GBS ……..CIDP **Issue 71 June 2010**

INFORMATION

GETTING BETTER SLOWLY
NEWSLETTER OF THE IN GROUP: THE INFLAMMATORY NEUROPATHY SUPPORT GROUP OF VICTORIA INC.
Supporting sufferers from acute Guillain-Barre Syndrome(GBS) & Chronic Inflammatory Demyelinating Polyneuropathy(CIDP)
26 Belmont Road, Glen Waverley, 3150. Victoria, Australia. www.ingroup.org.au email: info@ingroup.org.au

ANNUAL GENERAL MEETING TO BE HELD ON SUNDAY, AUGUST, 15TH AT 1.30PM

BALWYN LIBRARY MEETING ROOM, WHITEHORSE ROAD, BALWYN

GENERAL MEETING DATES FOR 2010

Sunday November 21st. Christmas Luncheon 12.30 p.m.

Dates to Remember:
Sunday, July 25th, **WINTER LUNCHEON AT LAWRENCE HOME – RSVP 9802 5319 BY 20/7/09**

TALK BY GUEST SPEAKER, IAN DALE.

I have been a paramedic for 30 years. I joined at a later time of life after I think a lot of people call a "midlife crisis". I joined the Ambulance Service, because I was able to fulfil some of the dreams I wanted to do. Most of those years have been on mobile intensive care ambulances, so I'd say I've seen just the worst that you can imagine. I have also seen some of the really wonderful things that you can imagine. I have saved people's lives; literally held their lives in my hands. If I wasn't there at the right time with the right equipment, that person wouldn't have survived. It gives you a hell of a boost. It really is fantastic.

In my latter years in the ambulance service I worked in the Communications Centre, in upper management. You probably remember the privatisation of the ambulance service, their communication centre, our vehicles, uniforms, etc. Well, I worked in that communication centre and I'm here to tell you it is now one of the best communication centres in the world.

Having retired in 2004, I now go and talk to groups like yours about the **4 Steps For Life Program**. I talk to kids in schools; preps, 1's and 2's. I don't take them any older than that because I think they are getting to know more than I do. It takes me a couple of days per week and I get an opportunity to relate to other people, which is good. I am also in Probus.

Your Ambulance Service

The Ambulance Service that looks after you is the Victorian Ambulance Service. It is called **Ambulance Victoria**. It became Ambulance Victoria about 18 months ago when the Rural Ambulance Service combined with the Metropolitan Ambulance Service.

It is absolutely impossible for us to have an ambulance on ever corner, especially in remote areas. We can't afford it as a community but we do have ways of overcoming that and in some remote communities we have **Community Response Units**. These are volunteers, (not unlike St. Johns or the Country Fire Authority) who form a group in their own little area. E.g.: Kinglake and Craigieburn have one; also Lang Lang. Can you imagine if you

had a prang in Lang Lang? (Lang Lang is a country town approximately 60ks from Melbourne.) Imagine where your closest ambulance has to come from. It could be coming from Cranbourne or Pakenham, or coming from Wonthaggi. A long haul, which would take a long, long, time, so the volunteers in the community decided to act on their own behalf and set up a Community Response Unit.

They are a group of youngish people, (much younger than us), who got together, were interested in first aid and did specific first aid courses. We provide them with their uniforms, a vehicle and equipment and when something happens in their community they respond and they can get to someone within 10 to 12 minutes and start life saving procedures prior to us getting there which could take 30 to 40 minutes.

Your Ambulance Service, if you collapsed here right now, would come from the local area. It might be from Box Hill Hospital or it might be from a local ambulance station. It would be equipped with extremely competent and extremely well trained paramedics, both male and female; so well trained, that they do a three year university course before they can even put needles in your arm or begin treating you. It is a three year Diploma course.

They can then become an ambulance paramedic. They run with a qualified person for at least 12 months after they actually get out on the road, to teach them some of the intricacies of how to keep safe.

If we had a patient on the floor here and the door there and no other exit door, the paramedics would stay between the patient and the door, because we have got to look after our own safety. They're the sort of things that are imparted to the new rookies who have got a Degree but are not street wise. It doesn't happen in a room like this, but if you can imagine a rooming house in St. Kilda, this person on the floor may in fact have a knife concealed under him. We want to make sure we can get out before anything happens to us.

