

Emergency Run: 8 Anxious Hours

No seatbelts and I'm sitting in the jumpseat high above the road with no hood in front and the engine in the floor between Ron Westray and me. It's a little after 8 on a Saturday night.

By
Jackie
Brooks



Emergency medical care taken to the patient is a reality, not just the fictional concept seen on television's "Emergency." Writer Jackie Brooks and photographer Ed Tilley of The State recently spent eight hours of a Saturday evening and Sunday morning accompanying Columbia's emergency medical technicians on the job. This is the story of those eight hours.

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Ron's making a U-turn and wheeling the ambulance back across the Broad River Road bridge to where we just came from. I'm being bounced up and down and State photographer Ed Tilley is hanging on in the back of the ambulance to a wheeled stretcher that isn't tied down.

RON TURNS up a dirt and gravel road, spots a parked car with four blacks in it, and says, "We'd better ask directions." I roll down the window and call, "Can you please tell us how to get to Broad River Terrace?" Until it comes out of my mouth, I don't realize that the address has registered with me. All that's been flashing in my head is that we're on our way to a signal 15—a "gunshot wound."

The boy in the back seat of the car seems to be passed out, his buddy isn't talking, the two in front don't agree on the directions so we roll on, twisting along winding streets in a subdivision and reading street signs that don't help until we see two black teenaged girls. They give us directions. Ron nods, another U-turn, back through winding streets and across the road and we're wheeling up to an apartment complex.

CROWD OF black people, cop cars, the other ambulance already there in at the front door, where there's a bullet hole in the left surround window. Tilley, with his camera's drooping from his neck, says to a cop, "What happened here?" Answer: "Shootout at the OK Corral." Official-looking guys talking in room off to the right. I turn left and follow the blood on the floor, still bright red.

The emergency medical technicians (EMTs) and a doctor from the Richland Memorial Hospital emergency room have already started intravenous (I.V.) fluids and wrapped the victim's arm. Nurse Janet Chason, holding the I.V. bag, makes a small grimace at me about the blood on the tunic of her white pantsuit. A young blond cop with a peach-fuzz mustache chases Tilley out.

ON THE STRETCHER, the white, middle-aged patient keeps repeating, "I want to give my billfold to my mother before we go." Bernard Simmons, the doctor, keeps telling him he has to keep it for identification. It's finally settled when the guy gets his mother to take the money out and return the billfold to his pocket.

The aged mother sits at a formica-topped kitchen table at the rear of the room, her hands nervously plucking at the heap of blood-soaked bath towels on the table, muttering, "He shouldn't ought to have done it."

The EMTs wheel the stretcher toward the door, Janet keeping pace with the I.V. bag held aloft. I grab the emergency drug bag and stack it in the ambulance while the team of EMTs, Robert Smith and Jim Cowan, load the guy in the back.

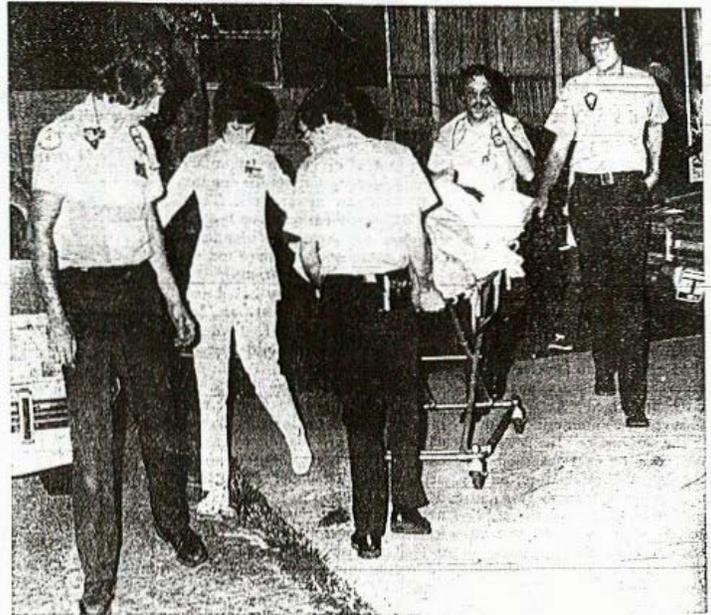
Ron drives us back to Richland Memorial in the backup unit. He's a nice-looking black with a mustache and "five or six years" with Carolina Ambulance Service. He's also an EMT instructor and says he does public relations for the company. He talks about what great guys are in the advanced paramedic training course, the ones we are following this evening. "But we lost one of the real good ones to an industry, because it pays so much better. And a lot of guys who were medics in the

hurt child is too close to emotional home for me. The mother was into the room, looks wildly about. "Where'd my baby go?" "He's already back in the emergency room," I say, pointing the way.

