

# THE COMMON GOAL – TO RESCUE NICK

By Simone Milligan 25<sup>th</sup> July 2011

*Simone tells the story of how one ordinary day on holiday turned into an extraordinary day of rescue.*

My family had set off from Melbourne approximately 3 mths earlier to travel around OZ. Being a Qualified Registered Nurse I had put together a comprehensive first aid kit which included an intravenous kit.

## WE WERE WELL PREPARED FOR SNAKE BITES

Travelling remote at times I wanted to be as prepared as I could be for an emergency, especially travelling with our young children, snake bites being on the forefront of my mind. Although at the time I thought it was overkill, its inclusion helped with Nick's rescue.

## CAMPING IN KARIJINI

We were camping in Karijini National Park and our sightseeing eventually led us to arrive at Knox Gorge (ironically I work in the emergency department at Knox Private Hospital, Melbourne). Halfway to the information display I was told that someone had fallen off a cliff and it was shut as a result, I was pointed in the direction of a white Ute where I met Yvonne, wife of Allen, to get more information.



## NEWS OF AN ACCIDENT

Upon asking what happened, Yvonne said that a man had fallen off a cliff onto rock and was badly injured with severe facial injuries, broken ribs and was at the time conscious and waiting for an ambulance that was to arrive shortly. Yvonne was beside her car radio and listening to the rescuers movements. Her husband Allen, the man's friend Cliff, ranger Lenny and tourist hikers identified in Yvonne's account were with him with several first aid kits and had

moved him into the shade. I told her that I was a nurse and did she think I could help.

### **NOT ENOUGH EQUIPMENT**

I was absolutely terrified as to my own ability without senior guidance and the support of my colleagues, the lack of equipment and not to mention a hospital!!!! I knew that I had intravenous equipment in the car and that if I could do anything to help it would be gaining intravenous access ready for the arrival of the ambulance, this access crucial for administering pain relief and hydration, a deterioration in condition or in the event of an emergency situation such as a cardiac arrest.

### **ASSESS THE SITUATION**

I had begun, without realising, going through the DR ABC's and subconsciously was going through the D for Danger as I was assessing whether in fact it was safe for me to go to the injured man's aid. I wondered how he had come to fall and if the area was safe for me to enter seeing as I had my whole family in the car park, how far away he was and if it was likely that the ambulance or air assistance would get there before me, would I be a help or a hindrance?

### **MAKING A PERSONAL COMMITMENT**

I had gained the necessary information from Yvonne to make my decision; the extremely hot weather conditions meant that dehydration would be an added issue for Nick and that the longer he didn't have IV access, the harder it would be to get a line in. I decided at this point, when Yvonne agreed to take me down, that I

would commit myself to aiding the injured and got my equipment into my backpack leaving my husband Mac to care for our three children Reilly, Charlotte and Jai (then aged 8,5 and 6mths).

On the descent down I now know the injured was a man by the name of Nick, I questioned Yvonne about Nick and his condition so as to make an assessment and prepare myself for actions I may need to take. We soon reached the bottom and a worried looking Ranger Lenny. Yvonne introduced me to Lenny who wasn't sure about my arrival and stated I was a nurse whom she thought could help.

### **MEETING THE INJURED NICK**

And so it began. I could see that Nick's eyes were open, I introduced myself to Nick and explained that I was a nurse and that I had come to do anything I could to help him. It was an ugly sight, his face smashed, grossly swollen, bruised and covered in blood. His bottom lip severely lacerated and a torn flap of flesh, all his teeth broken away, but he was still able to maintain some form of communication.

### **COMMUNICATION DIFFICULTIES**

His difficulty communicating did not appear to be due to impaired cognitive function but more attributable to his compromised facial function. I felt a sense of relief, however, at the same time potential complications and possibilities were flooding into my mind, each of had to be considered for symptoms to be on the lookout for and how I was going to manage each one should it arise - an overwhelming responsibility!.

