

AEROMED OUTREACH

NOVEMBER 2017

FLIGHT CREW REUNITES

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Aeromed flight crew along with Manatee EMS recently reunite with a family they assisted.

Seven year old Caden McClusky tried to assist his father as he experienced a medical emergency and began to lose control of the car. But it was too late and the car slammed into another

vehicle. Air transport was called and Caden and his dad were air transported to Tampa General Hospital. Fortunately both have recovered.



GREAT AMERICAN TEACH IN

UPCOMING OUTREACH ACTIVITIES

TGH EMS Cardiac Education Day, December 8th from 0800-1630. Please contact Jennifer Mefford at jmefford@tgh.org for additional information.

Aeromed flight crew members recently participated in the annual Great American Teach-In. This fun and engaging day introduces students to career options they might otherwise never discover. Students learn from professionals, trades peo-

ple, parents and community members. Aeromed crew members not only spoke about their jobs, but also the important role education played in getting them where they are today. Flight Nurse Alisha Burnett took the opportunity to educate

school students on the American College of Surgeons Stop The Bleed initiative.



AEROMED OUTREACH EVENTS



American Heart Walk 2017



Tampa Police appreciation



Lakewood Ranch LZ Training

PHYSICIAN'S ARTICLE

Resuscitative Endovascular Balloon Occlusion of the Aorta

Hemorrhage control is a primary goal in the management of patients suffering from hemorrhagic shock due to trauma. Occlusion of the aorta is an initial procedure to control blood loss in severe trauma. Open aortic cross clamping is typically accomplished via emergent resuscitative thoracotomy. During an emergent thoracotomy, the left chest is typically opened, the heart is delivered from the pericardium and the aorta is cross-clamped. This procedure will resolve potential life-threatening effects of trauma that include tension pneumothorax and cardiac tamponade (i.e., causes of obstructive shock). It will also cease sub-diaphragmatic hemorrhage. Recently, another

option for occlusion of the aorta has been used as an alternative to open cross clamping. Resuscitative endovascular balloon occlusion of the aorta (REBOA) is a technique that involves placing a catheter into the aorta through the femoral artery and inflating a balloon to occlude the aorta. This will stop blood flow distal to the balloon, thus resolving life-threatening hemorrhage from a site that was otherwise non-compressible. This is a temporary measure and should be thought of as a bridge to the operating room or angiography suite. Typical indication for REBOA include, but are not limited to, PEA cardiac arrest due to exsanguination from sub-diaphragmatic hemorrhage, hypovolemic/hemorrhagic shock due

to hemorrhage from a non-compressible site in those who are non-or partial responders, to rapid volume resuscitation and have had causes of obstructive shock (tension pneumothorax or cardiac tamponade) excluded. REBOA may make the most sense in the prehospital setting or a remote hospital setting in which there is lack of immediate access to surgical care. As with any new treatment modality, it is important for us as emergency health care providers to be aware of various management strategies to manage reversible causes of death. We have discussed in the past management of obstructive shock in trauma. Specifically, thoracostomy (needle or simple/finger) to resolve tension physiology and per-

icardiocentesis to resolve tamponade. REBOA is yet another treatment option that should be thought of as an adjunct to managing reversible causes of death, in this case, uncontrollable hemorrhage. In the not-so-distant future REBOA may be something you are faced with in the field or the community hospital setting and it is important to have some familiarity with it.

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