PARARESCUE MISSION REPORT

I. OPERATIONAL

1. ORGANIZATION/LOCATION	2. MISSION NUMBER	3. AIRCRAFT
1550 CCTW/Kirtland AFB,NM	AFR# 7-1742	HH-53C/Air Force Rescue 356

4. NOTIFICATION		5. RESPONSE	DATE	TIME	6. MISSION ACCOMPLISHMENT	DATE	TIME
TIME	2150L	DEPARTURE	24Aug	2345	PATIENT/SURVIVOR CONTACT	25Aug	0205
DATE	24 Aug 88	ARRIVAL AT SCENE	25Aug	0145	EXTRACTION OF PATIENT/SURVIVOR	25Aug	0220
METHOD	Radio	DEPLOYMENT	25Aug	0155	DELIVERY OF PATIENT TO DEFINITIVE CARE	25Aug	0350

7. SPECIAL ACTIVITIES PRIOR TO DEPLOYMENT Two HH-53s on NVG training missions near White Sands, NM were recalled to Kirtland AFB by radio to respond on this mission with one fully-qualified NVG crew. While on the ground at Kirtland, SSgt Putman went to the School to get an Accessory Kit and Housekeeping Kit. MSgt Richardson and SSgt Fowler reconfigured the aircraft, requested additional mission information and discussed on-scene strategy. After the PIC lost the coin toss, he was elected tail scanner and air medic. SSgts Fowler and Putman would be riding the penetrator to the survivor. A Flight Surgeon was requested.(Cont. Atch 1)

8. DEPLOYMENT	
	AIRCRAFT LANDING
	PARACHUTE
X	HOIST
	OTHER (Specify)

9. PROBLEMS ENCOUNTERED IN DEPLOYMENT Deployment site was on the west side of a mountain at about the 9600 foot level, near a sheer cliff. A hover at about 150 feet was required during hoist operations due to tall trees and a lack of a landing site nearby.

10. EQUIPMENT	AVAIL	USED		AVAIL	USED
RADIO	3	1	MOUNTAIN	0	0
STROBE/FLARE	6	0	HOUSEKEEPING	1	1
JUMP KIT	2	1	LITTER (Type) Stokes	1	1
BACKUP KIT	0	0	OTHER (Specify)		
OXYGEN AVIOX	1	1	Med Access. Kit	1	1
MA-1	0	0	NVGs(PJ)	3	3

11. SUMMARY OF POST DEPLOYMENT ACTIVITIES After PJ deployment, the H-53 had to depart and land in a clearing farther up the valley to conserve fuel. An orbiting HC-130 was used to maintain a radio link between the ground team and the helo. After the patient had been readied for transport, the helo was called in for the pickup.

12. SUMMARY OF MEANS OF EVACUATION SSgt Fowler and Dr. Migden rode the first penetrator up, followed by the patient in the Stokes litter with tag line. As the patient approached the door, MSgt Richardson came from the tail and, assuming control of the patient, was required to assist the hoist operator in bringing him in the door. The patient in the Stokes litter was then moved to the middle of the cabin floor. SSgt Putman and the patient's wife then rode the penetrator up on the final recovery. The patient was positioned in the middle of the cabin to facilitate enroute follow-on care from either side during the flight to(Cont. Atch 1)

13. REMARKS AND RECOMMENDATIONS PROCEDURES: Despite efforts to secure the patient's arms and two IV setups inside the casualty evac bag prior to the recovery phase, the patient apparently started struggling on the way up to the aircraft and managed to push both IV bags out of the litter. As he reached the aircraft door, they were dangling by the tubing below the litter, and got hung up outside the aircraft door. Before any damage was done, they were freed and replaced in the Stokes. EQUIPMENT: (1)The standard tag line got tangled up as it was being prepared for use, so it was replaced by 9mm Perlon. Recommend either bird-nesting the tag line or

II. MEDICAL (Attach separate MAC 404, Part 2, for each individual patient)

14. TEAM

NAME	RANK	DUTY TITLE
Richardson, John T.	MSgt	CCTW SEFE
Fowler, Mark D.	SSgt	PJ Scheduler
Putman, Terry W.	SSgt	Air Ops Instr.
Migden, Doug	CIV	Dr. at site

15. MEDICAL SITUATION ORIGINALLY REPORTED 55-year old male fell off horse, had horse fall on him. Pt was unconscious until 2200L with multiple head, spinal injuries. Also possible High Altitude Pulmonary Edema. Can't move by conventional means. Site elevation is between 9100' and 9400' MSL, about 30 miles NE of Durango, CO., near Windom Mountain in the Weminuche Wilderness Area(37°28'N, 107°30'W).

16. MEDICAL HISTORY 52-year old male, no known allergies, no significant past medical history. At about 1600L, patient's horse was startled and reared. The patient fell off the horse, the horse fell on top of him, and both fell about 30 feet down a steep enbankment. The patient was initially unconscious for a short period. After that, his LOC has varied(Cont. Atch 1)

17. PHYSICAL EXAM FINDINGS

T Warm BP ----- P 80/ thready/ weak R Shallow, rapid, labored

LOC is stuporous. No sign of CSF leakage. Both pupils normal but slow to react to light. Breath sounds are distant in the upper third but non-existent in the lower chest. Also obvious is a bruise just below base of skull (possible C-spine injury), multiple scalp lacerations; subcutaneous emphysema of face, upper body and arms, including hands; and anterior flail chest segments on both sides. Responsive to stimuli in all extremities.

