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The Clinic is Open **by Anne Puzder, Paramedic**

We've all gotten pretty used to the unexpected emergencies that crop up when we're off duty. Like the neighbor who hails you when you're out in the yard asking what to do about that terrible itching they have had on their genitals for the last month. Or how about the other neighbor's kid who likes to fall off his bicycle at least once a week? This results in your child running in the door screaming, "Mooooommm!!! Freddy fell off his bike again, and this time he says he's paralyzed!" So you walk down to the end of the driveway and wave at Freddy to come down for you to look at him, and he limps up the road paralyzed limbs and all, dragging his twisted piece of metal behind him. If your phone number ever gets out to all the relatives, count on a couple calls a month asking you about the new medication the doctor put them on. For some reason they think we are walking PDRs.

Sometimes emergencies can be very entertaining. The lady in front of you at the department store has a sudden episode of DFO (Done Fell Out) and of course you have to do something because you can't very well step over her to get to the checkout counter. Bystanders are hollering, babies are crying and there is always the little old lady leaning over the patient saying things like, "My uncle had a stroke like this one time and swallowed his tongue right in front of me! Took five people to pull it out of his stomach, you know. Hasn't been able to eat beef since then".

If you are an educator who teaches on campus, you are considered to be a free clinic. They come to you for every little problem. Good exposures for the students if they drag the victim into your classroom, but a pain to figure out what to do with them afterwards. I used to examine everybody that came in and nine times out of ten it was a minor event. Used to feel good about keeping them from forcing another stupid non-emergency call on the ambulance, but then I would be paranoid for the rest of the day about liabilities. On the unit it was easy. Get them to sign a refusal and off we'd go. Not quite so easy when there is nothing legal backing you up.

Today I was heading up to the faculty lounge to check my mail when another instructor hollered at me from down the hall. "I need a nurse!" I hollered back that I didn't do enemas. He comes running down to me all wild-eyed saying "My student is having a seizure! What do I do?" "Call an ambulance," I very calmly said, then walked down to see what was going on. Dozens of people are running ahead of me in the passing lane of the hallway so by the time I got there we had a crowd. We teach several medical programs so most of the nursing instructors were already there. (They were the running ones) The student was obviously post ictal, so there wasn't a whole lot to do but stare at her while we waited for the ambulance, but what a zoo! Stethoscopes were flying all over the place and she had every pulse on her body checked. Someone was standing there with a tongue depressor 'just in case'. I saw prescriptions for seizures in her purse, along with a new antibiotic prescription. Didn't take a rocket scientist to figure this one out. The VP comes in all upset telling security to run across the street to Admissions to get information on next of kin. Thank goodness EMS arrived then and as luck would have it, two of the EMTs were medic students of mine and I knew the paramedic pretty well. We gave each other the old 'eye-rolling' message and one of my students ran out to get the stretcher for a quick exit. Everyone wanted to wait to contact the family before moving her so they would know where to transport. I whispered to the guys who the Doc on the prescription was and they said they'd transport to such and such hospital. "But you can't go until we find out where to go!" etc. etc.

My most memorial student victim was one of my own making. We were doing final check-offs in class several years ago and I had students in stations all over the school. One of the proctors came up to me advising that one of my students was acting so nervous and upset that he thought the guy was going to have a seizure or something and stopped him. I told the proctor we would re-test him and then said, "He'll pass if it kills him". Ten minutes later, this student comes into my station for the CPR check-off. He is an older guy and I had known him and his family for several years. A few minutes after he started, sweat was pouring down his face and he was getting very short of breath. When his color began turning a funny shade of gray, I asked if he was all right. "Yes" (gasp, gasp). "I can (gasp) do this!" "Stop, Phil" I told him. "You look funny".

"No! I'm (pant, pant) fine!" I finally put my hands on his shoulders and made him stop. Lord, he was looking terrible. I reached for his radial pulse, but couldn't find it. "Are you hurting anywhere?" I asked. "Just a little pain in my chest", he said.

"I'm calling the ambulance."

"I won't go if you do."

No amount of talking was changing his mind. "How about if I take you?" We were only about 5-10 minutes from the hospital, and arguing was getting us nowhere.

'OK", he says.

So we are heading to the door and he says, "Oh, my" then started slumping to the floor.

He was still conscious, but his carotid was weak and irregular. I laid him down, propped his feet up and had one of the students call 911. Not able to take the teacher out of me however, I had one of the guys standing by me go get all the students to come see. "This is what cardiogenic shock looks like" I instruct. As they are all standing around going 'Ooh and Aah', one of his classmates leans over and says, "If you go into cardiac arrest Phil, can we work on you?"

"Sure he will" says another, "Phil's a good sport".

Needless to say, he did not pass, but at least I waited until he was out of ICU to tell him.

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Anne Austin Puzder, NREMT-P, from Georgia, has been in EMS for over 17 years, teaching for many of those years. She instructs Paramedic, BTLs, PLS, ACLS, PALS and all alphabet soup courses. She has produced online courses. Anne remains active as a part time responder.