We learn if a car has hit a telegraph pole we don't rush up to the car. We find out where the wires are first, because our safety is paramount to doing something positive for that patient.

The paramedics can give about 15 to 20 drugs. Those drugs are to make your heart go slower or faster, stop your pain, stop your nausea, dry your skin out, dry your lungs out, stop you from fitting, or reduce the likelihood that you fit; drugs that are designed for specific conditions. We don't need to go to a doctor to get the authorization to use those drugs; we can use them, as long as your condition meets certain criteria. That is audited extremely well by the ambulance service. We make sure we give the patients the right drugs for their condition and we are monitoring what results we get, whether we get a positive or negative result. If we get a negative result it is then looked at whether we are doing the right thing. Should we change it? We have a medical standards committee that may change that regime for us.

Once the paramedics arrive and start treating you they may decide you need additional drugs. If they do, they will enlist the aid or call for an intensive care ambulance. There are **only about 10% mobile intensive care ambulances in our entire metropolitan fleet**, but they can give about 30 different drugs. What we call, second line drugs; drugs that are more powerful, but again certain criteria have to be adhered to. They can do minor surgical procedures. **They can stick a needle in your chest to reinflate a collapsed lung, which is**

a life saving procedure, especially with pedestrians or car accident victims. They can do a lot of other things. They can put a tube down into your trackea if you are unconscious and not breathing to protect your airway and so you don't vomit and it doesn't go into your lungs.

Those are the sort of things that mobile intensive care paramedics can do. But you can't ring up and say you want a mobile intensive care ambulance. You ring up and I'll explain triple zero in a minute, but when you tell us what has happened we will ask you questions. We will then make a decision as to what is the best ambulance to come to you, using a system called the **Medical Priority Dispatch System**. This is a system that prioritises your medical condition depending on what you tell us. It's used in about three thousand ambulance systems in the world. There are different types of medical priority dispatch systems and the one we use is from the States. It works well; it works better than it did 5 years ago because there is continual improvement. Improvement in the questions we ask; improvement in the responses we give.

Questions and Answers

Question: Has the time it takes to answer been improved? One of our members told how at 3.5am it took 6 minutes in 2001 for her call to be answered.

Ian asked her if she did anything about it. Was it how long Telstra took to answer or the ambulance to answer? He stated, "If there is anything wrong with the service **YOU MUST WRITE TO THE SERVICE, EITHER TELSTRA OR WHATEVER SERVICE THEY PUT YOU THROUGH TO, SO THEY KNOW THERE WAS A PROBLEM AND THEY CAN FIX IT. IF YOU DON'T TELL THEM, THEY DON'T KNOW."**

Ian said, "**Now they answer very quickly. You should be answered within 15 seconds**.

Another member told how he is on a Me pack, where you press a button and get instant service. He said, "Now Telstra is good, but I recently changed my home phone to Optus who use a computer to do all the phone calls and that's why they are so cheap, but with that computer, if there is an electrical break down or your telephone doesn't work, then my Me pack doesn't work**. I got on to someone very high up in Optus and they changed me to a line which works without electricity. Now anyone on Optus should be made aware so they can get a line which works even if the power is out.**

Ian: This is what you can achieve if you do something about it. You have to do something. I was in the complaints area for 5 years and I know things change if people complain. **If no-one complains and no one puts it in writing, nothing happens**, because **a) we don't know about it** and **b) if we don't know about it we can't change it.**

In the Ambulance Service there are lots of non-urgent ambulances in the metropolitan area. They are marked like an ambulance, but they are not emergency ambulances. **If you collapse, or someone collapses at home and you ring 000 you are going to get an emergency ambulance.** If you have a chronic condition which requires you to go to hospital next Thursday but you can't walk and you need to go by ambulance that is a non-emergency ambulance that has to be organized by your medical practitioner. It has to be booked by his/her office.

You can't just ring up and say I want to go to the Royal Melbourne, send me a non-emergency ambulance. The reason goes back many, many years. People used to ring us and say, "I live in Balwyn and I need to go to the Royal Melbourne Hospital". We would send an ambulance, (non-urgent) to take someone to an outpatient appointment. We would send a fully equipped ambulance with a fully trained crew. They would take the patient to the Royal Melbourne; the patient would go into the casualty department, out the back door and then go do their shopping in town. And that's the kind of abuse that used to happen with the ambulance service.