## ASSESS THE PATIENT



I did a quick assessment of Nick (R-Response, considering his neurological function to be responsive, lethargic but orientated; A-Airway, he was maintaining his own airway although compromised due to obvious facial fractures, swelling and blood to his nose and mouth, C-Circulation, his skin was pale, sweaty and warm, he had pulses and complained of rib pain, minimised by his right arm being held up by tourist helpers. I informed Nick I had equipment to put a drip in his arm and that I

believed that this was a good idea as the ambulance could then use this for pain relief, hydration and so on.

## CALMING THE OTHERS

Nick gave his permission and I explained that I might not be successful, that it would depend on his veins being cooperative (I'm not a comedian but felt it necessary to make light of the situation at times, making gentle comedy of certain things to maintain calm and

grounded, something that Allen later said he noticed to be a good thing for everyone's sake).

## THE WEIGHT OF RESPONSIBILITY

I set up for the procedure and washed my hands with a bit of water, being paranoid about how dirty we all were being campers, and donned my gloves. I was just about to cannulate when the 10 or so people around us went silent. I burst out in a sweat from the pressure I felt, and nearly turned to all to say either make noise or for everyone to turn the opposite way until I'd finished. Instead I got on with the task at hand thinking that the ambulance must have surely been just about to arrive and take over.

I remember often questioning if I was in breach of my registration doing what I was doing in the middle of nowhere thinking of all the repercussions, but it didn't matter at the time as it was all about what was in the best interests of Nick and his survival!



## STARTING THE PROCEDURES

I got the cannula in but it wouldn't advance, the second attempt was successful and I decided to hang the saline and to run the fluids slowly to keep the line unblocked. My rationale for running the fluid being there was no point having IV access if it was not patent and rendered useless in a time of need, the fluids at the same time aiding in maintaining some form of hydration to Nick's body. I also made the decision that no more oral fluid would be given which Nick had been sitting up to have prior to my arrival; we were now adhering to spinal precautions.

My next priority was to very quickly clear Nick's airway to assist in oxygenation. Nick's mouth and nose were filling with blood; he was in pain and beginning to have difficulty breathing. I didn't know how I was going to clear his airways without suction, but then I thought of suctioning these orifices manually with a syringe to evacuate the blood and so I began going from nose to mouth and vice versa to clear them the best I could.

## MAKING OBSERVATIONS

Once I had effectively cleared the airway I focused on getting information from Nick for the ambulance arrival such as allergies, past history, current injuries and the observations which I could obtain such as respiratory rate and pulse all of which were allocated to a scribe to document as they were answered. I noticed that Nick's abdomen was distended and this worried me. I asked if I could have a look and if Nick knew if it was normal for him or not. A scar and Nick disclosing having had a major procedure confirmed it was. It

was at this time I began to get nervous if Nick was going to pull through this horrific accident or not.

## ARRIVAL OF ST. JOHN AMBULANCE

Finally ambulance assistance arrived and I was greeted by two ladies in green overalls. I began handing over what information I had been able to get off Nick but they didn't seem to jump into action as quickly as I had anticipated. One handed me the blood pressure cuff and when asking where the stethoscope was there wasn't one. I was able to obtain Nick's blood pressure radially by palpation.

I needed suction, the equipment was there but it seemed that the ambulance officer was having difficulty in setting it up. Again I couldn't understand why this was so. I on the other hand couldn't set it up either as all equipment is different and this system was unfamiliar to me. Together we got it going and I was able to suction Nick as required to aid his breathing which was very effective.

It then dawned on me that the ambulance crew were not actually Mica Paramedics that I was expecting to arrive but rather St. Johns Ambulance volunteers. One of the officers next said to everyone "OK, now we will be taking our instructions from Simone, she is the most senior here." It was at this point I nearly choked on the responsibility handed to me, but I had no choice but to continue with doing the best I could for Nick and his survival.

