"Finally, I want to say thank you to everyone who has made and continues to make LifeFlight a reality. Since LifeFlight has been in operation the Unity Volunteer Ambulance Corps has used LifeFlight seven times. . . . The call I often find myself thinking about occurred two years ago when a Thorndike man struck a moose on his way home from work. I was present at the scene and saw first-hand how quickly the man’s condition degraded as the inevitable [brain] swelling began to occur. When LifeFlight took off that night with the man in their care I honestly wasn’t sure if he would make it or not. . . . Today, each and every time I see that man . . . with one of his daughters in tow, it reminds me of just how valuable a resource LifeFlight has been for Maine."

Jason Johnson, EMT-Intermediate, Unity Volunteer Ambulance Corps.

“David Leaming knows Route 139 like the back of his hand. He has commuted the two-lane highway from his home in Thorndike to Waterville, where he has worked as a Morning Sentinel photographer for the past 20 years, thousands of times. He had no reason to believe that his trip home on the night of November 1, 2000 would be anything but uneventful.

David never saw the moose that crossed in front of his 1990 Volkswagen Jetta. The vehicle struck the animal broadside at about 55 miles an hour. David was wearing seatbelts, but the restraints did little to protect him from the blunt force of the car slamming into the long-legged animal. The impact of the collision demolished the vehicle’s roof and broke the driver’s seat. David took the impact directly in his face.

A passerby called for help and the Unity Volunteer Ambulance Corps responded to the scene. One member of the responding crew was EMT-Intermediate David Oliver, who also worked at Eastern Maine Medical Center (EMMC) in Bangor as a respiratory therapist. Even before David Leaming was extricated from the vehicle, the extent of his injuries was becoming evident to David Oliver and the rest of the crew.

NO HARD FEELINGS – Kennebec Journal photographer David Leaming was transported from Unity to Eastern Maine Medical Center in Bangor more than five years ago following an automobile collision with a moose. Though he was critically injured, Leaming has made a remarkable recovery. This recent photo suggests that he hasn’t lost his sense of humor.

By John Macone, RN, CFRN, EMTP, LifeFlight Bangor base

INCISIVE GROUND RESPONSE AND LIFEFLIGHT’S FOLLOW-UP SAVE MOOSE-CAR CRASH VICTIM
Objective: Secure airway

David Leaming’s injuries threatened his airway. David Oliver knew that securing a combative patient’s airway would be all but impossible without the use of special airway skills unavailable to most EMS units.

“I realized his mental status was deteriorating,” David recalls. He used the ambulance cell phone to call directly into the EMMC Emergency Department and speak to the on-duty physician. He relayed his findings to the doctor and they agreed that LifeFlight of Maine should be dispatched. Pilot John Scanlon, nurse John Macone, and paramedic Sue Wardwell were sent to the scene.

Even before LifeFlight arrived on scene, word was relayed from MedComm, LifeFlight’s dispatch center, that the crew should be prepared for rapid sequence intubation (RSI), which involves the use of paralytic and sedative drugs to improve the success of oral intubation and gain control of the patient’s airway.

the ambulance they found several EMTs struggling to stabilize a very agitated David Leaming. Such behavior is typical for patients with severe traumatic brain injury (TBI). By radiologing ahead the Unity Crew was completely prepared for the LifeFlight Crew, having started IVs and secured David on a backboard. The RSI was performed and the patient was assessed, sedated and immobilized for the 15-minute flight to EMMC.

David was treated in the EMMC Emergency Department by neurosurgeon Rodney Rozario, M.D. A CT scan showed that he had a severe closed head injury. He also sustained a broken jaw and extensive facial trauma. It was decided to put him into a drug-induced coma to keep him quiet in an effort to minimize brain swelling during the critical early stages of his treatment.

Three long weeks

After three long weeks, doctors were considering performing a “bone flap” procedure to help relieve brain swelling when David began to show signs of improvement. Gradually, he began to recover and his prognosis improved.

David’s first post-accident memory is of the EMMC Intensive Care Unit — almost a month into his stay there. “I just remember little bits and pieces,” he says. “It all seems like some kind of dream.” After six weeks, he was transferred to the Maine Center for Integrated Rehabilitation in Bangor, where he continued his long recovery from TBI.

