

# EM CARE

Towards saving lives and bringing hope



Spreading... **SMILE**

## Partnering States and Union Territories



Towards Saving Lives and Bringing Hope...

Launched on 15th August 2005 in Hyderabad and expanded to 2 Countries  
In India 17 States and 1 Union Territory.



**69,581 CALLS ANSWERED EVERY DAY**



**17,552 EMERGENCIES RESPONDED PER DAY FLEET OF 8,087 AMBULANCES BY TRAVELLING DISTANCE OF 8,35,844 KM PER DAY 8,38,01,031 EMERGENCIES RESPONDED**



**43,77,788 LIVES SAVED SINCE INCEPTION. 5,75,150 DELIVERIES ASSISTED BY EMTs.**



## EMTs & Pilots strong backbone of ambulance services at GVKEMRI

On 21 June 2021, GVKEMRI has started 108 services in Arunachal Pradesh state with a fleet of 50 ambulances. These ambulances are introduced to augment the comprehensive trauma management system under Department of Health. Honourable Chief Minister of Arunachal Pradesh state Shri. Pema Khandu has flagged off the first batch of 108 ambulance services in an impressive function. Under the service, a total of 90 ambulances will operate in the network across the state, which will be operated by GVK EMRI (Emergency Management and Research Institute) through a Centralized Call Centre on public-private partnership (PPP) mode for the state National Health Mission. With the beginning of 108 services in Arunachal Pradesh, GVK EMRI is now expanded to 16 States and one UT.



In the month of April, Gujarat has extended their services by mounting the 150 new 108 ambulances and 20 Dhanvantari Arogya Rath. Ambulances were flagged off by Hon'ble Chief Minister of Gujarat. Shri Vijay Ramniklal Rupani along with senior health officials and representatives from GVKEMRI. Gujarat state has now 800 ambulances equipped with lifesaving drugs and oxygen delivery facility. Hon'ble Chief Minister of Tamil Nadu. Shri. M. K. Stalin Inaugurated 10 new 108 Ambulances on 19<sup>th</sup> June 2021 as a part of 108 service extension.