People still try it on. People still try to get us to take them to hospital because they are vomiting or maybe they have got a bad cold, instead of going to their GP., and that's another reason why our response times are not as good as they should be, because we are being tied up with non-emergency work. I'm not saying that's always the case, but it's often the case.

Every phone service operates under the triple zero service. If you have an Optus or Telstra service, **use 000**. You have probably heard of 112. **Don't use 112**. **Use 000**. **000 will still scan for any available tower regardless of which plan you are on, regardless of which carrier you have. We prefer that you ring 000 from your landline, because we know where you are; the address comes up on the bottom of our computer.**

If you ring from your mobile phone and your son or daughter has provided you with a mobile phone, their company might be in Brisbane and that's the address we will get on the bottom of the screen. **Even if you have a silent number, your number and address will come up on the ambulance service screen.**

Member: **My wife fell out of bed** and couldn't move and I didn't ring the ambulance. She stayed there until the morning, **but it wasn't an emergency**.

Ian: **Well yes, it was an emergency**. It was unusual and you wouldn't know if she had broken a bone. **That's an emergency and it okay to ring an ambulance under those conditions.**

The ambulance service has helicopters and a car division. Cars take people from home to hospitals for kidney dialysis, etc., where people don't need to lie down.

Now let's talk about the triple zero. When you ring 000 it is going to be for yourself or someone you care about. This person might have collapsed on the ground. You are going to be upset. Your heart rate is going to be up. Your breathing is going to be high and you are going to be most agitated, so you are going to ring 000 because you want help and you want it now! So you press 000 and when it's answered the first person who answers it is going to be a Telstra operator.

That person is not interested in your address, unless you are ringing on a mobile. If you are ringing on a mobile that person will say, which State, which suburb, for the reason I outlined before about the Brisbane phone. So you will say Melbourne, Balwyn or wherever you happen to be.

They will then connect you to the ambulance service. They are not interested in what happened, what your address is; all they want to know is what service to direct you to.

You say, Ambulance, click, click you will be answered very quickly after that and you will be answered by the ambulance service. You will not be answered by a paramedic, but by a person who has been fully trained in this advanced medical dispatch system.

They are going to ask you a lot of questions, and you are going to think they are a lot of questions. They are going to ask you, Ambulance – where is your emergency. They need your address. Very simple, you all know your own address. But have a think about when you go to visit someone around the corner and you have been to their house a hundred times, you know exactly where they live – do you – and it's them that's collapsed – do you know their address? Do you know the street name? Do you know the number? We have to know exactly where we are going. If it's your house obviously you will know.

They are then going to ask you **your phone numbe**r to check on the bottom of our computer screen **to make sure we are locating the correct job to that phone number**. They are then going to ask you **what's happened.**

They need to know what's happened because if there has been an explosion there are other services we are going to need to send. We will need the fire brigade, police maybe the SES.

If it's one person that's collapsed on the ground we still need to ask you more questions to find out how many ambulances or fire trucks we will need to send**. If the person who is on the ground has collapsed, we will ask you two more questions. Is the patient unconscious? Is the patient breathing?**

If the answer to either of those questions is no, then an ambulance will immediately be dispatched and if the answer to both those questions is no, two ambulances will be dispatched. **It will be a paramedic ambulance with lights and sirens, there will be mobile intensive care ambulance with lights and sirens, and there will be a fire truck with lights and sirens, because if this person who has collapsed is unconscious and not breathing, there is a fair chance this person is in cardiac arrest, so we need all the help we can get and so do you. That's why we send three vehicles.**

The closest vehicle comes lights and sirens because it's a paramedic unit and there are more of them. The mobile intensive care unit comes lights and sirens because they have the expertise to give those extra drugs. The fire brigade comes lights and sirens because often they are the closest, they're available, and they do very good cardiopulmonary resuscitation. They can give oxygen and they can defibrillate.