## NO PAIN RELIEF

Pain relief was a huge thing on my mind for Nick. The only pain relief the ambulance had was "the green stick" or penthrane, which works by the patient continually breathing on a green whistle-like

apparatus. The big problem with this was that Nick did not have a mouth to be able to successfully use it.

### A TOURIST DOCTOR

Finally the backup support I had been longing for arrived. A tourist by the name of Mark came down. He was a Doctor from Germany and boy was I relieved. He had bought some equipment down from the ambulance including a stethoscope and was able to listen to Nick's chest and abdomen, reassuring me that his lungs were getting air and seemed to be intact functioning. Mark did his assessment and deemed Nick stable.



### CO-ORDINATING THE RESCUE

The St John's officers began coordinating the rescue and more equipment was bought down, such as a spinal board and neck collar etc to get Nick ready for transfer.

### NO AIR RESCUES

We were at what I thought a perfectly cleared and flat area for an air rescue and thought how lucky that was, only next to be told that there are no air rescues and that they are all by foot.

### STABILISING NICK FOR TRANSFER

Before Nick could be placed on the board we had to get the young female tourist out from under Nick's head who had been sitting there for such a long time nursing his head on her legs, and as a consequence whose legs had gone to sleep. She slowly and gently manoeuvred her way out as she was assisted free; this felt like it took some time as her legs were completely asleep.

After much planning we had decided how best to tackle getting Nick onto the spinal board and managed to do so with great team effort. With neck collar in situ and head stabilised with rolled up towels taped to the spinal board we moved Nick to the open area with more room to organise ourselves and set up for transfer.

I clarified with Mark about the fluids and at what rate to run them in and had delegated a human IV pole to hold up the fluids, people were cleaning up the area, others walking the path of our departure to clear up debris, trees and rocks that would be in the way, making it



safer for our trekking.

Water was brought down for everyone and this was great, we all looked after each other making sure everyone had had a drink.

### STATE EMERGENCY SERVICES PREPARE

Meanwhile the SES was erecting their rescue frames, tripods and pulley ropes. Nick was showing some signs of agitation and restlessness with his legs and I endeavoured to work out what was causing this.



There were abrasions to Nick's knees and the flies were bothering him as they landed here. I cleaned and covered the areas which provided much relief and also began ever so gently cleaning his face and hands to protect them from the flies as well. I joked with Nick that I was a bit of a clean freak and that I was sorry for that, but by carefully removing some of the blood I could assess his colour to give me a good idea of what was going on with his circulation.

### MINIMISING DISCOMFORT

From this point, not only was suction a crucial component to Nick's breathing but the moistening of Nick's severely damaged lip was also important, minimising discomfort and therefore distress. The suction was at Nick's head and all he had to do was raise his hand when he wanted me to do it. The defibrillator was beside Nick and Mark and I familiarised ourselves with the intubation equipment in case we needed it. We were asked if we were ready to make a move and we were.

## LIGHT WAS FADING

Sunlight was going and we needed to get on to the evacuation point set up by SES before nightfall. It took several people to hold the stretcher and others to guide and support those stretchering as at times it was very unstable, slippery and a tight squeeze underfoot.

At some points we had to hand the stretcher through one at a time in a production line fashion, where the rear person would come to the front; a process repeated over and over on narrow tracks. Stopping several times in order to suction Nick we reached the rescue point set up by SES after about 1 hr.

## IT WASN'T OVER YET

As the SES rescuer checked and fastened his clips, ropes and harnesses, rocks began to fall from above, he passed me a head shield that I was to put over Nick's head, I realised that it wasn't over yet and that in actual fact going up the cliff face was very dangerous and yet another hurdle to be crossed in order to get Nick to the safety of the above land. I had heard that a doctor from Tom Price was above and reassured Nick that his pain would be addressed once he was up the top.

## PULLING THE STRETCHER UP THE CLIFF

Just as Nick was secured into the ropes and about to go up he got my attention for suctioning, the ropes were loosened off and I was able to clear Nick's airways for the last time before the accent up the cliff to his transport for transfer to Tom Price Hospital.