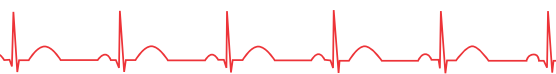
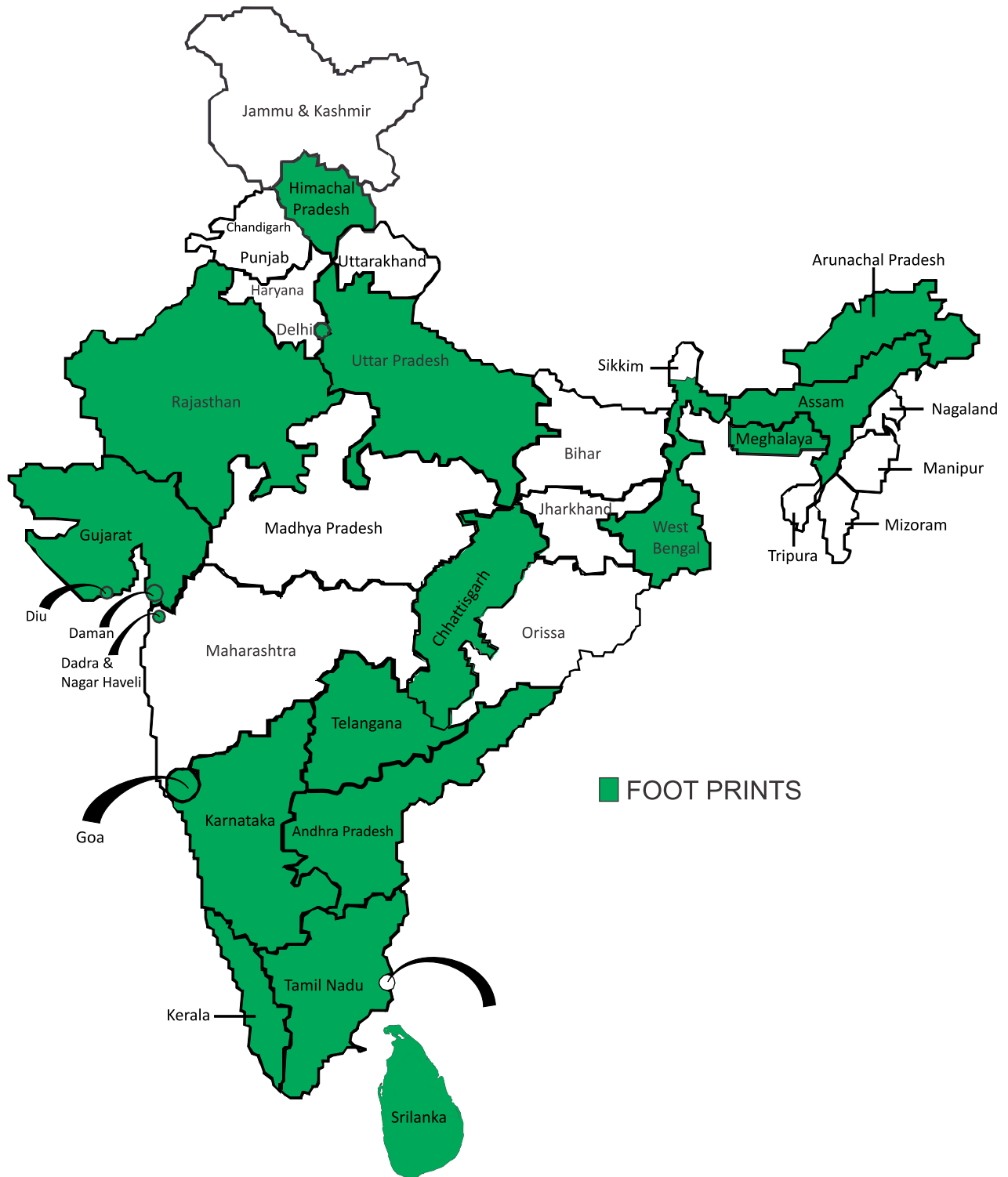
GVK EMRI has celebrated National EMT day on 2<sup>nd</sup> April. Recognizing and appreciating them across the organization is main purpose of National EMT Day. Over 22,000 EMTs are on the rolls of GVK EMRI. GVK EMRI collaborates with Stanford School of Medicine to enhance prehospital care skills in the form of refresher training. Nearly 22 lakh COVID19 linked transfers were supported by GVKEMRI with the dedication of the EMTs and Pilots. All the operating states of GVK EMRI are getting geared up for 3<sup>rd</sup> wave of COVID 19, in particular managing vulnerable children.

On 26<sup>th</sup> May, National Pilot's Day was celebrated. Over 26,000 Pilots are serving GVKEMRI. During the COVID 19 pandemic role of Pilots has drawn the attention of the entire nation. Safety of patients, safety of road users and time sensitive transfers remain to be the focus of Pilots. Best Pilots who have demonstrated high KMPL for the ambulance and accident free service were recognized on Pilots Day. Each and every ambulance associate deserve special salutation.

In the months of April, May & June, number of special health days were celebrated across the organization like, World Health Day, World Asthma Day, International Nurses Day, World Hypertension day and World Blood Donors day. Key messages were disseminated across the organization on these special health days increasing the awareness amongst associates and stakeholders.

My appreciations to the team from Gujarat State for April'2021, Telangana State for May'2021 and Tamil Nadu State for June'2021 for winning the coveted 108 savour Award.

With best wishes  
**K. Krishnam Raju**  
DIRECTOR - GVK EMRI





108 attends over 2,50,000 calls per day and 97% calls gets picked-up before 2 rings.

Aiming to reduce the neonatal mortality rate, GVK EMRI has launched Neonatal Ambulance equipped with all the facilities to shift newborns to emergency care.



Neonatal Ambulance



Drop-back Ambulance

To reduce infant & maternal mortality rate, "Drop-back Ambulances" are being inducted into service to shift newly born babies to their home in a sterile condition.