You all know what defibrillation is? Anyone not know? Good. **That's when they give oxygen with the paddles, because that is the only thing that will restart a heart.**

Your heart is the size of your fist and it sits in the centre left in your chest and it pumps. The top pumps and the bottom pumps. They are the ventricles and those ventricles pump the blood around your body and that's what keeps us all going. It happens automatically. If you have a heart attack and one of these little vessels, these coronary arteries gets blocked, it's like putting a rubber band around your finger. If you leave it there long enough the finger will start to go purple and it will start to die. The same thing happens. You have a blockage in one of those little arteries and the heart muscle around it starts to die or it's injured and because it's injured it can't conduct the electricity it needs to contract.

Every muscle in my hand is using electricity at the moment and its contracting. The same thing is happening in your heart. **The heart muscle contracts using electricity and if something happens to the way that electricity flows, that means that these ventricles at the bottom will start to fibulate like a jelly. That's fibrillation and if that started to happen to me right now, within 6 seconds I would be on the floor and if no one did anything for me, I'd be starting to die within 3 minutes. What I would need to stop this fibrillation, is a thing called a defibrillator which is the paddles.**

You have seen it on television where they say "everyone clear" and bang the person jumps. We don't use the paddles much anymore. I have still got a pair in the ambulance I use, but **we use pads which go on here and they read the heart as well as provide the electricity when we push the button**. **What that does, the heart is fibrillating like a jelly, that electricity when you go "bang" it stops all the electricity activity in the heart instantly; discharges every cell within the heart, and then the myocardium has this ability, hopefully, to start again. It will start slowly and gradually build up and when the mobile intensive care ambulance gets here they put a needle into the arm and give some adrenalin and a few other things that help to make the heart pump a little bit quicker.**

That's in theory. It doesn't always work that way, but **before the ambulance gets here, you are going to have to do some CPR.**

These **defibrillators are** not just in every ambulance and in nearly every fire truck; they are also at airports, major shopping centres, lots of **areas where large numbers of people congregate. These defibrillators are called PADs Public Access Defibrillators, because the defibrillator is the only thing that is going to save this person on the ground from having a death experience. They have to be defibrillated. Occasionally, very, very occasionally, doing CPR may have the same effect, but what CPR does is, keeps the person viable. It gives us time; it buys us some time to get that defibrillator there.**

If any of you need an ambulance and you need it at 2 o'clock in the morning, then ring us at 2 o'clock. Don't wait until 8 o'clock in the morning thinking you are doing the right thing and you're not worrying us**. If you need an ambulance at 2 o'clock, ring us at 2 o'clock, don't wait, because if it is your heart or if it is your head, and you are having a stroke, the quicker we can get you or your loved one into medical help, the less damage it is going to be doing and the better your outcome is going to be in the future.**

Now you all suffer from your own conditions. **You know your conditions better than anyone else.** I suffer from a particular condition and I know it better than anybody else. So, each of you, whilst I know a lot of you have got pain, what will happen, you will know if you have something different happening to you. Would that be right? **If something different happens to you, you think, hang on I don't feel right, there's something unusual happening here and if that's the case and you are concerned about it, then ring us. We will come, we will talk to you, we will put the monitor on you, we will check whether or not you really should be going anywhere or whether you don't have to go, and that can be a decision you can make and only you can make. We can recommend that if you don't want to go to hospital we can't force you to go. The decision is yours. We can recommend, but the decision is ultimately yours.**

If you ring us and you are concerned at 2 o'clock in the morning, three things are going to happen to you or to your loved ones.

<u>They are going to get better</u>. -If they get better <u>you are going to ring us back</u> as we may be coming to you with lights and sirens on and that means we are putting our crews and other road users at risk to a degree. They will still come, but they won't come at the same speed and they won't go through a red light, etc.

<u>They are going to stay the same</u>. If the patient stays the same, then it is status quo. We will come, at whatever speed we are coming at, whether with lights and sirens or normal road speed**.**

<u>They are going to get worse</u>. - If the patient gets worse <u>ring us back</u> and we will send further backup so we will send enough crew to cover the conditions we are likely to find when we get there.

<u>Member</u>: Do you ring back on 000?

<u>Ian</u>: Yes, that 000 operator will direct you to ambulance. Your address will pop up on the screen and we will say, "We already have an ambulance coming to your address." We will then ask, "What's changed?" That information will be sent by computer to the ambulance crew. They have a computer in their vehicle.

If you need to talk to us ring 000. If the patient gets better ring 000. If there is a change in the patient's condition, ring 000. 000 is the way to go.

