient therapy. In August, he was grateful to be alive for the birth of his son. It's been a year since his close call and looking back, Jeff knows how fortunate he is to have worn a helmet and been in southwest Michigan's trauma system that day. He wants his story to bring hope to other victims of trauma and their loved ones.

*Jeff's attending flight crew: Flight Nurse Paul Rigby, Flight Nurse DeWayne Miller, Flight Resident Sarah Martin, D.O., Pilot Jonas Calvillo, Pilot Rick Morley, Communications Specialist Terry Tratt.*

"I woke up lying in the road, looking at the sky," Jeff said. Onlookers rushed to his aid. The handlebars and frame of his motorcycle had snapped. The gas tank was smashed. His left side had impacted the car causing a great deal of trauma,

*"My helmet was pretty scuffed up. Things might have turned out a lot differently without it."*

but thanks to his helmet his brain was not badly damaged. "My helmet was pretty scuffed up. Things might have turned out a lot differently without it," Jeff said.

**Coldwater Police Department** and **Coldwater Fire Department** responded to the accident and Jeff was rushed by **LifeCare Ambulance** to the emergency



Photo courtesy of Crystal Haynes



Jeff Sizemore, one year after his motorcycle crash, meets one of his attending flight nurses, Paul Rigby, CFRN, NREMT-P.

# Faster Trauma Care on Scene

Our region's scene trauma system works very well. Everyone has a role to play on this team to make things run smoothly. First responders arrive and control the scene, and identify, triage, and treat victims with oxygen while providing bleeding control and spinal immobilization. When EMS crews arrive, 2 large bore IVs are started and injuries are further identified and treated. By the time Air Care swoops in, the patient is ready for advanced procedures and/or rapid transport! **Here are a few things that help Air Care "scoop and run" even faster:**

- **LZ personnel** direct or drive the air crew to the appropriate ambulance or scene location while providing a description of the accident mechanism, if known. When possible, post 2-3 **medical first responders (MFRs)** near the ambulance for ready assistance with procedures.



- As we arrive at the patient's side and begin to place our monitoring equipment, the **EMS crew** takes off their monitoring equipment and moves it completely away from the gurney to prevent tangling. Do you have good working suction and ample oxygen both on the rig and in a portable tank?
- The **EMS crew** provides a brief report. If intubation or other procedures are immediately required, hold report and assist, providing only the most pertinent information initially. When the crisis is managed, full report may include age, sex, current VS trends, time of incident, MOI, identified injuries and patient chief complaint, any periods of altered LOC, hypotensive episodes, glucose (if GCS less than 15 or prior altered LOC), episodes of emesis, involvement of ETOH or other substances, SAMPLE history, size and placement of IVs, any medications given and IV fluid totals. Is it any wonder that name and date of birth are afterthoughts?



- If Air Care is intubating the patient, expect a necessary delay and offer assistance. Airway management is an essential component in trauma resuscitation. **EMTs** and **MFRs** are sometimes needed to help bag mask ventilate the patient and hold C-spine while the collar is off for access to the airway. Do **NOT** provide cricoid pressure, which is an outdated recommendation.
- If CPR is in progress, **MFRs** please line up! Replace compressors every two minutes. At least two CPR-trained people should be rotating.
- For unresponsive patients it's extremely helpful for **law enforcement** or **fire department personnel** to provide Air Care with the patient's name, date of birth, and the phone number of the patient's emergency contact before we depart.
- **All scene personnel** are invaluable for helping us move the patient gently over rough ground to the aircraft landing zone.

*Thanks to everyone for your hard work on scene!*



# Air Care Flight Nurses Publish

Air Care is proud to announce that two of Air Care's flight nurses are contributing authors in the *Manual of Emergency Airway Management, Fourth Edition*, edited by Ron Walls and Michael Murphy, published by Lippincott, Williams and Wilkins, 2012. **Jan Eichel, CFRN/EMT-P** and **Kevin Franklin, CFRN/EMT-P** each contributed chapters to the text.