Looking forward

David returned to work the following March, only four months after his accident. The continued loss of smell and taste remind him of his brush with death, but he eagerly awaits the day when he can launch his sailboat and pursue his passion for sailing the beautiful waters of Penobscot Bay.
Traumatic brain injury is the leading cause of death and disability in children and young adults, says LifeFlight nurse-paramedic Cathy Case. Its emotional and financial toll, not only to family members of someone who has suffered a brain injury, but also to society, is enormous. Long-term care for a permanently disabled person can cost hundreds of thousands of dollars. In addition, because the people who experience these injuries are generally young, many families lose their primary wage earner, causing further financial and emotional distress. As one of LifeFlight’s education coordinator, Cathy has developed a special interest in traumatic brain injuries (TBI). A few years ago, she traveled out of state to become the first certified instructor for a new specialty-based program for improving care for the brain-injured patient. The guidelines for the prehospital management of traumatic brain injury course includes care throughout the acute phase, starting with prehospital management and continuing through the hospital stay. Cathy says evidence indicates that by incorporating these guidelines into the management of brain-injured patients continuity of care can be improved, ultimately saving lives and sparing families from the hardships of lifelong disabilities.

Supported by a grant from the National Highway Traffic Safety Administration, the New York City-based Brain Trauma Foundation established the national consensus TBI guidelines through evidence-based research. The foundation is dedicated to improving care for brain-injured patients through the emergency medical system and hospital emergency departments. The TBI guidelines class structure is designed to benefit everyone from first responders to emergency and critical care nurses. It challenges some long-standing treatment protocols, clarifies new ones, and strives to bring prehospital care providers together in their current practices. The guidelines are being introduced to prehospital and emergency department providers across the United States.

“Traumatic brain injury occurs in two stages,” Cathy explains. “Primary brain injury occurs at impact and can only be treated by prevention. But secondary brain injury develops after an injury has occurred and is caused by the swelling, hypoxia and hypoperfusion experienced by the brain. With proper, timely care this type of injury can sometimes be prevented or minimized, leading to improved outcomes for patients.”

“The importance of prehospital management of head-injured patients is important in Maine because travel time to definitive care for some patients can be measured in hours, not minutes,” Cathy adds. “The care provided in those first minutes is crucial, and improper care can be harmful. By effectively assisting brain-injured patients, first responders, EMTs and emergency department RNs and clinicians can improve outcomes for head-injured patients.”

Norm Dinerman, MD, FACEP, Medical Director of LifeFlight, says “LifeFlight uniquely sees large numbers of severely brain-injured patients. The TBI course is one element along with prevention and care during flight of LifeFlight’s commitment to improving the outcomes for these patients.”

Any EMS service interested in scheduling the four-hour provider guidelines course should email Cathy Case at ccase@cmhc.org or Carol Jordan at cjordan@emh.org. Cathy can also be reached at 795-2585 and Carol at 973-5205.
The Association of Air Medical Services recognized Sen. Susan M. Collins (R-Maine) with a national public service award during its annual Congressional Leadership meeting.

Sen. Collins received the 2006 Association of Air Medical Services (AAMS) Public Service Award for her long-term commitment to emergency medical services (EMS) and air medicine.

Over the past two years, she took the lead role in reorganizing and re-energizing the Federal Interagency Committee on Emergency Medical Services (FICEMS). Rather than having a single lead Federal agency, EMS is connected to many federal government departments. The FICEMS group includes Homeland Security, the National Highway Traffic Safety Administration, Center for Medicare and Medicaid Services, Health and Human Services Administration, Center for Disease Control, U.S. Fire Administration, and Department of Defense.

Sen. Collins has lead the drive to make sure that federal funding and support of EMS is a priority within the federal government. She has been a strong and effective supporter of high quality EMS systems, especially in rural areas. More recently, her leadership as chair of the Senate Homeland Security Committee has allowed her to assure that the federal government supports the lifesaving services of both helicopter and fixed-wing air ambulances in disaster response planning and funding.

Although Sen. Collins was unable to attend the awards luncheon due to a Senate floor debate, AAMS immediate past president and LifeFlight of Maine Executive Director Thom-
The slogan for this year’s National EMS Week celebration (May 14-20) is a most appropriate description of the work we all do — *Serving on Healthcare’s Front Line*.

Those of us at LifeFlight take this opportunity to thank each of you, our colleagues, who truly do serve on the “front line.” From airport personnel, 911 dispatchers, fire rescue and first responders, law enforcement officers, game wardens, EMTs, paramedics, emergency department respiratory therapists, support personnel, registered nurses, nurse practitioners, physician assistants, and physicians to the receiving teams at Maine’s tertiary centers, we rely on you each time one of our aircraft lifts off.

LifeFlight is but one link in the chain of survival. When we meet — whether on the side of a road or over a hospital gurney — our discussions are brief and in the intensity of caring for the critically ill and injured we often forget to thank you for all of your work and kindness.

Without your support there would be no LifeFlight. But together, we provide a safe, high quality air medical system for Maine. Together, we create the chain of survival that sometimes makes all the difference in the lives of our patient’s and their families.

A heartfelt thanks to all of you serving on the front line.