<u>Member</u>: It must be hard for you when you get these calls and you get to the hospital and they say we can't take you, we are on bypass?

<u>Ian</u>: The ambulance crews are notified well in advance that a bypass is on at a particular hospital. That makes it hard, for you or for me even as a patient if I want to go to Knox and the ambulance crew arrives and says Knox is on total bypass. I then have to be taken somewhere else and a lot of people get pretty agro at that.

<u>If you have a history at a particular hospital</u> we will make a phone call or a radio call to see if they will accept you. Quite often <u>even if they are on bypass, they will accept yo</u>u. It is bypass for new clients, but if you are an existing client at a particular hospital where your history is, they will often accept you.

It is a problem and it causes delays, but when we take people to casualty at say The Royal Melbourne where there may be 10 ambulances arriving with people who have had no history, **often the ambulance will sit there for half an hour or an hour waiting to have a patient admitted through the emergency department.**

It also has an impact on our ability to respond if we haven't got those vehicles on the road.

<u>Member</u>: My sister had a fall at home, was rushed to hospital, but then had to wait for 2-1/2 hours in a queue.

<u>Ian</u>: It doesn't matter who is in power, health has a low priority.

Member: **I have lots of carers coming to my home, so we have emergency instructions on the back of the door saying, "Tell them you are at this address and how to let an ambulance into our block of apartments when they arrive." We also have a one page summary of our medical conditions. The idea is that if we go to hospital they can be given the summary telling what drugs we are on, etc.**

Ian: There is **a small booklet that the Rotary Clubs and Probus Clubs have access to. You put your medical information** inside it. With the booklet you can have your doctor fill out what **your medical conditions are and your drugs and it sits on your fridge**. They are a gold coin donation, and I could get some if your group is interested.

For those of you who have mobile telephones here is a really good idea. In your address book put down ICE (In Case of Emergency) and put in there the phone number of your son or daughter, husband, wife; someone you want contacted in case of an emergency; in case you are unconscious and they don't know who you are. You can have ICE 1, ICE2, etc. I only have two, my son and my daughter and their mobile numbers, so if anything happens to me the **Police and Ambulance know to go to that address book, in all mobile phones. It is easy to find. Hit ICE and up comes the phone number of a relative or next of kin who you would want notified. It is an excellent idea.**

Member: **Do paramedics carry on board a blood test to test if a patient has had a coronary occlusion?**

Ian: No. But they do carry a tester for your blood sugar levels, in case you are a diabetic. The enzyme test is done at the hospital.

Member: I pity people waiting in a queue as I have had all the signs of a coronary occlusion like severe pain in the chest, numbness in my arm, etc.

Ian: I can assure you, that if you had all that and you were in an ambulance, you wouldn't be waiting in a queue for 2-1/2 hours. You would be prioritized in the hospital, the same way we prioritize.

I have a booklet here that gives the signs and symptoms of a heart attack or stroke. If you have severe chest pain, or pain down the arm, up into the neck and jaw, between the shoulder blades, down low, you might be short of breath, you might be pale, you might be wet, you might be dripping, all of those are signs of a coronary occlusion, (heart attack). You don't have to have all of them. You may only have one or two of them. Sometimes you may have none, but like I said before, you may just feel yuck and you know there is something wrong.

The only way, if you don't have any symptoms at all, is to put on a full 12 lead ECG which will then give the doctor an idea of what is happening inside you and of course the enzyme test.

I had a friend, an ambulance officer, he was in a marked up vehicle, only 2 minutes from Knox hospital. He didn't wait for the ambulance, he jumped in his ambulance truck, went to Knox, collapsed inside with cardiac arrest. They defibrillated him 4 times during the course of the next hour. When he had the blood test done, the blood test was slightly up. He had angiograms, etc. They could find absolutely nothing wrong with his coronary arteries.

Clear as a new born, so there are other reasons why people have heart attacks. Perhaps it is a coronary artery that goes into spasm for some reason. Our bodies are complex things as you know.

During the phone call and the prioritization we don't always send an ambulance to someone even though it's an emergency, we don't always send them lights and sirens. At a school the other day I had a boy who fell off the monkey bars and fractured his arm. 20 minutes it took for the ambulance to get there. It was not an emergency. They didn't come lights and sirens. We still came, but it wasn't an emergency.