JANET COMES back, says the child fell on something, and that he was crying, "No shot," because he didn't want the doctor to give him a shot. I'm relieved it isn't so serious, and laugh at myself because I have "shot" on the brain.

While things are quiet, Janet says the shooting victim took a bullet in the arm, which hit an artery and accounts for so much blood. "I thought he'd been shot in the stomach," I say. "He'd have been better off if he'd taken it in the gut—the fat would have slowed it down," she says. Her friend Myra Cash, another nurse who rides the units to supervise and aid the EMTs, sponges the blood off the back of Janet's uniform.

"The first thing we did was to see what the situation was. He was very agitated when we got there," Janet tells me. "We knew he'd lost a lot of blood, so we started the I.V. right away, while we were assessing



Paramedics To The Rescue

Teamwork, expert training and speed are the keys in emergency medical care, demonstrated by this group. Carolina Ambulance Service emergency medical technicians Robert Smith and Jim Cowan, center, wheel a patient toward the ambulance. Assisting is registered nurse Janet Chason. At far left is Rusty McLendon, a Cardinal Newman High School student, and at far right is Steve Porter of Spring Valley H.S., both members of the volunteer Emergency Rescue Inc. (Staff Photo by Ed Tilley)



Taking Care To The Patient

Robert Smith, left, and Jim Cowan, right, both advanced emergency medical technicians (EMTs) working for Carolina Ambulance, unload a shooting victim at Richland Memorial Hospital—after having given him

military come out and go north where the pay is better." Ron spent two-and-a-half of his four years in the Army in Vietnam.

BACK AT the hospital, we see the shooting victim wheeled in and I try to find out the "why" of his story, something no one but Tilley and me seems to care about. The story is a garbled one of the victim's conviction that an aged black man on crutches is being overly attentive to the 86-year-old mother, but the black is the one who did the shooting. Doesn't make much sense to me.

We stand around in the dispatch office waiting for another call. Suddenly a black car wheels in close to the doors, driven by a pale-faced woman whose eyes are enormous with worry. A man gets out, holding a small boy whose right hand is wrapped in towels. The child is wailing and saying, "Shot" over and over. Janet runs to the car and carries the child through the reception area and back into the emergency room. The mother wheels off to park the car. Ron asks me if I want coffee, but I'm so upset I can only shake my head. A

his color, feeling his skin, taking his pulse and blood pressure. And we looked for the exit wound, which we didn't find. In this case, since Dr. Simmons was with us, we didn't have to radio back to the hospital for treatment instructions." She laughs then. "Emergency" was on television when we walked in."

A CALL COMES in from Blythe-wood. Robert Birdsong, the dispatcher, an older man whom everyone calls "Mr. B.," asks questions to find out the problem, asks for a phone number, asks for directions to the site. The call is on somebody with a head wound, and the guy is in the woods. Birdsong tells the caller to send someone out to the highway to meet the ambulance. While he's on the phone, someone else studies the map to find the location, then he dispatches the other unit.

Janet, who has been insisting that we ride on a Saturday night, says business is usually brisker. "Saturday nights after payday are when you have all the good stuff," she says. "Shootings and knifings and wrecks." "This is good stuff!" I ask ironically. "Well it's what we're here

and sides of the shorts are soaked with fresh blood, which is still running down his legs and onto his bare feet. His face and arms are streaked with rivulets of blood. Someone from the desk goes to him and takes him through the double doors to the emergency room facilities beyond.

I hesitate a few moments, collar Tilley, and we drift back to the ER. The man is on a stretcher. Janet's on one side, an ER nurse on the other—both hunting veins. They find them at the same time, and he's started on I-Vs in each arm. Dr. Simmons is checking him over. He grabs a pair of scissors and cuts the shorts off and a nurse tucks a paper sheet over the patient's middle.

SOMEONE appears wheeling a portable X-ray machine and Simmons asks the man to scoot back on the stretcher, then lie back on the plate. Snatches of conversation. "I was home alone, me and my three dogs, and I honestly believe they saved me."

After the X-ray is taken, they start on the bandaging. A blonde nurse-checking the man's blood pressure asks, "Is there someone with you out in the waiting room?" He shakes his head. "You mean you got here on your own?" she asks, incredulously. He nods, says, "I ain't no baby. I want to bug him for that."

