

AirWaves

A Publication of West Michigan Air Care



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www.AirCare.org

West Michigan Air Care Celebrates 20 Years of Service With You

March 21, 2013 marks Air Care's 20th anniversary and we wish to express our thanks to all healthcare providers in the region for so many years of teamwork and for helping keep us safe. Since our first mission in 1993, we've dedicated ourselves to bringing critical care and rapid trauma interventions to patients in Southwest Michigan and Northern Indiana. Along the way, Air Care has won numerous safety awards and also became one of the first programs in the nation to become accredited under the strict standards set by the Commission on Accreditation of Medical Transport Systems (CAMTS.)

At Air Care we are constantly evolving our medical protocols to keep up with evidence-based medicine. Today, every time you call us, Air Care dispatches two Difficult Airway® trained, critical care nurses capable of rapid sequence intubation and minor surgical procedures. What does this mean for YOU?

Community Hospitals: Expert assistance and transfer of STEMI (ST-Elevation MI), stroke, trauma, pediatrics, pulmonary, post-arrest, and septic patients.

These and other unstable patients should ideally be transferred by an

experienced critical care nurse team with appropriate medications and equipment. The sending physician is liable for each patient's well-being during transport to the receiving hospital.

EMS: Faster movement of scene patients to a trauma, stroke, or heart center.

Get us off the ground if the patient meets Tier 1 or Tier 2 trauma criteria ... First Responders can launch Air Care, which means Air Care will arrive minutes after Paramedics to secure the airway, give blood, and rapidly transport. To meet STEMI and stroke care guidelines, put Air Care on standby when attending a "stroke" or "chest pain" call. Activate Air Care when a diagnosis is confirmed. Air Care can provide essential treatments while flying these patients directly to a stroke or heart center. STEMI's should be reperused within 90 minutes from first

medical contact (1), according to the new AHA STEMI guidelines, and strokes within 3 hours of symptom onset. Use these times to help guide your decision to drive or fly.

Everyone: Air Care has a commendable record for safety and clinical excellence.

For 20 years, we've put safety first, and it shows. We've also sought continuous improvement in clinical excellence, because treating acute patients "on the move" requires it. Give emergent patients their best chance: launch the 20-year leader in critical care transport. For a complete listing of patient conditions that require rapid transport by air, go to Air Care's Fly Guides at www.aircare.org and click on the "When to Request" tab.

References:

Stroke window: http://my.americanheart.org/professional/General/Expansion-of-the-Time-Window-for-IV-tPA-Treatment-of-Acute-Ischemic-Stroke_UCM_423947_Article.jsp
STEMI window: http://www.heart.org/HEARTORG/HealthcareResearch/MissionLifelineHomePage/STEMIReferralHospitals/STEMI-Referral-Hospital-Frequently-Asked-Questions_UCM_313633_Article.jsp



Physicians Call for Standardized Use of Helicopter EMS

"Patients benefit from the appropriate utilization of helicopter emergency medical services (HEMS)," according to a joint statement by the Air Medical Physician Association (AMPA), the American College of Emergency Physicians (ACEP), the National Association of EMS Physicians (NAEMSP), and the American Academy of Emergency Medicine (AAEM). The four prominent physician organizations are calling for regional guidelines that assist

"HEMS must be fully integrated within the local, regional, and state emergency health care systems."
– ACEP, AMPA, NAEMSP, AAEM



Landing at a scene near Coldwater, Michigan on March 6, 2013.
Photo courtesy of Don Reid, Coldwater Daily Reporter.

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Shock, Shock, Shock; Everybody Shock!

It has been twenty years since West Michigan Air Care was formed as a first merger of two existing air medical programs in Kalamazoo. Medicine has changed over the years; sit back while we take a stroll down memory lane.

“Shock, shock, shock, everybody shock, little shock, big shock, everybody shock!” was used by many to study for ACLS. Do you remember what it stood for? Ask someone who has been around twenty years! Initially, only those who were leading resuscitation were enrolled in the ACLS courses. Today ACLS has been simplified and all healthcare providers are required to work together, making ACLS a team concept.