18. PROGRESS NOTES

DAY/TIME	T	BP	P	R	CONDITION OF PATIENT/TREATMENT PERFORMED
25 Aug/0220	SEE	ABOVE			After initial assessment, placed patient on KED board, put in casualty evac bag and secured in Stokes for transport. Stopped IVs for hoist procedure. LOC lethargic.
0230					Hoisted patient using tag line on Stokes.
0235			70 W	SRL	P-70/weak; R-Shallow, rapid, labored. Placed patient in middle of floor in helo. LOC lethargic. Pt shows some restlessness. IVs restarted TKO.
0240			80W	SRL	More restlessness. LOC stuporous. Patient starts to convulse. Doctor puts in Berman airway, and 16ga needle used for thoracentesis, left side. Some blood spraying from cath hub on exhalations.
25 Aug/0255 ?			0	0	Pt vomits up "bloody, frothy sputum." Litter tipped to side, cleared Pt's airway. He has Cardio-respiratory arrest. Dr. inserts Esophageal Airway. CPR started with Laerdal Resuscitator. MAST pants put on; O_2 restarted and connected to Laerdal. Second 16ga needle used for thoracentesis next to first one(by Dr.). Blood coming from both catheters upon exhalation. Sodium Bicarb, 12-15cc injected into left tubing. IV bottles replaced. Left IV removed. Restarted new IV.
0340			70S	0	P-70 Steady. Patient still in respiratory arrest. Dr. gives Pt. morphine injection. Prepare to transfer Patient to waiting ambulance.
0345			80W		P-80 Weak. Moved patient to ambulance. Still required to ventilate lungs. Transported to Mercy Hospital, Durango, CO.

19. MEDICAL SUPPLIES UTILIZED

POUCH/KIT	ITEMS
Middle/IR	5cc syringe, 5 Iodine pads.
Center/IR	Berman Airway, Bandage scissors, Flashlight.
C /Main	2 x 1000cc Ringer's Lactate; 2 x 16ga Intra-caths; 2" Adhesive tape; IV set; Pressure Infuser.
D /Main	NG Tube; 7mm E-T tube, Stethoscope.
Top Inside/Main	Dallas Suction.
Rt Outside/Main	MAC Form 282.
Accessory Kit	MAST pants; AVIOX w/4 cylinders;Laerdal Resuscitator; 1 x 16ga Intra-cath; Casualty Evac Bag.(Cont. on Atch 1)

20. REMARKS AND RECOMMENDATIONS (1)NOTE: During attempts to inject the Sodium Bicarb into the injection port on one IV line, the needle bent, not penetrating the line. The injection was then successfully made directly into the tubing, shredding the line below the insertion site. When using the injection port, it is important to go straight into the center of the port. (2) Our current protocol on the use of Sodium Bicarbonate injection(ref MACR 160-34, Ch. 1,10) is in conflict with the American Heart ACSL program. Their data indicates that it should only be used when a laboratory is available to test for blood pH values, and then after using given formulas for the calculations of the correct mEq, may that dosage be given. We don't have access to this equipment. Granted, on this mission, we had a doctor directing its use, but that isn't always the case. Recommend Higher Headquarters establish definitive guidance on this drug and disseminate it, pending the next change/rewrite of that Regulation. (3)The doctor kept trying to assume control of the patient(Cont. Atch 1)

NAME	RANK	SIGNATURE
John T. Richardson	MSgt	John T. Richardson

I.7.(Cont) but did not respond prior to take-off. During flight, we reviewed MACR 160-34 and prepared equipment for deployment. We landed at Durango-La Plata Air Park to get site information, a 1:24,000 map of the area, and pick up a guide(Butch Knowlton) to assist in pinpointing the incident site. We learned that two paramedics had reached the survivor about two hours after the incident and a doctor had arrived shortly after 0100 hours, and all had been treating the patient.

I.12.(Cont) Animas Air Field, where an ambulance was waiting.

II.16. from stuporous to lethargic. No sign of CSF leakage. Both pupils are normal but react slow to light. Breath sounds are distant to non-existent in the lower portions. Breathing is shallow, rapid and labored. Also obvious are multiple scalp lacerations; subcutaneous emphysema of face, upper body and arms, including hands; and flail chest segments of both sides. Patient shows signs of possible ICP, cervical spine injury, and massive hemo/pneumothorax on both sides. Prior to PJ contact, his lacerations had been bandaged; neck stabilized with a cervical collar; IVs started in each anterior elbow, and oxygen at 100% started.

II.19.(Cont)

--	KED Board.
Dr's Bag	Sodium Bicarb(25cc); 1 Tubex Morphine.

II.20.(Cont) from his arrival, throughout the rest of the mission. This was our mistake because we did not brief him on what we expected of him and what he could expect of us in return prior to our taking over the patient. As a result, we were not able to work to our full potential, and he was not fully cooperative with us. All of the things that he did, we are qualified to do, and had the equipment to do, except for the Sodium Bicarb(we don't have it in our Accessory Kits). On the trip to the hospital, it was evident that this was his first "big" helicopter ride, and he didn't have much practice in the field environment, either.