Drifting back to the dispatch office, Janet says the man said three black youths set on him with knives when he answered their knock on the door. With things quiet once more, we drive to the Lexington Ambulance Service headquarters, where Tilley and I acquire Don Simmons as our guide-chauffeur. Don drives us back to Richland Memorial, telling stories on the way of times he was threatened on ambulance calls before he became part of Lexington management.

More hanging around. I'm restless, ready to get on with it. An over-dose call comes in and it's the way-the-hell-out. Robert Smith, Jim Cowan and Janet go in the ambulance. Don drives Tilley and me in his radio, siren and light-equipped station wagon, following. We're looking for a church as the landmark. Robert finds it, turns off, radios in. Fresh directions crackle over the radio and Robert swings back onto the highway and we go on even further out.

WE REACH the place in the living room, the impression of many people, a record player blaring, a bottle of booze and ice and the dogs

of drinks in plastic glasses on a kitchen table.

There seem to be a lot of blue-uniformed paramedics there, more than we started out with. Two of them have already taken the vital signs, which they report, and a tall, lanky kid tells us the woman has taken 35 100-miligram Darvon. At first I think the patient is a kid, but first I think she is middle-aged. She is sprawled on the kitchen floor. Tangled red hair, striped tank top, polyester shorts, bare feet, carmine polish on long nails at the end of a limp freckled arm. A middle-aged blond guy whose hair is beginning to go sits on the floor, his eyes heavy lidded and stupid with drink, his mouth hanging slackly open. A pretty blonde girl pleads desperately with him to move so the EMTs can get to the woman. He ignores her. His right cheek bears scratches that look as if made by fingernails, and a small amount of blood has caked around the scratches.

CONFUSION for me. Janet, Jim and Robert are doing things for the woman, but I can't keep up with it all. Janet has assessed the situation and tells Robert to radio information to the emergency room doctor. While Robert phones, Jim gets the I-V ready. Robert comes back with instructions. Janet wants to do something the doctor didn't order. The lanky kid stretches the telephone across the kitchenable to her and she phones in, gets the okay she needs. Jim starts the I.V. and takes some blood. They are checking vital signs again. The patient's boyfriend on the floor interferes and Janet asks him to move; Robert asks him to move. The young boys in blue have cleared out of the kitchen. Robert asks if anyone knows how to turn off the record player, which is so loud they can't hear each other speak, and the young blonde girl distractedly does so. The tall kid leads her out to the yard. A short kid with a blood-mustache wanders back and forth. Jim says to the boyfriend, "Okay, old buddy, we're gonna need you to move over there for us." The guy stands up and moves back a few steps in the tiny kitchen. Janet asks, "What's her name?" and the guy tells her.

"Ann," says Janet. "Ann, I want you to swallow for me." She takes a slim tube, puts it in the woman's nose. That's good now swallow for me again. She feeds the tube in, starts pumping liquid through it; then trying to draw it back into a large syringe. She hands the I.V. bag

Two Technicians Tell About Emergency Work

By JACKIE BROOKS Staff Writer

"It isn't the way you see it on 'Emergency' on television all neat and clean and nice. That's what Robert Smith says of emergency medical services, and he's in a position to know. At the age of 29, Smith already has an impressive amount of experience with emergency care.

"My interest got stimulated by an article in 'Tempo in The State,' he said, 'about Emergency Rescue Inc. It was started about five years ago, and I went into it about three months after it was started.' At that time, Smith was a student at A.C. Flora High School in Columbia. He already had some experience dating from the time he was 12 with ground search and rescue with the Civil Air Patrol. His interest has been unwavering and has grown with the years. Now he serves as an advisor to ERI—maintains a stock of his own emergency equipment and drugs, and goes out with the ERI teenagers on his days of nights off work.

His work "is an emergency medical technician—EMT—employed full-time by Carolina Ambulance Service on duty for 24 hours and off for 24. He has just completed and passed a special advanced course in emergency lifesaving techniques for EMTs, sponsored by the S.C. Hospital Association for 20 hard-pocked students. Commencement ceremonies will be held Thursday at 4 p.m. He started the course in mid-March and began working for Carolina Ambulance May 1 of this year.

Smith is a type 1 diabetic who at times has had to face "the prejudice of ignorance" about diabetes. He took some pre-natal and some nursing courses at the University of South Carolina, but neither field seemed as personally satisfying to him as emergency care. He hopes that USC may establish a two-year associate degree program in trauma and emergency medical services or that he can someday take such a program somewhere—but what, however, he wants to stay in the field.