Specifically targeted to reach the people of rural areas, "Mobile Medical Units" meets the healthcare needs of individuals who may not have transportation or access to hospitals, clinics or medical offices.



Mobile Medical Unit (MMU)



Boat Ambulance

For quick response to medical emergencies in riverine areas and during floods, GVK EMRI has introduced "Boat Ambulances".

Dedicated for providing Inter Facility Transfer (IFT), these ambulances shift patients from one Hospital to another in case of emergencies.



Inter Facility Transfer (IFT)



Doli-palki

To access hilly terrains where there is minimal or no road connectivity, "Doli-palki" is a novel thought conceived and implemented by GVK EMRI.

In case of any health emergency, "Call 104" is the service which provides information and advice pertaining to primary action need to be taken.



To hinder crime rate and ensure peace in the society, GVK EMRI's "Dial 100" has deployed high-end technology for analyzing calls, better information gathering, prompt response, follow up and faster information sharing across various levels.

To help women in distress and block increasing crime rate against women, "Call 181" is a new service dedicated to women needing help through counselling and reaching out.



Aiming to save animal lives and strengthen livelihoods of poor farmers in the country, GVK EMRI introduced "Animal Ambulances/Mobile Veterinary Clinics". They provide doorstep emergency veterinary care for livestock and stray animals and can shift the animal to a specialist facility if required for better care.

## Physical Progress

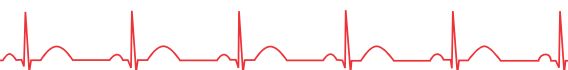
S. No	Name of the State Government	No of Ambulance	Emergencies Since Inception	Emergencies Attended in June 2021	Deliveries Assisted by EMT since Inception	Deliveries Assisted by EMT in June 2021	Lives saved since Inception	Lives saved in May 2021
1	Telangana	428	70,97,918	37,477	60,886	349	3,45,269	2,918
2	Gujarat	706	1,23,76,927	66,198	1,09,364	465	11,22,819	10,819
3	Goa	52	5,96,250	4,584	995	1	42,308	480
4	Tamilnadu	1,303	1,16,45,198	1,05,308	45,355	457	8,17,876	2,135
5	Karnataka	728	92,05,723	42,648	54,900	112	5,29,677	1,075
6	Assam	794	54,78,095	41,615	47,190	65	1,77,317	249
7	Meghalaya	48	2,18,348	1,197	2,408	6	26,246	109
8	Himachal Pradesh	204	14,44,132	6,865	12,485	764	1,34,647	823
9	Diu Daman & Dadra Nagar Haveli	22	3,08,894	1,818	1,147	7	14,945	103
10	Uttar Pradesh	2,450	1,81,91,917	1,70,587	93,227	13	7,03,900	4,878
11	Rajasthan	701	38,64,284	31,226	19,317	142	0	0
12	Kerala	330	3,54,365	17,154	35	1	0	0
13	Delhi	262	5,47,000	24,178	0	0	0	0
14	West Bengal	59	4	4	0	0	0	0
<b>National</b>		<b>8,087</b>	<b>7,13,29,055</b>	<b>5,50,859</b>	<b>4,47,309</b>	<b>1,682</b>	<b>39,15,004</b>	<b>23,589</b>

**\*\*Note:** MP project completed on 20/4/2016, attended **37,82,608** Emergencies, assisted **27,505** Deliveries and Saved **98,251** Lives, Kerala project completed on **15/11/2015** attended **73,143** Emergencies and assisted **34** Deliveries and AP project completed on **12/12/2017**, attended **72,66,356** Emergencies, assisted **70,531** Deliveries and saved **2,72,891** lives. Uttarakhand Project completed on 28/4/2019, attended 13,87,711 emergencies, assisted 15,075 Deliveries and saved 33,458 Lives. Chhattisgarh Project completed on 30/11/2019, attended 20,55,075 emergencies, assisted 14,669 Deliveries and saved 58,184 Lives. **\*\*Note:** Goa & HP Lives Saved Count since Inception is till May'19 and till Apr'19 Respectively. Live saved count has been not captured from Inception of RJ state.

