

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.

"We 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 these 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." Phillipson 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 nearby 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.

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 Phillipson loads a patient into an ambulance near a helicopter landing site.

CHRISTINE BROOK | OBSERVER & ECCENTRIC

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

tral of the patient and transported him 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. Phillipson, Wagner and pilot Chris Landidus 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.

The patient became complicated in flight, resisting the portable ventilator propried on Phillipson's knees. Wagner calmly went into action, stabilizing the patient while Phillipson 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 rotor from the speeding rotors died down, Phillipson and Wagner unloaded and wheeled the patient directly to the Critical Care Medical Unit, where

staff from that department took over.

But Phillipson 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 back out to the helipad to re-stock 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 unbundled. Back in the Survival Flight office, nurses and pilot 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.

cbrook@joe.com

SPOTLIGHT ON:
Orthodontics

by Josephine Finazzo, D.M.D.

THE MATTER OF TIMING

Between the ages of 5 and 7, when the permanent first teeth begin to erupt, is an ideal time to begin early treatment and take advantage of the child's growing facial bones to achieve the best results. At the age of 75%, a child's growth occurs before the age of 10, early treatment expands and directs maxillary growth to make a greatly improved profile. In many patients, orthodontic treatment results that are unsatisfactory once the face and jaws have finished growing. Waiting and the teenage years involved the inabilities of facial bones to make a less than ideal profile, the removal of the teeth

THE ORTHODONTIC GROUP
19850 Middlefield • Livonia • (248) 442-8885

Arthritis Today

JOSEPH J. WEILS, M.D. RHEUMATOLOGY
18829 Farmington Road
Livonia, Michigan 48152
Phone: (248) 478-7860

UPDATE ON MYOFASCIAL PAIN SYNDROME

Myofascial pain syndrome is one of three arthritic conditions where the cause is unknown and the three treatments are different. First is the gouty arthritis, second is the rheumatoid arthritis, and third is the myofascial pain syndrome.

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

The features of myofascial pain include broad areas of aching, particularly over the shoulder, neck, and trapezius. This aching is in contrast to the myalgia with its distinct pressure points, and distinct areas of aching, particularly in the back.

At times individuals with fibromyalgia will hurt in the shoulder area, and persons with chronic fatigue syndrome will note aching pain in the buttocks and thighs. Back pain is common in all three conditions, particularly in a resting or a voluntary sleep.

At times, the medical community will confuse all three conditions. The guidelines for diagnosis aren't clear, and it is best 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 at the same time.

www.djweils.yourmd.com

WHAT'S YOUR CHILD'S
CLAIM TO FAME?

The Michigan Jewish Sports Foundation
presents the



Showcasing the athletic abilities and competitive spirit
of children and adults with special needs

Sunday, October 13, 2002 • 10 a.m.

Jewish Community Center • D. Dan and Betty Kahn Building
Eugene and Marcia Applebaum Jewish Community Campus
6600 West Maple Road, West Bloomfield

For more information, please call
Nancie Furgang, (248) 432-5585.

SPONSORED BY:
The Jewish Community Center, Northwest Child Rescue Women, West Bloomfield Parks
and Recreation and West Bloomfield School District Community Education