If we had a 14 year old boy who had severe abdominal pain, and he collapses on the floor in severe pain, he will probably get one ambulance without lights and sirens, normal road speed. **If, however, it was one of us gentlemen, at our age and we had severe abdominal pain and we collapsed on the floor, we would get probably two ambulances with lights and sirens, because based on millions of cases worldwide, the 14 year old is probably appendicitis, but with us, it is probably a ruptured aortic aneurism which is life threatening.** So that gives you an idea of how we prioritize.

Similarly with ladies**, if we have a 10 year old girl on the ground with severe abdominal pain and we have a 22 year old young lady, with severe abdominal pain, the 22 year old will get lights and sirens, the 10 year old will not.** Very few people die of pain, and the reason we send the lights and sirens to the 22 year old is because it may be a ruptured ectopic pregnancy.

So you can see how we prioritize things and we have over 400 types of priorities, so you are not necessarily going to get an ambulance with lights and sirens although you want one desperately.

Gentlemen, how many of you have had renal colic? I have had it twice. It is debilitating pain, it is extreme pain, it is a kidney stone passing its way down. Yes…..you know what the pain is like. You don't get lights and sirens boys. That's something that is important. My wife took me to the doctor when I first had it and then she drove me home from the doctor and then I got the ambulance from home to take me to the hospital.

If any of you are tempted to drive a relative to hospital and they are in a severe way, try and not do it, because if they collapse in your car half way to the hospital,
a) you haven't got any help,
b) you probably don't know where you are and
c) you are not going to do them any favours.

You won't be able to assist them; you will be out of your comfort zone. I know it is a decision you have to make. It's a moral decision you have to make, like my mate with his ambulance 2 minutes from the hospital. I think if that was me I would have done the same, but he might have got 1 minute from the hospital when he had his cardiac arrest and ran into a tree. That is the problem.

Some years ago a grandfather was rushing his 12 year old grandson to hospital because the grandson had broken his arm; went through a red light; grandfather died; hit another car. Can you see……it's just not worth it? The kid wasn't going to die from his broken arm. He would be in pain, but he wasn't going to die from it.

<u>Margaret</u>: You have to educate men to call an ambulance, and not drive themselves to hospital.

<u>Member</u>: If a husband was severely ill the wife would call an ambulance. If the wife was very ill the husband would say "We'll see how you are in the morning."

<u>Ian</u>: Most of us have a fairly good idea, and most of the groups I talk to say, "I told my husband I NEED AN AMBULANCE NOW! He called the ambulance NOW." We all know when things are not right. We know when things are desperate. I know some men try to say it is not going to happen to them, but it has.

<u>4 STEPS FOR LIFE PROGRAM</u>.

Over my years I have been to hundreds and hundreds of cardiac arrests where we have had to put a needle in the arm, a tube in the neck, give drugs, defibrillate, do CPR with a mask, jump on the chest, etc., and unfortunately I have had to go to relatives and say, "I'm sorry there is nothing more we can do. We have tried everything, but it hasn't worked". Invariably the people you give this bad news say "I wish there was more I could have done."

So we thought about that, and yes, there is more you can do. **Perhaps <u>if you had done more in the form of CPR for the patient</u> prior to us getting there that may have just bought some time,** but in discussion with paramedics we decided that people of our age (myself excluded of course) would not necessarily want to go out on a cold winter's night at 7 o'clock to do a CPR course. You probably wouldn't. So we thought, what else could we do? Following discussions with ourselves and the government we came up with the 4 **Steps For life Program.**

This is a CPR program, not a teaching program but an **awareness program**, so that each of you would be able to take the kit home. **It's a DVD, and a pillow slip**. You put the pillow case on a pillow. Then you watch the DVD. It shows you what happens in two different scenarios where a person has collapsed to the ground. Firstly the wife. The wife rings her girlfriend and says,"Jack's collapsed". Instead of ringing an ambulance she rings her girlfriend. Some of you may decide to ring your son, or your daughter or your doctor.