## Janani Shishu Suraksha Karyakram (Mother & Child)

S. No	Name of the State Government	No of Janani Ambulance as on June 2021	Janani Beneficiaries Since Inception	Janani Beneficiaries June 2021
1	Assam	235	20,83,949	15,125
2	Gujarat	465	54,09,780	1,43,910
3	Andhra Pradesh	273	13,39,465	17,294
4	Telangana	300	32,01,281	92,068
5	Chhattisgarh	324	48,61,061	60,043
6	Uttar Pradesh	2382	4,36,25,073	5,02,505
7	Himachal Pradesh	124	2,82,228	2,590
8	Goa	4	7,731	32
9	West Bengal	931	18,86,675	36,594
<b>Total</b>		<b>5,038</b>	<b>6,26,97,243</b>	<b>8,70,161</b>
<b>Per Day Calculation</b>		<b>29, 005 Dispatches/ Day</b>		

**Note:** Rajasthan Janani Express (JSSK) Project (2016-2021) completed by Feb'2021 and total beneficiaries **41,64,718** since inception





## 108 Saviour of GVK EMRI - INDIA

APRIL	:	GUJARAT TEAM	-	A CASE OF RTA	08
MAY	:	TELANGANA TEAM	-	A CASE OF TRAIN ACCIDENT	16
JUNE	:	TAMIL NADU TEAM	-	A CASE OF DELIVERY	24

### STATE WISE CASE OF THE MONTH

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MAY	:	KERALA TEAM	-	A CASE OF DELIVERY	19
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MAY	:	TAMIL NADU TEAM	-	A CASE OF STAB WOUND	21
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JUNE	:	ASSAM TEAM	-	A CASE OF RTA	25
JUNE	:	GOA TEAM	-	A CASE OF FALL	26
JUNE	:	GUJARAT TEAM	-	A CASE OF SNAKE BITE	27
JUNE	:	HIMACHAL PRADESH TEAM	-	A CASE OF SNAKE BITE	28
JUNE	:	MEGHALAYA TEAM	-	A CASE OF ASSAULT	29
JUNE	:	TELANGANA TEAM	-	A CASE OF RTA	30
JUNE	:	UTTAR PRADESH TEAM	-	A CASE OF ASSAULT	31

**NOT FOR PROFIT ORGANISATION OPERATING IN PUBLIC PRIVATE PARTNERSHIP MODEL**

**A CASE OF RTA****APRIL 2021**

On 5 April 2021 at around 10:15 am, 15 years old Mr Shivam went shopping for purchasing groceries at Borsad highway, Tarapur, District Anand. While crossing the road, He was hit by tempo travelling at high speed. The impact was very severe and Mr. Shivam was thrown away on the road. He became unresponsive and sustained a severe head injury with a 2 cm deep lacerated wound on the occipital area. His relative Mr. Rajubhai immediately called 108 seeking Emergency Medical Services support at 10:33 am.

The ambulance located at Tarapur, manned by EMT Dhaval and Pilot Mahesh was dispatched immediately for this case. While on their way, EMT Dhaval instructed Mr. Rajubhai not to lift the patient and divert the traffic if any, not to feed anything orally, stop bleeding if any by pressure without any movement of the patient. All necessary equipment was made ready and BSI precautions were taken while reaching the scene.

On reaching the scene, EMT found that there was a crowd around the patient and

Mr. Shivam was unresponsive with feeble Pulse, low pulse rate, and agonal breathing EMT maintained airway, secured. C - spine immediately and started ventilation with BVM. EMT shifted the patient into the ambulance on spine board with the help of Pilot and his relative Mr. Rajubhai.