Emergency Rescue Inc. is a group of high school students who volunteer to take basic emergency medical training and then serve as non-paid volunteers, taking shifts and specified areas and taking basic emergency care to patients. Not only are the boys unpaid, but they also are required to buy their own medical kits and one new piece of equipment per month—so they are paying dearly for the "privilege" of helping people. Smith, when he was an EMT member, worked in the Richland Memorial lab for about a year to pay for the equipment he needed to buy.

"When I started in EMT, we got basic medical training, but there was no advanced EMT training," he said. "Now in EMTI we're working on going into skydiving and skywalking, unusual things, so that if there's a difficult rescue job, we must have just the person to do it."

"The first thing we do when we get applicants for EMTI is to check them out to see if they're in it for the glamor of the red lights and siren or if they've been watching too much 'Emergency' on TV. They ride for four calls with members and if they're still interested, we check up on their backgrounds—things like driving records. Then they take the basic EMT course. Passing is 70, but we require 85 or above, and they're always on probation up to six months.

"The first time they're on call it's really a revelation. They find out it's not as smooth and easy-going as it is on TV. You find yourself with broken glass in your hands, you get thrown up on, you have to deal with drunks, you find out you're not the first time you get your hand immersed in blood is a shock. You may see more in a year than someone 20 years old has seen in a lifetime. Some people argue this is too much to put on a 15-year-old, which is the minimum age for EMTI. I agree that it makes a psychological change in a person, but I don't think it's harmful. I think it matures them.

The big advantage is that these people in EMTI are going to be the doctors and nurses and EMTs of the future. Years from now, wouldn't it be nice to know that somebody working in a field of medicine has had all that experience?"

The first piece of equipment the EMTI volunteers must have is a basic first aid kit, which costs \$100 and which they must have within six weeks. Then they get a radio monitor for \$100, a single red light for \$50, a fracture pack for \$185—adding the high price pieces as they can afford them.

Smith said the two main problems are that the program isn't funded by any agency or organization and the volunteers don't have two-way radios—which means they can hear communications but can't send them. Often, since they start in their own neighborhoods, they may arrive at an emergency scene and take vital signs and give some first aid before the ambulance arrives, but they are unable to send their information back to advanced EMTs on the way. Smith said the group is trying to raise money now to buy eight two-way radios. The boys are committed to serving three weekend nights per month and ten hours a month assisting in the Richland Memorial emergency room.

Smith, who has known about his diabetes for 18 of his 20 years, controls it with insulin they start in their own neighborhoods, and through eating when he sees signs he should. He jokes that recently he has been allowing some of his fellow EMTs to "practice" on him by giving him his required subcutaneous insulin injections. He said the EMTs have all learned to go to sleep anywhere and anytime that there is the need and chance for rest "but we wake up instantly if it's our call."

Totally committed to his work, he sees the need for newer ambulances arranged to accommodate more sophisticated equipment, and for more equipment itself.

Although the men aren't permanently paired, Smith is frequently teamed with 27-year-old Jim Cowan, who has worked for Carolina Ambulance for 14 months. Cowan also is deeply committed to emergency care, and is currently considering going back to school to study to be a doctor, though he said he would want to stay in emergency care in general.

Following a year and a half of what his hind sight terms "fiddling around" at USC, Cowan enlisted in the Navy for six years. He wanted to be a medical corpsman but ended up as a sonar technician.

"I used to have an interest in the kind of thing, and I marveled at what motivated people to get into it, but I didn't realize I'd like it so much myself until I was in it," he said. "I like the work even better than I anticipated. I didn't realize it would turn me on like it does. Emergency medical care is really coming into its own now. Six years ago, you'd go to an accident and there'd be a hoarse on the scene and guys with no experience expect maybe—and only maybe about three hours worth of Red Cross training. They couldn't do anything for a patient and they didn't really care. You know, we have a joke that the funeral homes would tell them to drive around the block a few more times to make the patient a customer. So we have a lot of bad stuff to live down."

"Now people are realizing that the first few minutes of a heart attack make a difference. It's a good feeling to know that you're able to do something for somebody who needs your help, and a good feeling to know you're the one who can help."

Cowan, who was the top student in the advanced EMT course just completed, admitted that there are adjustments to make.