I am here to tell you that <u>if someone collapses and they are in cardiac arrest, they are not breathing, they don't have a heart beat and they are unconscious</u>, you don't need to ring your doctor, <u>you have to ring 000</u>! You want help on the way now! You can ring a doctor later, no problem there, but **let's get an ambulance on the way or two or three ambulances on the way for that's the only thing going to save this person**. Ringing your son, daughter or whatever, that's not going to do anything for the patient on the ground because all they are going to do is say **"You'd better ring 000 and get an ambulance!"**

<u>The 4 Steps For Life</u>. What are they?

Step one. **If someone collapses, someone you love, ring 000.**

Step two. **Open airway**. You are all sitting here with open airways. Air is going in your noses or mouths, down your throats and into your lungs. **But what happens if you have a stroke or faint and you fall down and you're on your back. The head closes your airway.** The tongue is attached to the jaw and I know you have all heard it before, but I don't know of any way that attached tongue can ever be swallowed, but it does block the airway.

So step two is to open the airway. **With one hand on the neck and one on the forehead, tilt the head - in so doing the muscles pull the tongue away from the back of the throat and it opens the airway. You will then be told by the operator to "<u>look in the mouth</u>" just in case there is anything in there.** A case I did just before I retired, there was something in there. It was a one inch square unwrapped Mars bar. This person had tried to rip the cellophane off and somehow inhaled it. Once we pulled it out, with our special pliers, the person began breathing again. And that might be all it takes for this person to start breathing. **If the person does start breathing you will be told to "put the person on their side". That's to protect any vomitus from getting down into the lungs, but if they are not breathing you are going to have to breathe for them.**

Step 3. Breathe mouth to mouth. Finger over the nose, lift the jaw, blow - blow. Now if this person has had a stroke, it may be that they may still have a pulse and all they need is for you to breath for them, so you just keep breathing 12 to 14 times a minute. Simple. When you breathe, blow in their mouth and if that is all they need, they may start breathing on their own.

Step 4. Pump the chest. **Now every one of us has a heart beat at the moment. Find your trackea, slide back slightly and you will be able to feel your own heart beat. That's what you would do if someone was on the ground to see if they have a heart beat. Forget about the wrist because it is too hard to find. If someone has collapsed, the chances are their circulation has collapsed as well and you only get it up in the neck.**

You don't use your thumb, you use your fingers. If the person doesn't have a heart beat then you are going to have to pump the chest. You have all seen it done on television**. You actually have to push down 2 inches on an adult. You have to press down on the breast bone, the lower third. You have to press down so you can depress the heart between the palm of your hand and the backbone. The idea of that is to try and send some oxygenated blood to the brain, to keep the person viable. <u>The more we can keep that persons blood oxygenated to the brain, the better chance they have got of surviving.</u>**

They are the four steps. They are extremely simple, but some of you will say, yeah but I can't do it, or I couldn't even get on the ground and if I got on the ground, I couldn't get back up again. **All we are saying is have a look at this program**. **Any CPR is better than no CPR and you are going to feel better for it if you have done something positive for that patient.**

Now we can't send a resuscitator worth about $5000 to every group like yours, so what we have done, at huge expense, **we have got these pillow slips which say, breathe here, pump here. You put your pillow in it, you put the disc in you DVD player and you follow the instructions. Simple.**

Member: Could you give us the rates of how often you breathe and how often you pump as it has changed.

Ian: It has changed. It is now 2 breaths and 30 compressions, and two cycles of that in a minute. Which means it is very very fast, so it is 2 breaths 30 compressions. That changed two years ago. In a couple of years from now, under the research being done, it may be that there may only be compressions, because research is showing that it is better to keep the blood moving with a lower amount of oxygen than to stop and restart again.

Member: If there are two people can one do the breathing and one the pumping?

Ian: You can do 1 breath to 5 compressions in that situation, **you need to be quick**, but really you do what you can.

Member: If you are down there on the floor doing CPR to your loved one, who lets the paramedics in?

Ian: You do, but if the door is open we come straight in. All of these things have to be adjusted to your own circumstances. You might have a dog. **You might want to put your dog out before the paramedics come in. Little dogs can be extremely vicious** when they have mum on the ground – mum who feeds her; so often they have to be put in another room.

If you need to resuscitate a child, immediately you tell the operator it is a child. **They will direct you on what to do, depending on the age of the child. That's why you have to ring 000.**

Peter McInnes thanked Ian for giving us such valuable information.

