

## SURVIVAL

FROM PAGE C4

injuries," said John Campos, site manager and chief pilot for Survival Flight.

The flight nurses interface with local emergency medical service personnel, who are the first to arrive, before they stabilize the patient and load him into the helicopter.

Assessment of the patient's condition as well as all necessary immediate procedures are conducted in the air as the Survival Flight team transports the patient to the nearest appropriate facility.

As Campos explained, patients brought to a regular ER have the benefit of not only a hospital full of resources, but a team of doctors and nurses to utilize those resources. Survival Flight nurses only have a single medical kit and each other.

"ERs have cabinets full of stuff. We have a blue bag," Campos said, referring to the 2-by-2-foot pack that contains all the necessary medical supplies the nurses might need.

"It's amazing what those nurses pull out of that blue bag."

Despite the tiny quarters, Survival Flight aircraft are licensed as fully-functioning ERs.

"The only thing we can't do in the helicopter is take an X-ray," flight nurse/paramedic Chris Wagner said.

But whether certain equipment is available, survival depends on the medical professionals in whose care a patient is entrusted. When a

patient is treated by a nurse in a traditional ER, that nurse is most likely backed by a staff of additional nurses and doctors. In the helicopter, a Survival Flight nurse only has his partner.

"During an emergency in the ER, a nurse calls for the doctor," Campos said. "What do our nurses do (in the same situation)? They go to work."

"We only have each other," Philipson said of the Survival Flight nurses. "You learn to trust your partner, to read each other's minds, to anticipate the next move."

## A DAY IN THE LIFE

July 2 began like every other day for Survival Flight nurses. A typical shift starts at 7 a.m. with flight-checking the aircraft on the helipad located above the U-M emergency department. Two of the program's three helicopters are in service at any given time, while a single Cessna Citation jet is stationed at near-Willow Run Airport.

After ensuring that all equipment is good to go, the nurses wait. Due to the varied and unpredictable nature of the job, anything can happen next.

On this particular summer day, the radio remained quiet for most of the morning. This ensured adequate time to complete rounds, a weekly event in which members of the Survival Flight team meet to review and discuss the medical care and flight safety of patients transported during the past week.

At about 12:30 p.m. communications specialist James "JJ" Jorgensen received a call



Flight nurse Elaine Philipson loads a patient into an ambulance near a helicopter landing site.

requesting a hospital-to-hospital transport of a patient from a medical facility in Pontiac back to the university hospital. After making all necessary arrangements, Jorgensen dispatched the call to Survival Flight team members just finishing their lunch in the cafeteria. Philipson, Wagner and pilot Chris Landis responded.

The patient was serious but not critical, so the crew had more than the usual five-minute preparation time before take-off to gather equipment, slip on helmets and make their way to the helipad for departure.

Since the Pontiac hospital did not have an adequate landing zone for the helicopter, Landis touched down in the parking lot of a National Guard armory three blocks from the facility, where an ambulance was waiting to pick up the crew.

Once at the hospital, the Survival Flight team took con-

trol. The patient was already stabilized so Philipson and Wagner, after getting debriefed by emergency room personnel, checked vital signs, transferred IVs and secured the patient on a stretcher.

Back at the armory, Landis fired up the engine and within minutes the helicopter was in the air and on its way to Ann Arbor.

The patient became complicated in flight, resisting the portable ventilator propped on Philipson's knees. Wagner calmly went into action, stabilizing the patient while Philipson stroked the patient's forehead and explained what was going on.

About 15 minutes and four units of transfused blood later, the helicopter landed at the university. As the whir from the speeding rotors died down, Philipson and Wagner unloaded and wheeled the patient directly to the Critical Care Medical Unit, where

staff from that department took over.

But Philipson and Wagner's job was not done. Since their main priority after the patient is transferred is to get the aircraft ready to fly again, it was bucked out to the helicopter to disinfect equipment and restock supplies. Later, the nurses would complete paperwork before personally checking up on the patient.

## A SPECIAL BOND

With the excitement of the transport over, the crew unwound. Back in the Survival Flight office, nurses and pilots gathered to celebrate Wagner's birthday. Flight nurse specialist John Bullen cut pieces of cherry cake and passed them to crew members while the birthday boy swiveled in his chair, joking about his age.

Denise Landis, manager of critical care transport, passed through the office with a stack of paperwork, but not before stopping to chat and share a slice of dessert.

Because of their long shifts, crew members spend a lot of time together and become pretty close. But aside from the closeness that comes from time logged in the tiny interior of a helicopter, it's the nature of the job that bonds them together.

Only those who are part of the Survival Flight team understand what it's like to land on the side of a highway in a raging snow storm or

## SURVIVAL FLIGHT FACTS

**History:** First transport in 1983, first air medical program in Michigan.

**Equipment:** Three Bell 430 twin-engine helicopters, based at the University of Michigan Healthcare Center; one fixed-wing Cessna Citation jet, based at Willow Run Airport in Van Buren Township.

**Capabilities:** All aircraft licensed as fully-functioning emergency rooms.

**Crew:** 19 flight nurses/paramedics, 9 pilots, 7 communications specialists, 4 mechanics.

**Average missions:** 1,400 flights per year (helicopter: 3 to 4 per day; jet: 4 to 5 per month).

**Helicopter statistics:** Flies 2,000 feet above the ground at speeds up to 150 mph.

**Flight ranges:** 200-mile radius for helicopters; jet can fly anywhere in continental United States.

hold a dying child in their arms.

"It takes a special type of person to fit into this team," Campos said.

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by Josephine Finazzo, D.M.D.

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removal of teeth, and the beginning of TMJ, jaw pain/difficulty.

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**UPDATE ON MYOFASCIAL PAIN SYNDROME**

Myofascial pain syndrome is one of three fibrotic conditions where the muscle is unknown and the three treatment modalities. First in this group is fibromyalgia, then comes myofascial pain syndrome, and third is chronic fatigue syndrome.

In all three conditions, aching is daily, profound, and accompanied by fatigue. Treatment for all three is difficult with daily exercise and avoidance of prednisone and narcotics, being the foundation of therapy.

The features of myofascial pain include broad areas of aching, particularly over the shoulder, neck, and thigh. The aching is in contrast to fibromyalgia with its distinct pressure points, and chronic fatigue with its discomfort throughout the body.

However, at times individuals with fibromyalgia will hurt in the shoulder area, and persons with chronic fatigue syndrome will note aches in the buttocks and thigh. Back pain is common in all three conditions as is restless and unsatisfactory sleep.

At times, the medical community creates confusion about these conditions. The guidelines for diagnosis are strict, and it is possible to move between categories. You can go to one doctor and get a diagnosis of fibromyalgia, while another physician may state that without doubt you have myofascial pain. Yet another doctor might tell that the "real" diagnosis is chronic fatigue.

These pains are inter-related and their treatments are similar. You can have fibromyalgia and myofascial pain syndrome together.

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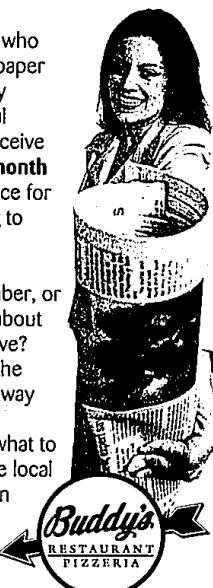
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