"Sometimes we get kinda hard-core about things," he said. "You've got to kinda care for other people. We don't always work with the nicest people, we see some pretty low types. You can't let your emotions get involved too much. Sometimes someone will ask me, 'Doesn't it bother you to get to the scene of an accident and see some guy has bled to death?' Of course it bothers us, but you have to figure it's too bad one guy bled to death, but it's good we can keep the same thing from happening to the guy beside him."

"A lot of people in this business learn to hate a drunk—and you do get a lot of garbage calls from them. But there's nothing that says a drunk can't have a heart attack. You have to figure the guy's been drunk before and

never called for an ambulance, so you'd better take him seriously until you're sure there's nothing wrong. There have been cases where diabetics have died in jail because they've gone into diabetic coma, and somebody thought they were drunks passed out. So you have to be on your toes and watch out for situations like that."

Cowan also tries to do his small part in an area nearly always ignored by medical personnel—saying a word or an emergency patient. "I usually try to take a few minutes to talk to the family after we've got the patient to the emergency room, even if it's just to tell them that the doctor is with the patient."

How Are EMTs Trained?

By JACKIE BROOKS Staff Writer

Columbians have their own "Emergency" quality like that on the television series, but most people aren't aware of the fact.

A three-month long course for advanced emergency medical technician (EMT) training concluded just last Saturday at 4 p.m. under the supervision of Carol Latimer, project director for the Hospital Association, the bill gives designated legal authority to the EMTs to do on their own the things they have been taught in the course, which they have just now done under the supervision of a nurse or of the instructions of a doctor. Ratification of the bill by the governor is expected next week.

The EMTs have been taught to recognize various forms of trauma symptoms and know the emergency measures for treating them. And the ambulances now carry much of the sophisticated equipment necessary for such on-the-spot treatment.

"Two-thirds of the cardiac patients never make it to a hospital," said Miss Latimer, "but their chances are quite good if they do make it to the hospital. That's why treatment taken to them is of such importance. The sooner definitive procedures are taken, the greater are the recovery chances for cardiac patients."

Like their TV counterparts, in addition to taking the care to the emergency patient, the EMTs are also in contact with doctors at the hospitals. The EMTs can radio directly in to Baptist and Lexington hospitals, but must go through the dispatcher at Richland Memorial. The state emergency medical services plan calls for direct communications, which Miss Latimer said the entire state should have in the future.

The students who were selected for the course went through extensive screening, part of which was developed by Greenville industrial psychologist Dr. Robert Brown—who worked out a battery of tests for interpretation as a "profile." In addition to age, experience, education and job level, the profile included measurements of anxiety level, alertness and independence. This yielded a mean from the 483 students who took the basic course.

Mr. Chason said, "If a man showed too much independence, it might mean he'd want to make decisions without the doctor's advice; if he showed too little independence, it might mean he'd never take any initiative. We found that something in the range of 5-6-7 on a 10-scale was best for the qualities of independence, anxiety, and poise."

Emergency room doctors and a screening committee took applicants one by one and hand-picked the students for the pilot advanced course. The average age is 26, average education 13 and a half years, average experience three years. In addition to tapes and lectures, the course has also included practical experience



Emergency Help On The Spot And On The Way
Nurse Janet Chason holds the intravenous fluid bag as advanced emergency medical technicians Robert Smith, left, and Jim Cowan, right, load a patient into the ambulance after having given emergency care on the spot, care which is continued in the ambulance on the way to the hospital. (Staff Photo by Ed Tilley)

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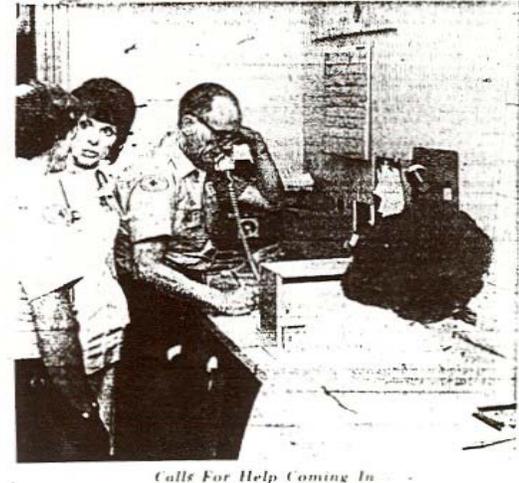
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Calls For Help Coming In
Columbia Ambulance Service dispatcher Robert Birdsong, on telephone, receives a call for emergency help at the dispatch office at Richland Memorial Hospital. While he is taking down details of the trouble, a phone number, and direc-

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