In the ambulance, EMT assessed vital signs and contacted ERCP Dr Rathod for online medical direction. As per advice, EMT administered IV fluids rapidly along with BVM ventilation with high flow oxygen. En route to the hospital, Ms Shivam started convulsions with no vital signs. EMT started CPR immediately for 5 to 6 cycles along with BVM ventilation. Spontaneous circulation returned with feeble pulses and low blood pressure. Hence EMT Dhaval cleared and maintained the airway by suctioning and inserting basic airway adjunct. EMT continued BVM with high flow oxygenation in the proper position. His vitals parameters after ROSC were Pulse Rate 48 beats/minute, Respiration Rate 6 beats/minute, Blood Pressure of 40/30 mm of Hg and SpO<sub>2</sub> of 38%. EMT again contacted ERCP for further guidance. ERCP Dr Jaimin

instructed to administer Inj. Atropine IV bolus followed by Inj. Adrenaline in 500 ml NS and continue with IV RL. EMT followed the instructions quickly and administered emergency medications.

With thorough observation, continuous monitoring and ongoing prehospital care, Mr Shivam was shifted rapidly to Shree Krishna medical hospital, Karamsad, Anand. At the time of handing over, patient's condition had improved.

On 48 hours follow-up, it was informed that Mr Shivam was detected to have an intracranial haemorrhage on CT scan examination. Subsequently, he was operated on for craniotomy in the hospital. After a long stay of 17 days in the hospital, it was reported that Mr Shivam is now out of danger and reviving well. His family members were grateful for our care and services. Thanks to the dedicated and coordinated efforts of the '108' team that helped to save his precious life.

**REFLECTION BY EMT : DHAVAL G. PATEL**

I am feeling motivated and feeling geared up in this beautiful journey of life-saving. This a particular case of pedestrian injury involved so many challenges like the assurance of family members to save the life of their youngest one, vitals were very unstable and convulsions en route. We used our skills learnt in various training by EMLC and further guidance by ERCPs, I was able to provide all the necessary care required to this critical pedestrian injury case. I am very happy to be a part of such an organization.

**REFLECTION BY PILOT : MAHESH P. VALAND**

In this particular case, the patient was quite very young with severe injury and critical vitals. I helped my EMT in lifting and moving the patient into the ambulance. In between as the vitals of the victim had become critical I had to drive promptly yet safely so as not to interrupt the necessary care. I am so happy that my effort helps to revive a victim in need.

**CASE DETAILS****PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : TARAPUR  
CASE ID : 20210400053816  
DATE : 05/04/2021  
CALL TIME : 10:33 HRS  
ERCP : DR. RATHOD, DR. JAIMIN  
RECEIVING HOSPITAL : SHREE KRISHNA MEDICAL HOSPITAL, KARAMSAD ANAND.





**APRIL 2021**

**A CASE OF GUN SHOT**

Mr Laskar aged 30 years tays in Dormitol Village of cachar District. On 1st April 2021 at around 5.20 PM in evening, he got shot by a gun from the front by an unknown a person who came on a bike and he ran away from the spot. People in the area immediately called 108 for help. Immediately the ERO assigned the case the Sonai BPCH location and EMT Biswajit Nath and Pilot Nur Mahammad Borbhuya in immediately rushed to the scene.

On reaching the scene the EMT noticed that the patient had a bullet shot on face and it was bleeding profusely with swelling over the surrounding skin. The patient was Semiconscious state and wailing in pain. The vitals were recorded as BP= 120/80 mm of Hg. Pulse= 90/min. Pupils = normal but in critical condition.

The case was handed over to the SMD Civil Hospital in a stable condition.

En-route with ERCP advise the EMT administered 1 amp of Injection Tramadol, 1 unit of RL and the dressing was done over the shot wound.



**REFLECTION BY EMT : BISWAJIT NATH**

Bullet shot injury cases are very rare and taking proper care of such a serious injury is a new learning experience for me. I am very satisfied with the care we can give to such a patient.

**REFLECTION BY PILOT : NUR MAHAMMAD BORBHUYAIN**  
Bullet shot injury is very life-threatening and assisting my colleague EMT in saving the life of such a patient is a noble act. I feel proud of it.



**CASE DETAILS**

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : SONAI BPCH  
 CASE ID : 20210400004832  
 DATE : 01/04/2021  
 CALL TIME : 5:44 HRS  
 ERCP :  
 RECEIVING HOSPITAL : SMD CIVIL HOSPITAL



**A CASE OF COMPLICATED DELIVERY**

**APRIL 2021**

On 22 April '21, 24 years old female Rinkle was suffering from labor Pain. Immediately her family members called 108 for help.

