



EMS

Lessons learned from a cold weather miracle

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What do previously comatose patients remember about their unconscious moments of hospitalization? Voices ... they remember voices ... talking to them, and about them. The following is an account of one such patient who helped emphasize the importance of a seemingly basic nursing function—talking to your patients.

The helicopter team was requested early one Saturday morning for a scene response involving a "compact vs. semi" with one victim trapped for 45 minutes. On arrival, the crew found a small car completely wedged under a semitrailer. Basic Life Support responders on the scene, along with rescue workers, were working feverishly to stabilize the patient's condition while attempting to assist with her extrication. The unrestrained driver of the small car was a 30-year-old woman whose legs were bound and crushed by the firewall of her small vehicle. Her torso was forced under the dashboard and her head was lying near the door of the vehicle. Spinal precautions were being maintained with a hard cervical collar and manual immobilization, and her respirations were assisted with a bag-valve-mask device. Extensive extrication techniques were being used on both the car and the semi in an effort to remove her from the vehicle.

Initial assessment findings were, for lack of a better term, dismal. She was completely unresponsive and flaccid, with fixed and dilated pupils. Minimal spontaneous respiratory effort was present, and her heart rate was only 34 beats/min, with no palpable blood pressure. Vasoconstriction, hypothermia, and hypovolemic shock resulted in her pale and truly "ice-cold" skin.

The team arrived, finding a windchill factor of -45° F (-42° C). An endotracheal tube was inserted

by the flight physician while her head was still on the step of the vehicle. After a secure airway was obtained, her heart rate increased to the mid-60 range. *N* access was difficult, and the medications that had been prepared en route to the scene were now frozen solid in the team members' pockets. Extrication was accomplished 45 minutes after arrival, and pneumatic antishock trousers were applied and fully inflated without significant changes in her hemodynamic status.

The flight to the nearest level I trauma center was 5 minutes, during which the following vital signs were obtained: systolic blood pressure, 62 mm Hg by Doppler; heart rate, 68 beats/min; assisted respirations of 24 breaths per minute; and oxygen saturation, 99%. On arrival her care was transferred to the trauma service.

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Her seemingly unsurvivable injuries included a fracture of the second cervical vertebra, severe closed head injury, ruptured spleen, lacerated liver, shattered pelvis, bilateral open tibia/fibula and closed femur fractures, and frostbite of four fingers. Her initial core temperature was only 82° F (28° C), and she suffered four ventricular fibrillatory arrests during the first 24 hours after the accident. But somehow she survived.

Her progress was remarkable. After $2\frac{1}{2}$ months, she was discharged to an acute rehabilitation facility. She currently is alert, ambulatory, and at home caring for her two children. Her recall of the past months' events is limited, but she does remember some things. Although technically unconscious, she recalled feelings of vibrations, loud noises, painful

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J Emerg Nurs 1996;22:433-4.

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0099-1767/96\$5.00 +0 18/9/76597

interventions, and yet a sense of comfort during the prehospital, ED, and intensive care settings. But most amazing of all, she could hear-voices and unexplained, sometimes frightening sounds. Voices that were talking to her and voices that were talking about her, as if she was not even there. These voices filtered in and out of her life as sedatives wore off and her brain continued to heal itself. Many times she felt unable to respond to the voices. She "wanted to talk" but could not. She wanted to let people know that she could hear them but could not, so the only manifestations of her improving level of consciousness were her increased heart rate, blood pressure, and "agitation." Some emergency and critical care personnel looked past the injuries and took the time to talk with her whenever the opportunity arose. These are the caregivers that she remembers with the highest respect.

It is very easy to get caught up in what EMS and nursing instructors call "skill thrill." Procedures are a vital part of EMS practice, just as assessments, vital

signs, and "adrenaline junkies" are. If your patient was awake, you would talk him or her through a procedure or reassure him or her while en route to the hospital. Patients with altered levels of consciousness deserve the same care. If you talk to anesthesiologists, they will tell you that "one of the last senses to go, and the quickest to return, is hearing."

Whether your patients are "conscious," "unconscious," or anywhere in between, remember how they must feel, and how you would feel if you were in their situation, and act accordingly. *Talk to your patients!*

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