Speaking of shocks, we have seen drugs that are used frequently be suddenly “black boxed” and taken off the shelves. It required some quick protocol revisions to decide what to use for nausea in flight, when Droperidol was taken away. That did give us some preparation for what has commonly become “shortages” in the pharmaceutical market. We no longer utilize just one drug, “boxing” us into a corner.

Years ago the use of succinylcholine and other neuromuscular blockers for airway control were restricted to the operating room. We now see flight and hospital critical care teams utilizing these medications with excellent success. In addition, airway control has advanced beyond direct laryngoscopy to include video laryngoscopy and optic devices that make us look like Inspector Gadget at the bedside!

Ventilator management is another advancement in critical care. No longer is it just “air goes in and out” but many aspects of the patient’s illness and past medical history are taken into account. Reassessing this therapy is a must in order to best serve the patient and avoid any additional pulmonary insult. Since our beginning in 1993 we have utilized the UniVent, Draeger Oxylog, LTV 1000 & 1200. Our newest ventilator, the ReVel, will provide even more advanced therapies than ever before.

While packed red blood cells have always been a key component for hypovolemic patients, we are now seeing better outcomes adding fresh frozen plasma that we can obtain from a hospital blood bank. This valuable lesson was gained from trauma experience in our military.

In the past you weren’t dead until you were “warm and dead,” referring to the hypothermic patient being warmed back to near normal temperatures before “calling the code.” Now we know that rapid cooling does have

a role to play in better neurological outcomes and we practice the cooling of patients post-resuscitation. Now do we call it “cool and alive?”

One thing that has not changed is the art of human touch. We all have the patient we will never forget and the “thank you” that has warmed our heart. A card written in a child’s hand that says “Thank you for saving my dad” or the Christmas cards that bless us for one more holiday spent with family because of our care. This has never changed. We strive to be the best part of your worst day, for another twenty years.

*By Jan Eichel
Director of Clinical Operations
West Michigan Air Care*



Physicians Call for Standardized Use of Helicopter EMS

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EMS and community hospital physicians in determining when to call for HEMS transport.

Interesting timing! Air Care released The Fly Guides for exactly this purpose in the summer of 2011. The Fly Guides are a set of four separate guidelines created for each level of provider

“Patients benefit from appropriate utilization of helicopter emergency medical services”

– ACEP, AMPA, NAEMSP, AAEM

that calls Air Care: 911 Dispatchers, Medical First Responders, Paramedics, and physicians at community hospitals. Our Fly Guides have been adapted specifically to Southwest Michigan’s trauma system and help providers activate Air Care earlier and with more confidence.

