



Contact info

Contact LifeGuard through your local dispatch or by calling (800)223-6627

Preferred frequencies to use when speaking with LifeGuard are:

- 155.340 VMED 28 (State EMS)
- 155.475 VLAW 31 (Law Mutual Aid)

Identify who will be speaking with LifeGuard

LifeGuard OutReach

The LifeGuard Outreach schedule is posted on our Facebook page. If you'd like more information or would like to host an Outreach event, call 319-369-8995.



Dr. Josh Pruitt



Trauma

Trauma is the leading cause of death in the first four decades of life in developed countries. Hemorrhage remains one of the principal causes of death in both civilian and military trauma. Trauma-induced coagulopathy has been recognized as a serious secondary consequence of injury and the patient's response to trauma. Coagulopathy evolves, beginning with the consequences of tissue hypoperfusion, and developing through phases that include shock-driven acidosis, hypothermia, and hemodilution. Hemostasis is a key determinant for survival immediately after the trauma and in the following hours.

When many of us started out in healthcare, the general rule was to administer a high volume of fluid for trauma patients. The results were improved blood pressures and pulse rates, but the mortality rate did not improve. It was found that crystalloids, which include normal saline and lactated ringers, added volume with an early marked plasma expansion, but was short-lived. It was useful for maintaining balance in the short-term only. Colloids, which include albumin and dextran, had been shown to increase blood volume, leading to better cardiac output more effectively than crystalloids. However, an excess caused cardiac failure and pulmonary and peripheral edema. There was no evidence to show improvement in mortality of critically ill patients. The choice of fluid for resuscitation is only one small part of the measures taken for decreasing mortality rates.

After many years of research, it has been shown that a patient who's hemorrhaging, from trauma or from a medical problem, has a lower mortality rate and better outcome when receiving blood products early in their care rather than later. If you've been reading, listening and keeping up on the newest trends in healthcare and emergency care, you know that blood products are being carried by many services across the country.

As this newsletter goes to print, LifeGuard Air Ambulance will be implementing a new protocol. LifeGuard will be carrying blood products: packed red blood cells and thawed plasma. These blood products will be given following the best practices of the latest research, along with the infusion of TXA. By doing so, we are hoping to improve the outcomes of the patients that we are transporting.

In honor of a late Valentine's Day, I submit the following poem for your perusal:

*When the ground is red and the patient is blue,
 Give 'em some blood, THEN think of O₂.*

Recent research is driving us back to common sense treatment for hemorrhagic shock in trauma. Oddly enough, when your patient is losing blood with all of its components, replacing that blood loss with blood leads to improved outcomes. That is why I'm so excited to announce that LifeGuard will be carrying 2 units of O negative blood and one unit of fresh plasma on each flight, likely by the time you receive this newsletter. As part of a forward-thinking, medically progressive community here in eastern Iowa, we have received overwhelming support from the St. Luke's Administration and the blood bank to put this into place. We will be able to start transfusing your hypovolemic shock patients en route to definitive care, giving them the best chance of recovery. I appreciate your partnership as we roll out this new program and ask that you please provide feedback to me as needed.

Thank you again for all you do to care for the patients in the communities you serve, because what you do MATTERS.

As always, I am available to discuss any questions, comments, or concerns you might have. Simply email me at Joshua.Pruitt@unitypoint.org. -Dr. Pruitt



Welcome Craig Liscum, LifeGuard Flight Paramedic

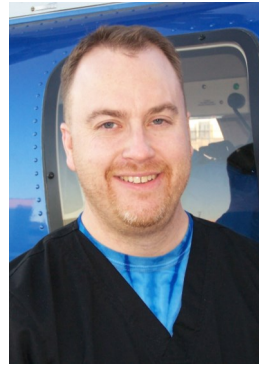
Craig comes to us from Jones Regional Medical Center where he worked for several years. Craig has worked both ground EMS for Jones Regional and in the ER there. On the side, he is also a Firefighter/Paramedic with Coggon Fire Department.

He wears several hats, figuratively and literally. Even when he was just beginning his career in EMS, he was interested in flight. He received his Associates Degree from Kirkwood Community College in Paramedicine. Following that, he worked at Jones Regional to obtain experience. While applying at different times through the years for flight, he came to the conclusion he needed to acquire his Critical Care Paramedic to be more marketable. And he did, through Creighton School in Omaha.

Craig has been married to Johanna for 9 years and they have 2 children, Caitlyn,6 and James,3. They also have a 3 y/o rescued hound named Bonnie.

Craig is excited to be able to push himself with his skills and knowledge in caring for the critically ill patient. He's also looking forward to working with healthcare providers throughout the region. Craig is anxious in knowing that sometimes, no matter what he does, it might not be enough, but he will always be striving to do HIS best.

We are excited to have Craig join our team!



Craig Liscum

LifeGuard will be at the Code 1 Conference on March 10 & 11 at Kirkwood Community College. Stop by our booth to say hi and meet the crew!

To contact LifeGuard for a **Safety Training or PR event**, call (319) 369-8995 and ask to speak to a member of the flight crew.

LifeGuard Safety Training—Please call 319-369-8995 to schedule your Safety Training class today. We recommend these every year as there are always changes being made to the aviation industry and EMS membership is rapidly changing.

You can follow LifeGuard: <https://www.facebook.com/LifeGuardAirAmbulance>

Educational Opportunities

3/4/2017	EMS Symposium	NIACC
3/13/2017	PHTLS	EMSLRC
3/10-2017	Code 1	Kirkwood Comm College
3/20/2017	PEPP	EMSLRC
3/23/2017	TNCC	EMSLRC
3/27/2017	GEMS	EMSLRC
3/27-4/5/2017	CCP	EMSLRC/Muscatine
3/28	EMS Evaluator	Kirkwood Comm College
4/11	PHTLS	EMSLRC
4/14	ATLS	EMSLRC
4/20	EMS Safety	EMSLRC
4/25	Sim Boot Camp-Environmental	NICC-Calmar
5/1-5/10	CCP	EMSLRC
5/16	TNCC reverification	NIACC

Did you know...

April is Stress Awareness Month, National Humor Month (this should help with the stress levels) and Sexual Assault Awareness Month. The first week of April is Read a Road Map Week (try not to get lost people!), the second week is Medical Labs Week and National Public Safety Telecommunications Week, and the 4th week is Administrative Assistants Week. April 2nd is National PB & J Day, the 7th is World Health Day and the 26th is Administrative Professionals Day.

May is Date your Mate Month, National Bike Month and Foster Care Month. The 3rd week of May is National Police Week and the 4th week is Emergency Medical Services Week. May 12th is Military Spouses Day, the 15th is Police Officer's Memorial Day and the 20th is Armed Forces Day.

June is Dairy Month, Adopt a Cat Month and National Fresh Fruits & Veggies Month. June 14th is Flag Day, the 23rd is Take your Dog to Work Day and the 30th is Meteor Day.

Requesting LifeGuard:

Remember if you are unsure you'll need LifeGuard, you may tell dispatch that you would like to place LifeGuard on "stand-by". The crew will prepare for lift-off while awaiting the "go-mission" call. This saves minutes on lift-off time because the crew is already at the helicopter, and ready for lift-off.

You can also request LifeGuard to be an "in air" standby. This is a good option for when calls are a distance away.

There is no charge if LifeGuard is cancelled.

UnityPoint Health
LifeGuard
Air Ambulance



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