

TO: Kelly Sherwood, RN, BSN, EMT-P  
Professor, Clinical Coordinator  
Mt. San Antonio College  
FROM: Daiyo Ito  
Intern, Mt. SAC Paramedic Program  
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Internship just whizzed by so fast...

So... I had a really good call yesterday evening.

We were called to a TC<sup>1</sup> at an intersection of a small street with a hydrant involved. We pulled up on scene, and it was extremely chaotic. It was raining, there were multiple cars involved, people were all over the place flagging us down, and a sheared hydrant with a huge bloom of water at least a couple of stories high was pouring water down on what looked to be the main vehicle.

We were second on scene, and we came in immediately after the engine company. I was still in the back of the ambulance as the driver was blaring his air horn. He had a difficult time getting a spot to park with random cars spilling all over the place. As I opened up the back doors, two guys carried in a patient who looked to be in his 60's who was completely limp.

I checked his pulse. He didn't have one. One of the medics yelled out "GET THE PADS ON AND LET'S ROLL!" I asked for extra help and got two EMT firefighters along with both my paramedic preceptors<sup>2</sup> in the back with me while the captain drove the ambulance. It was really crowded, but I acquired a lot of hands to work with. We were on-scene for less than three and a half minutes.

I got on the airway chair and started running the code, I also got on the phone with base hospital as we were already enroute. I ran the call as a traumatic full arrest. I gave a brief report and kept the hospital online to keep time for me.

I noticed both my preceptors struggling to start an IV<sup>3</sup>. I called for an IO<sup>4</sup>, and to my surprise, they both stopped and froze up a bit. One asked the other "what do you think?" I immediately called for it again and pointed to them where it was. We established a patent IO.

The patient was in VFIB<sup>5</sup> and we defibrillated 3 times. We were only able to get one round of epinephrine<sup>6</sup> on board with the delay in vascular access. We continued the code, and I was able to intubate<sup>7</sup> on the first shot even with the awkward angle in the back of a crowded ambulance

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<sup>1</sup> TC = traffic collision

<sup>2</sup> The role of a preceptor is to mentor and evaluate paramedic interns in the field setting.

<sup>3</sup> IV = intravenous fluid line

<sup>4</sup> IO = Intraosseous infusion, injecting directly into the marrow of a bone to provide a non-collapsible entry point into the systemic venous system.

<sup>5</sup> VFIB = ventricular fibrillation, an abnormal and irregular heart rhythm in which there are rapid uncoordinated fluttering contractions of the lower chambers (ventricles) of the heart.

<sup>6</sup> Epinephrine, also known as adrenaline = a vasopressor medicine that increases coronary perfusion pressure.

<sup>7</sup> Intubate = the insertion of a breathing tube into the trachea for mechanical ventilation.

while still on the phone with the hospital. One of the firefighters said, for being an intern, the level of bad-assery for that was unreal. (Not realizing that private ambulance medics do it all the time.)

The patient deteriorated to asystole<sup>8</sup> upon arrival at the hospital, but within few minutes of transfer, the patient regained his pulse. Although I do not know if the patient will eventually regain his mental status as well, or if he even has a pulse today, but I know for a fact that I did my best, and hopefully, at the very least, gave his family a chance to say their good-bye.

While at the hospital, the MICN<sup>9</sup> came around and asked who was on the phone. I told her that I was, and she told me that she was listening to me run the entire code, and was impressed by how I delegated calmly with confidence, and how I also utilized her at the hospital. Apparently, most seasoned paramedics only call for pronouncement, or give an ETA<sup>10</sup> and hang up the phone. After she realized that I am an intern and that this was the first time I ran an arrest, she was even more impressed!

I asked for feedback from my preceptors, and also asked why they didn't go straight to IO when they realized the IV was going to be difficult. They told me that they have run COUNTLESS full arrests, and that they go on auto-pilot, and do the same thing every time. He told me that it didn't even occur to him to use the IO gun, and he said that, if it wasn't for me calling for it, both of them would be working on the IV all the way to hospital. The other medic said that he has only used it once before. For the department I was interning at, I found that the Easy IO gun is relatively new, and they simply forgot that this wonderful tool is available for use. They told me that having an intern is a two way street. A good intern is to keep the seasoned paramedics updated on new life-saving technology (at least for this particular department), while the preceptors teach the immense knowledge they've acquired through experience.

My preceptors are used to having their own department interns from the other two LA County schools, and they continued to say that the few times they got Mt .SAC students, we don't come in with paramedic knowledge. He said, "you guys come in being trained like doctors." I was extremely proud to be wearing nothing other than a Mt SAC intern uniform to separate myself from the other medical professionals and still be able to make a big impact in the field.

Last night was my final shift for the internship. I had so much fun during my time at the station, I wanted to ask for an extension just to be able to run more calls with the awesome crew I was with. They trusted my judgement and treated me like I was one of their own. The completion of internship is bitter-sweet for me. They were thankful for me keeping them on their toes, but for being humble at the same time. They said that I have kept, but also set a new reputation for Mt SAC.

I know this was a long read, but I wanted to let you know that the program really equips you to succeed in the field, and at times, be better than the seasoned veterans out there. Thank you so much for inspiring me to fall in love with this profession. The program has exceeded my expectations beyond belief.

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<sup>8</sup> Asystole = colloquially known as flatline, a state of no cardiac electrical activity.

<sup>9</sup> MICN = mobile intensive care nurse.

<sup>10</sup> ETA = estimated time of arrival