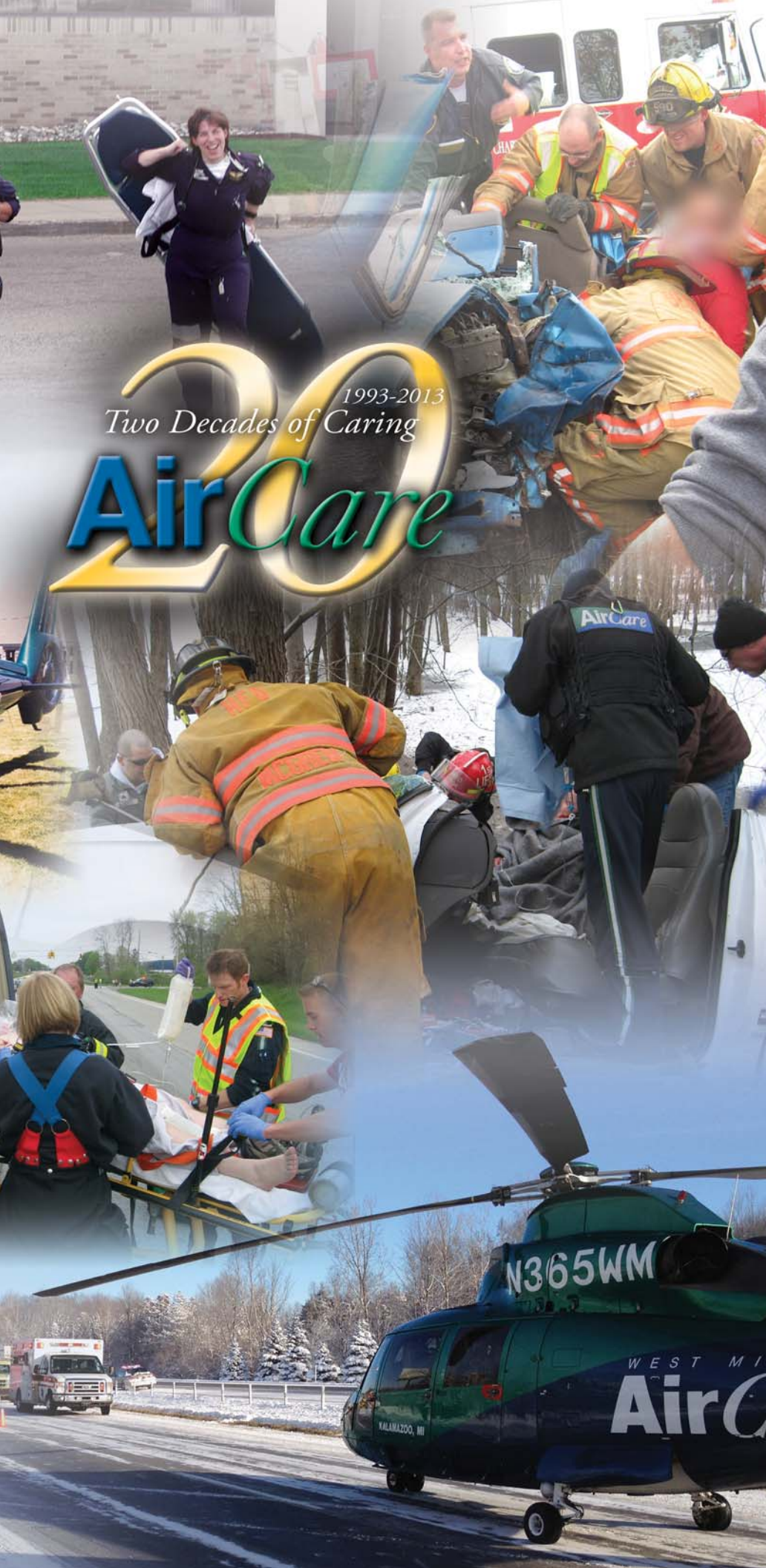
You can find Air Care’s Fly Guides at www.aircare.org at the “When to Request” tab. The original statement by AMPA et al can be found at <https://ampa.org/node/64>

References:

Original statement Appropriate and Safe Utilization of Helicopter Emergency Medical Services at <https://ampa.org/node/64>

Landing Zone Classes Now Being Scheduled

LZ classes should be provided roughly every two years at fire departments. Classes are now being scheduled on a multi-department, regional basis. If you would like to host an LZ class, contact us to schedule at date. Go to www.aircare.org and click on “Event Request.”



Inside this issue of AirWaves ...

West Michigan Air Care Celebrates 20 Years of Service With You

It's surprising how often people still call us "CareFlite" or "InFlight," yet it was 20 years ago that Bronson and Borgess Hospitals merged these two flight programs into West Michigan Air Care. Thanks to this partnership, critical care expertise is flown directly to fields, roadsides, and small hospitals all over Southwest Michigan and Northern Indiana, right where it's most needed. Welcome to the next 20 years!

National Physician Organizations Call for Standardized Use of Helicopter EMS

"Patients benefit from appropriate utilization of helicopter emergency medical services (HEMS)" - ACEP, AMPA, NAEMSP, AAEM

A national call for regional HEMS usage guidelines comes 18 months after we released our regional guidelines: The Fly Guides. Find your Fly Guide at www.aircare.org under the "When to Request" tab.

Looking Back: Shock, Shock, Shock; Everybody Shock!

Remember the good ol' ACLS days? Take a look at how far we've come in healthcare and at Air Care as our Director of Clinical Operations, Jan Eichel, rolls back the clock. Everybody shock!



Find electronic copies of AirWaves at our website: www.AirCare.org

Please email comments to Airwaves Editor and Flight Nurse Dawn Johnston at dmjohnston@aircare.org.



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