Kevin is the first/lead author for Chapter 29, "Alternative Devices for EMS Airway Management". This chapter explores devices like LMA, Combitube, King LT, and other extraglottic devices, calling attention to the



Jan Eichel, CFRN/EMT-P



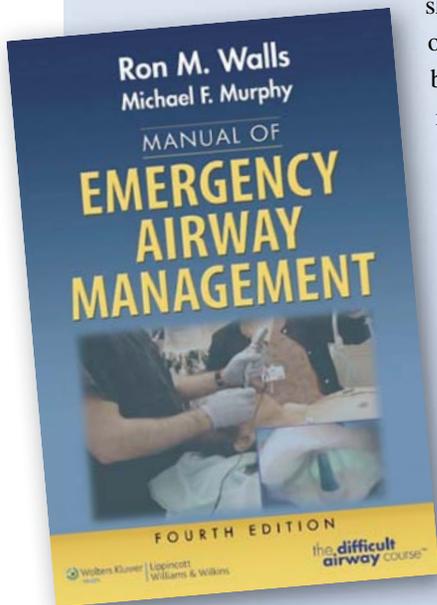
Kevin Franklin, CFRN/EMT-P

2007 position statement by the National Association of EMS Physicians on the use of alternative airways in the prehospital setting. The statement reads, "All EMS providers who practice advanced airway interventions should have access to and training for at least one blind placement device. Such a device may be used either as an alternative to ETI, or as a rescue device, in the case of a failed ETI."

Jan is first/ lead author for Chapter 30, "Difficult and Failed Airway Management in EMS." This chapter addresses some of the gritty realities unique to field intubations. "The incidence of difficult intubation in EMS, where equipment and support are limited, is 3 to 10 times that seen in the OR, at 11%." Jan has also previously contributed chapters in the fourth and fifth edition text Transport Nurse Advanced Trauma Course Provider.

The Walls and Murphy text is used in **The Difficult Airway Course: Emergency,**

a course for emergency medicine physicians, as well as **The Difficult Airway Course: EMS**, intended for airway practitioners who are non-physicians. Kevin and Jan work with the primary authors, Dr. Walls and Dr. Murphy, on providing The Difficult Airway Course throughout the country. Kevin and Jan are the Midwestern Regional Course Directors for this course. This territory includes Michigan, Indiana, Wisconsin, Minnesota, Iowa, Illinois and Missouri. Each year Kevin and Jan provide the course to participants several times along with the assistance of emergency medicine and EMS faculty.



## Announcements

### Air Care's Fall Conference ... Save the date!

Here's an early reminder to plan your continuing education (and hunting season scheduling!) around Air Care's Fall Conference, Saturday, October 6th. EMS and nursing credits are offered with food, fun, and typical Air Care flair, plus lots of giveaways!

### DeWayne Miller, CFRN, NREMT-P provides air medical analysis

at [www.EMS1.com](http://www.EMS1.com). DeWayne's most recent article addresses Basic airway management techniques. As DeWayne points out, "Skillful airway management is often the first step in successful resuscitation of compromised patient."



### Sara Sturgeon, CFRN, NREMT-P

recently collaborated with Borgess education staff to provide sepsis education for emergency department nurses. ED nurses can have the biggest impact on this patient population because the ED is where more than half off all septic patients initially present (with a total of 750,000 cases annually). Sara's program included a review of the "who, what, when, where and why" of sepsis with a focus on the importance of early recognition and resuscitation to help decrease mortality rates.



### Dawn Johnston, CFRN, NREMT-P

is a contributing author for the second edition of *EMT Complete* from Pearson (Brady) publishing due to hit the shelves on January 13, 2013.



### Paul Rigby, CFRN, EMT-P

is currently collaborating with **Dr. Eric Feucht, M.D.** and **Glenn Carlson, MSN, ACNP-BC, CCRN** at Bronson Methodist Hospital in a study analyzing patients with a tracheostomy and their outcomes and related costs.

The study's hypothesis states, "... we suspect that patients without insurance or those with Medicaid incur longer lengths of stay, higher hospital costs, and are at increased risk of death compared to those with private insurance or Medicare."



# Air Care Welcomes New Board Member



*Tom Rohs, MD, FACS  
Medical Director,  
Borgess Trauma & Surgical Service*

Air Care is pleased to announce that **Dr. Tom Rohs, M.D.** of Borgess Trauma Services has joined Air Care’s Board of Directors. Of his recent appointment, Dr. Rohs said, “I am flattered to have been asked to contribute to sustaining Air Care’s ongoing mission as a premier air medical transport system. I have had the pleasure of interacting with the WMAC team as a receiving surgeon since 1998, and look forward to working more closely with that group to maintain an outstanding critical care transport capability for all of our patients in Southwest Michigan.”

Bronson Methodist Hospital and Borgess Medical Center are partners in supporting West Michigan Air Care to meet the critical care and trauma system needs of Southwest Michigan. Air Care’s current board members include:

**Chairperson:** Charles L. Zeller, MD

**Bronson Members:**  
Ken Taft  
John Jones  
Scott Davidson, M.D.

**Borgess Members:**  
Patrick Dyson  
Rich Felbinger  
Tom Rohs, MD



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