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MEMORANDUM TO DALLAS-AREA NEWS MEDIA: NEW AMBULANCE SYSTEM WITH ADVANCED LIFE-SAVING CAPABILITY TO BE DEMONSTRATED FRIDAY

New life-saving equipment and techniques being used by advanced paramedics operating Dallas Fire Department emergency ambulances will be demonstrated during a briefing for media representatives at 10 a.m. Friday, Jan. 3, in Classroom 804 South B, in Parkland Memorial Hospital's new wing above the emergency suite. (Most convenient entry is through the emergency entrance off Medical Center Drive.)

Taking part in the demonstration and news briefing will be Fire Department officials and ambulance personnel and doctors from The University of Texas Health Science Center who developed and supervised the advanced paramedics' instruction.

The briefing will officially mark citywide initiation of the new service, which has been undergoing intensive field tests since Dec. 15.

An ambulance crew will demonstrate the department's sophisticated new equipment, including portable radiophone, a telementry system for beaming electrocardiograms from the field to a hospital communications center, and a defibrillating device for use in restoring normal heart rhythms.

Due to be on hand to describe the service and answer questions will be Dallas Fire Chief Merrell C. Hendrix; Division Chief Bill Roberts of the DFD ambulance division; Dr. Ronald C. Jones, acting chairman of surgery; Dr. Erwin Thal, assistant professor of surgery, and Dr. James Atkins, assistant professor of internal medicine, all from UT Southwestern Medical School.

An ambulance with its newly added equipment will be on display, and the new communications center installed in Parkland will be a part of the briefing and press tour.

The new emergency medical system utilizes an extensive ambulance-hospital communications network which places the paramedics in instant radiophone contact with physicians and surgeons in the Parkland emergency room. Ambulance crews can transmit patient information including vital signs and EKG readings to the doctors, who then issue instructions as to the proper emergency steps to resuscitate of stabilize the patient, including appropriate intravenous fluids and medications.

This capability places Dallas' emergency ambulance service on a new level comparable to that available citywide in only a handful of major American cities--notably Los Angeles, Calif., Miami, Fla., and Houston, Tex. A similar system is in development at San Antonio, Tex.

Preparing for the new service, 128 Fire Department emergency medical technicians received 400 hours of additional training, including 120 hours of medical lectures and 280 hours of in-hospital clinical experience. Advanced cardiopulmonary resuscitation, obstetrical care, administering intravenous injections, treatment of shock due to severe traumatic injury and other forms of emergency intervention to aid acutely ill and injured patients were among subjects taught.

Some 30 Southwestern faculty members took part voluntarily in the paramedics' advanced instruction. Additional private physicians and numerous staff personnel in the city's major hospitals assisted in providing the clinical instruction. Chief Hendrix said this assistance was invaluable.

"The City of Dallas would never have been able to meet the cost of training our paramedics without the assistance of The University of Texas Southwestern Medical School and other members of the Dallas medical community," the fire chief said.

Goal of the advanced emergency care is to deliver life-saving measures more quickly to heart attack and serious injury victims, to help them survive the critical period immediately following the onset of chest pains. Such techniques as defibrillation can restore to normal rhythm the erratically beating heart of a patient who otherwise might not survive such episodes long enough to reach a hospital.

"An estimated 375,000 people in the U.S. each year die of heart attacks," noted Southwestern's Dr. Jones, who has led the development of the firemen-paramedic medical training program for Dallas.

"Some who are dying can be saved," he said, "by the earlier administration of proper emergency medical procedures and medication." Dr. Jones stressed that all medical services by paramedics are performed only under a physician's supervision.

Earlier stabilization of the critically ill patient often permits transport at slower speeds, reducing hazards involved in emergency travel, a fire official noted. Heart patients in particular can benefit by being spared a fast siren-wailing trip to a hospital.

Emphasizing the critical importance of early emergency care, cardiologist Dr. Atkins points out that 50 to 80 per cent of those who die of heart attacks do so within two to four hours. "A large number of these patients develop heartbeat irregularities en route to the hospital," he added.

For the new service, the City of Dallas installed an elaborate radio relay system and purchased portable electronic equipment for installation in the 16 front-line and six backup ambulances operated by DFD. The communications system employs two radio channels initially plus dual backup telephone lines, to enable ambulance crews from any remote location to contact the Parkland nerve center. Three additional radio channels will be added later.

Another remote radio unit has been installed in the cardiopulmonary division of Southwestern, making available other medical school specialists for direct consultation with paramedics when needed.

Although the communications linkup is only with Parkland, city ambulances transport their patients to any chosen area hospital after preliminary emergency care has been administered. "The paramedics are sufficiently trained to recognize a true emergency and are familiar with emergency services available at each local hospital," Dr. Jones observed.

Introduction of the additional level of emergency service marks the beginning of a second phase for Dallas' much-praised Fire Department ambulance operation, which began Nov.1, 1972. To date some 350 fire personnel have received basic medical technician training, many of whom are available on engines to provide additional emergency care in support of the more advanced-trained ambulance crews.