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INFORMATION

Newsletter of THE 'IN' GROUP: THE INFLAMMATORY NEUROPATHY SUPPORT GROUP OF VICTORIA INC.
Supporting sufferers from acute Guillain-Barre Syndrome(GBS) , Chronic Inflammatory Demyelinating Polyneuropathy (CIDP)
Postal Address for Newsletter only: 44 Mavis Ave., Beaconsfield, 3807. Telephone: 03 9707 3278

Notes from May meeting.

Margaret opened the meeting by welcoming everybody, especially the new members and visitors from Adelaide, Beth and Richard Morgan.
Apologies: June Cathcart, her sister Margaret and Barbara Clifford.

Treasurer's Report. We have had a reasonable quarter ending 30th March. We banked $1809, made up of $300 subs., $545 donations and the State Government Grant of $950. The remainder was sundry income from sale of books, etc.
Expenses $500, being $369 newsletter costs, postage and printing/stationery and speakers gifts. We have $9379 in the bank so we are very well placed to give another sizeable donation in December. Moved: Doug Lawrence Seconded: Russell Wilson, Carried.

General Business: The Winter Luncheon on Sunday, 25th July at 12.30 and it will be a roast dinner. Plum pudding with the usual trimmings, etc. for $20 per person.

Subscriptions are due on 1st July and the amount will be the same $15.

We also have the wonderful wash cloths that look like a "mint" but when wet become a strong wash cloth. Excellent for taking when travelling. 20 for $10. Not perfumed.

Gwen made a table decoration incorporating napkins which was used as a "gold coin" lucky draw. Thanks Gwen.

Slippers. People have been ordering them but don't realize you don't get them immediately because Melva has to order them in batches. They cost $25, which includes postage. It can take up to 8 weeks, depending on how many orders come in. At the moment the family who make them are overseas due to a family bereavement.

Guest Speakers. If anyone has a suggestion for a guest speaker or knows of someone who would be an interesting guest speaker with relevant information for our group, please contact Margaret.

Red Cross. Anna Melville, one of our members with CIDP who receives 'Intragam" was able to continue her studies and is now a pianist. Her sister, Alison Melville, is now a PR person with the Red Cross and is looking to interview members who also receive blood products, e.g. 'Intragam' which allows them to live a productive life. If you can help, please contact:

Alison Melville
Public Relations Project Coordinator (VIC/TAS)
Australian Red Cross Blood Service
Cnr Kavanagh & Balston St
Southbank | VIC | 3006

P: 03 9694 3557 | F: 03 9686 1768 | M: 0409 359 547

Member John De Ravin, also with CIDP, told us Anna is playing with the Melbourne Symphony Orchestra and has recently travelled to America. Interestingly, John's cousin is Anna's grandfather.

THE 'IN' GROUP

The Inflammatory Neuropathy Support Group of Victoria Inc.
Supporting sufferers from acute Guillain-Barre` Syndrome (GBS and Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) Registered No: A0025170R

Subscriptions due on the 1st July of each year.

1st July 2010 – 30th June, 2011.

I am happy to help The 'IN' Group by my membership.

Initial Joining Fee	$10	$
Annual Subscription		$ 15.00
Other Items		
Booklets- **The Road to Recovery A-Z** $6		$
- Boy, Is This Guy Sick	$2	$
- CIDP	$2	$
- GBS	$2	$
Donation to support medical research		$
(Donations of $2 or more are tax deductible)		_____
(Tick if receipt required …….)		
Total Payable:		**$_____**

Enclosed is a cheque/money order (payable to The IN Group)

Membership Details
Name: _____
Address: _____
_____
_____Postcode _____
Telephone: (Home) _____Work) _____Email Address:_____
Signed: _____Date: _____
Thank you. Please forward this form along with your payment to:
The Treasurer, The IN Group, 26 Belmont Rd., GLEN WAVERLEY 3150

Our Web Site is www.ingroup.org.au

E-mail Mailing List

If you would like to be included on the IN Group email mailing list please send an email to John Burke at the following email address **jburke@contracts.com.au**

If you use *hotmail* or have junk mail filtering software running you will have to include the above email address in your "safe list" otherwise *hotmail* or you junk mail software is very likely to delete our emails.

For information on Peripheral Neuropathy the following site may be of interest
www.medifocus.com