*Tom Judge*
*Executive Director,*
*LifeFlight of Maine*
Unity Ambulance paramedic Barbara Drake remembers the first time she called LifeFlight of Maine: It was November 1, 2000 at the scene of a car versus moose crash.

When she arrived at the crash site, Barbara couldn’t believe how much damage the Volkswagen Jetta had sustained; she knew that somebody had to be badly hurt. She was right.

David Leaming, a Kennebec Journal photographer, had suffered a massive head injury. “We were all so scared because he was hurt so bad. We called LifeFlight directly instead of going through medical control,” Barbara recalls. “I thought we would get in trouble, but we didn’t have time to spare.”

[When LifeFlight began operations, some first responders required approval from medical control for scene calls. Now, all EMS, fire and police personnel can call LifeFlight directly from the scene, which eliminates any delay in launching the aircraft when time is critical.]

Barbara’s quick thinking helped get David Leaming to Bangor’s Eastern Maine Medical Center (EMMC) faster, which likely contributed to a great outcome from what could have been a tragedy.

Unity Ambulance, located on Route 139, has been in operation almost 40 years and handles approximately 350 calls annually. The service covers Burnham, Troy, Thorndike, Knox and, of course, Unity, an area of almost 150 square miles, according to Unity Ambulance’s Chief of Service Bruce Cook.

The closest trauma center is EMMC, about 40 miles away.

Unity Ambulance is organized as a non-profit, licensed at the basic EMT level and permitted to the paramedic level. The service depends on Delta Ambulance and Brooks Ambulance for back up. And when time and distance are critical factors, the service calls LifeFlight. Bruce says Unity needs the helicopter two or three times a year.

Bruce says his ambulance service faces the same challenges that other rural first responder services encounter: occasional difficulty getting crews together for daytime calls. Fortunately, Unity College where he
works, allows him to leave his job to respond to calls. Some of the college students even assist. "They are real good about letting me go," he says.

[The fact is, without the support of employers throughout Maine that allow first responders to temporarily leave their jobs to attend calls, the state’s EMS system wouldn't work nearly as well as it does.]

During the summer months, Unity Ambulance covers the automobile races at Unity Raceway. The fall brings the Unity Fair, which can also increase the service’s call volume.

Unity Ambulance offers CPR classes to the local community, puts on blood pressure clinics and occasionally makes educational presentations at local school. ■

UNITY AMBULANCE – Unity Ambulance regularly serves five communities in an area covering some 150 square miles. Among those volunteering their time to the emergency medical service are Bruce Cook, Barbara Drake, Ray Drufis, Darlene Cook, Jeff Hunter, Tammy Bodge, and David Terry.

SHOWING SUPPORT -- Geno Murray, (center) president and CEO of Charles A. Dean Memorial Hospital and Nursing Center in Greenville, presents the first installment of the hospital’s $25,000 pledge towards LifeFlight’s new helicopters to LifeFlight of Maine Executive Director Tom Judge (left) and Jack May, president of the LifeFlight Foundation Board of Trustees and president and CEO of Sebasticook Valley Hospital in Pittsfield. ■
MISSION STATEMENT
LifeFlight of Maine provides a statewide medical helicopter service that transports critically ill and injured patients. LifeFlight provides the highest quality of care and follows rigorous safety standards.

LIFEFLIGHT OF MAINE
LifeFlight of Maine is a nonprofit statewide critical care medical helicopter service jointly owned by Eastern Maine Healthcare and Central Maine Healthcare. LifeFlight’s two helicopters, based in Bangor and Lewiston, cover the entire state and offshore islands. LifeFlight compliments and supports the work of local EMS and hospital personnel in caring for the critically ill or injured. Each base is staffed by a highly qualified team of pilots, mechanics, flight nurses and paramedics. Over 5,000 patients have been safely flown since LifeFlights founding in 1998.

LifeFlight is fully accredited by the Commission on Accreditation of Medical Transport Systems (CAMTS).

DISPATCHES
DISPATCHES is a publication of The LifeFlight Foundation, which provides fundraising and public relations support to LifeFlight of Maine, the state’s only medical helicopter service.

The LifeFlight Foundation is a nonprofit, tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Service Tax Code. It is governed by an elected board of trustees who represent medical, business, legal, and educational fields throughout the state.

The Foundation also aids the development, training and funding of the Maines major air medical needs, such as trauma training state-wide, construction of hospital helipads, and installation of weather reporting, navigational, and communications systems in the more remote sections of the state.

The Foundation’s office is located in the Town of Union in the Thompson Community Building at the corner of Routes 17 and 131.

CONTRIBUTORS
Randall Dustin
Editor-writer
Communications Director,
Central Maine Medical Center

Susan Y. Smith
Layout
Communications Specialist,
Central Maine Medical Center

Pen Williamson
Director of Development