Night was quickly approaching as they went up the cliff face. I could hear the commands from the coordinator at the top of the cliff to the rescuers. "SLOWLY SLOWLY..." I heard over and over. "PULL PULL"... The St John's crew, Ranger Lenny and I went by torchlight back over the track and up the cliff to the top which took us only 15mins and waited at the top for Nick's arrival.

## ARRIVAL AT THE TOP

Nick arrived with the SES crew and Mark and I waited beside the ambulance not wanting to step in or on anyone's toes as I assumed another person standing in green overalls was the Doctor that I understood was meant to be there. I stepped in when I noticed the IV wasn't running and Nick would soon need suctioning.

As I approached the stretcher, one of the rescuers said to me that the IV line had been punctured on the way up, the ambulance staff got a new line and I changed it over. Next thing I was asked if I was ready to get in the ambulance! It was clear to me at this point that in

actual fact there was no doctor; the third person in overalls was the driver of the St John's Ambulance.

I suctioned Nick for the last time and was upset that I still could not provide him with pain relief. I remember apologising to Nick for this and promised that when he got to Tom Price they would be able to do something for the pain.

### MEANWHILE MY YOUNG FAMILY WAITED

Although I had been asked if I wanted to come in the ambulance to the hospital I felt I had to stay with my family who had been waiting up the top not knowing anything much during the 6 hr rescue.

The kids had watched movies in the 4wd, played cricket with a stick and rock, took some photos, were given teddies by the Ambulance driver, and snacked on stores in the car and fridge. Our littlest one slept for some part of the time and was amused for the rest by Mac; we had been travelling with a thermos for bottles so this was lucky.

### LEAVING FOR TOM PRICE HOSPITAL

As much as I wanted to follow through Nick's care and ensure his safe arrival to hospital I realised that I had done all I could do. Nick reached out to me when I said that they'd now take him to Tom Price and that I wasn't coming and held my hand, he expressed concern for the pain medication they'd give him and didn't want anything to make him hallucinate or feel out of control. I reassured him for the last time and sent him on his way.

### VOLUNTEERS SAYING GOODBYE

Everyone involved in the rescue team efforts helped each other to pack up, a de-brief was held for the SES and anyone else who wished to join in, thanks were given to everyone for their collective efforts and a meal and accommodation offered to all by Fiona at the Eco Retreat.



The young women that had held Nick's head for so long ended up almost catatonic in the back of the car, I felt it necessary that she be observed and tended to appropriately and left that in Fiona's hands on my departure. It was found out later that she was terrified of blood yet had the courage to sit covered in it for more than 6 hrs.

### REFLECTING ON THE DAY

I decided to take my young family home to the camper for the night and not join the dinner so kindly offered to us. We were joined later by Mark and fellow tourists involved during the rescue and the next



night Allen and Yvonne at which time we all reflected on the experience and debriefed between each other about the tragedy of the event but more importantly the positive outcome that was achieved...well we had hoped it was as we were not sure what Nicks future held at this point.

### BEING ABLE TO HELP

In the beginning I didn't think I could offer much more than the person next to me, I now know that I can actually help a great deal because of my training and would help again without hesitation. The realisation of city versus remote reality something to think about!

### COMMON GOAL TO RESCUE NICK

It had been an intense yet quick 6 hours, full of uncertainty and anguish. Each and every person was working so well in conjunction with each other, all with mutual respect for each other and working together towards one common goal, this being the **safe and successful rescue of Nick Melidonis.**

*Note: As Nick's injuries could not be treated at the Tom Price Hospital it was decided to send him to Perth. The Royal Flying Doctor Service flew him to Perth but they were unable to land at Jandakot or Perth airports due to the fog. In all it was approximately 8 hours from the accident until Nick receive hospital treatment.*

*After multiple facial surgeries Nick has fully recovered and in 2011 his landscape images won gold and silver at the Australian Professional Photography Awards, Sydney, Australia.*



Simone and her family in Karijini 1