

The New York Times

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November 22, 1981

SAVING LIVES BY BEING THERE

By JUDITH HOOPES

IN A large Union County town, a 50-year-old man lies motionless on the floor of a tobacco shop, his skin ashen, his lips blue. A clerk from the store kneels beside the fallen customer, rhythmically compressing his chest. In the distance, an ambulance siren wails.

Two or three years ago, this victim of cardiac arrest might not have made it alive to a hospital's emergency room; if he did, his brain, after four minutes without a supply of blood, would have been dead, or useless.

But within eight minutes of the time that the young clerk began cardiopulmonary resuscitation on the victim, both an ambulance and a Mobile Intensive Care Unit had arrived and paramedics from the unit had inserted intravenous tubes that deliver vital heart-stabilizing drugs.

"Of course, if the community is not well educated" in the use of cardiopulmonary resuscitation procedure "and someone who knows how to administer it is not on the spot, you will never be able to get a mobile unit to the victim in time to avoid brain death," explained an emergency room physician responsible for relaying medical instructions to paramedics on calls in the Summit area.

A communications console at Overlook Hospital in Summit is the center of a tricounty system of Mobile Intensive Care Units fielded by Memorial General Hospital in Union, St. Barnabas Medical Center in Livingston, Mountainside Hospital in Montclair and Rahway Hospital in Rahway. The area covered by the participating hospitals includes 48 communities in Morris, Union, Essex and parts of Middlesex Counties.

Information such as a patient's electrical heart signal is conveyed electronically from equipment in the vans to the console in Summit, then transmitted by telephone to physicians at the hospital whose unit answered the call.

"The first two hours after a heart attack are the most crucial," said an Essex County physician who routinely deals with paramedics in the field. "It is during the first two hours after an attack that patients can die, and that is why it is considered important to intensively monitor these patients from the earliest possible moment."

A danger immediately after the heart muscle has been injured during an attack is that its electrical

regulation will fall into disarray, causing a chaotic beating called arrhythmia that renders the heart incapable of pumping blood. The condition is corrected by defibrillation, an electrical shock that re-establishes the heart's normal rhythm.

"Patients who have died in the first few hours after an attack could have been saved if relatively simple things had been done at the scene," the physician asserted.

Although those simple measures are imperative in such cases, they need not be performed in frantic haste. "The paramedics very calmly work on the patient and then, with the help of the ambulance squad, get him to the hospital in a way that doesn't scare him to death."

That's how one physician described how a typical mobile intensivecare team operates. Paramedics take a minimum of 150 hours of training at the College of Medicine and Dentistry of New Jersey, as well as 350 hours in clinical training, and all have certification from the state's Board of Medical Examiners.

The distinction between paramedics and ambulance squad members, who are less intensively trained, appears to be a touchy issue that has led those participating in the program to emphasize the equal roles played by both.

"There could be a lot of hurt feelings among local squad members if we didn't make clear that" the ambulance squads "provide primary first-aid care" and the Mobile Intensive Care Units "the support," said an emergency room physician who declined to be identified.

If paramedics differ from their ambulance-squad colleagues in areas other than their training, it may be in the intensity of their job commitment.

Halon Freedan, a former Summit police officer and now supervisor of Overlook Hospital's paramedic team, said he put in more than 100 hours a week answering calls and supervising his team, although he was paid for a standard 40-hour week.

"Once you are in there performing, you can't stop," Mr. Freedan said, adding that the solution to family annoyance over the long hours he spent at work was to interest his wife in becoming an emergency room nurse and his two sons in paramedic work.

The mobile service, provided free to those who need it, is paid for by every patient who is treated at any of the participating hospitals, regardless of his ailment.

The money is derived from a complicated state reimbursement formula that requires a hospital to bill the patient according to medical condition, rather than at a daily rate.

Many hospital spokesmen are convinced that a community would think less of any institution that did not have at least one mobile unit. "You have people becoming aware of these units from watching TV," said Robert Freeman, the M.I.C.U. coordinator at Memorial General Hospital in Union. "It would take away from our credibility if we didn't have them, too."

Although the program offers fulfillment to the paramedics who ride the vehicles, and greater visibility to the hospitals sponsoring them, some say that the vans, which each cost \$225,000 a year to maintain, may be overused.

"M.I.C.U.'s are perfect for taking care of people who have had heart attacks," said another emergency room physician who also declined to be identified. "But when it comes to handling trauma (accident cases), a great deal of controversy has arisen over whether the units make any difference."

He mentioned a study conducted at a Seattle hospital of two similar communities, one with mobile service and another without, that indicated that on-the-scene intensive care seemed to be most beneficial in heart-attack cases.

"Now some people are saying that they don't know whether it is such a good thing to wait around providing intensive care at the scene in cases where there is multiple trauma when what you need to do is race to an operating room to stop the bleeding," the physician said.

"But hospitals have the units sitting around, and some hospital administrators say, 'These things work for heart attacks, so let's get them out there for trauma as well.' "

Illustrations: photos of paramedics helping victim from house to hospital