Prolonged Transport Of A Refractory V-fib Arrest: Lessons Learned From Stretching The Chain of Survival

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Summary: A 39-year-old male developed chest pain while at work and then collapsed. A bystander applied an AED and performed CPR for 15 minutes. ROSC was achieved by the time paramedics arrived. ECG performed at a rural hospital showed anterior ST elevation, and thrombolysis was administered. A HEMS nurse and paramedic team were dispatched to transport the patient to a hospital with a cath lab and CCU. During the 1-hour and 40-minute flight, the patient did not reperfuse, and persistent ST elevation was noted. Despite maximal medical therapy, the patient had multiple episodes of pulseless ventricular fibrillation, necessitating 25 defibrillations and periods of CPR. Due to the patient's unstable status, the supervisory HEMS physician updated the receiving hospital. The Shock Team at the receiving hospital was activated, and appropriate resources were readied for the patient's arrival. Five minutes before

After a brief assessment in the CCU, the patient was transferred to the OR, where ECMO was established under ongoing CPR. The patient was subsequently transferred to the cath lab, where a 100% proximal LAD lesion was identified. A DES was successfully deployed in the LAD. After 3 days, the patient was decanulated from ECMO. He was subsequently extubated and transferred to the ward. Following a 20-day stay in the hospital, the patient was discharged home, ambulatory, neurologically intact, and able to live independently. When the HEMS organization reviewed the case, they recognized the difficulty of delivering prolonged quality CPR in flight and acquired a LUCAS device. This case illustrates the importance of empowering prehospital providers to manage critically ill patients, the value of coordinating with a receiving hospital, and the benefits of clinical audit.

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Comparative Evaluation of Disaster Triage Methods in Traumatic Events: A Retrospective Study

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Introduction: Traumatic events often result in a large number of casualties, and while numerous disaster triage methods exist, there is a lack of evidence comparing their effectiveness.
Methods: Utilizing data from public databases, a retrospective evaluation was conducted on 10,000 patients to assess the value of six disaster triage methods on patient outcomes, specifically mortality. Receiver Operating Characteristic (ROC) curves were employed for the analysis.
Results: The Sacco Score demonstrated the largest area under the ROC curve; however, there was no significant difference in outcomes when compared to methods such as START, CareFlight, etc. ($p > 0.05$).
Conclusion: Based on the current evidence, the differences in effectiveness among these disaster triage methods are not statistically significant. Therefore, it is recommended that methods that are faster and simpler to implement be selected for use in disaster response.

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Decadal Impact of the 'National Ambulance Code' on the Quality & Availability of Ambulances in India

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Introduction: The Ministry of Road Transport and Highways, Govt. of India, on 30th May 2013 approved the "National Ambulance Code (NAC)" as Automotive Industry Standard - 125 (AIS 125) and on 8th September 2016 notified compliance with AIS-125 (Part 1) mandatory for all road ambulances manufactured on and after the 1st April 2018. NAC detailed the constructional and functional requirements of Category M (four wheelers) and L (two & three wheelers) vehicles used for transport and/or emergent care of patients. In this research report, an effort has been made to examine the impact of the 'National Ambulance Code' on the quality and availability of ambulances in India over the past decade.
Methods: The report was compiled after detailed discussions and semi-structured interviews with industry experts, academicians, ambulance procurement teams, and ambulance manufacturers.
Results: It was strongly felt that the National Ambulance Code has, for the first time, legally enshrined the definition of a road ambulance in India. As the ambulance code also prescribes other vehicle-specific parameters like seating, electrical, fire safety, stretcher loading angle, etc., it simplifies ambulance procurements for healthcare providers, who are often not well-versed in automobile engineering aspects. This has also helped ambulance manufacturers standardise their inventory and models, thereby allowing faster delivery of ambulances. The biggest impact of this was felt during COVID-19, when the average turnaround time for new ambulance deliveries was reduced to days vs. months in the days before the ambulance code.
Conclusion: Standardization of basic ambulance design, specifications, and safety requirements is a work in the right direction, as often the end users are medical professionals who are not very well versed with vehicle engineering aspects. However, a right balance has to be struck between standardization and

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