The case was assigned to EMT Kamini and Pilot Virender of CHC Sahoo Ambulance. On reaching the scene, they found that the patient was conscious and having labour pains since last 3hrs, with full-term pregnancy and 3rd gravida. Immediately the patient was shifted inside the ambulance. Fluid discharge and regular contraction after 2-3 mins and within moment crowning started. During crowning EMT found that there is a nuchal cord

(umbilical cord wrap around the neck) and rolled in two folds. After suctioning the baby she gave reassurance to mother and told her to push but the baby not delivered. Then EMT given fundal pressure to mother but no progression, at last EMT clamped the cord and cut in between. A Male baby delivered inside the ambulance with the great approach of EMT. Immediately EMT did suction, cleaning and kept the baby warm.

Immediately the team started moving towards CHC Sahoo. EMT on observation and recorded mother and newborn baby vitals which were, Blood

Pressure 110/80 mm of Hg  
Pulse: 98/min Respiration rate : 18/min, SPO2: 95% and Baby APGAR was 10/10.

ERCP advice was taken from Dr. Prem and as per doctor's advice EMT administered patient with, oxygen 2 lit/mints, IV Fluid NS Diluted with 1 ample of Inj. Oxytocin. After the prompt pre hospital care dedicated & skilled the staff of 108 the patient's vitals showed improvement. Patient was well managed and was safely shifted to CHC saho for further management.



**REFLECTION BY EMT : KAMINI**

I am Kamini working as an EMT in GVK EMRI 108 at PHC Pangna Location in District Chamba for the last 6 Years. Every day we receive different emergencies and handling them effectively make us receive appreciations. During this case, I experienced various challenges. In this case, the patient was full-term pregnancy regular contraction after 2-3 mins and found that there is nuchal cord (umbilical cord is around the neck) and rolled in two folds. But with the help of valuable guidance from ERCP, I could manage the case effectively.

**REFLECTION BY PILOT : VIRENDER**

I am Mati Dhar working as a Pilot in GVK EMRI 108 at PHC Pangna Location in District Chamba for the last 6 Years. I would like to thank GVK EMRI for allowing me to be a part of a life-saving mission. EMT managed the case very well by prompt Pre Hospital Care. As a Pilot, I also contribute by shifting patient into ambulance & transporting up to the destination safely.



**CASE DETAILS**

AMBULANCE LOCATION : CHC SAHOO  
CASE ID : 185763  
DATE : 22/04/2021  
CALL TIME : 10:12 HRS  
ERCP : DR. PREM  
RECEIVING HOSPITAL : CHC SAHOO

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**



APRIL 2021

## A CASE OF COMPLICATED DELIVERY

Phibanniewkor Nongrum a 21 years old resident of Lumkynsai village of Mawryng kneng block in East Khasi Hills The district was 9 months pregnant for the first time. Living in a remote village and being scared of the COVID 19 pandemic, she does not have many antenatal visits to the hospital. She was also scared to go to the hospital for delivery. However, on the 17 of April 2021, she suddenly started feeling the labour pains. Delivery was attempted at home. But after many hours of trying, the child could not be delivered. Finding no other options, her family members dialled the number 108.

After receiving the information from the patients party, the ERO immediately at 16:03 assigned the case to the 108 ambulance based at Smit PHC. EMT Markiecha

Marbaniang, Pilot Denis Syiemlieh, quickly rushed to Lumkynsai village for attending the case. On reaching the scene, the EMT saw that the patient had a very strong labour pains. The EMT immediately assessed the patient and found that all the vitals of the patient was stable but the progress of labour is quite fast with the waters broken and crowning was already seen.

Immediately she prepared for conducting the delivery process. While waiting for the delivery to happen, she called for Online Medical Direction. She received instructions from Dr J Nongtdu. After a few minutes, a female baby was delivered in the scene with an umbilical cord wrapped tightly once round the neck. The EMT quickly unwrapped the cord and cut it. The

baby got 8 points in APGAR score. But there was a meconium stain all over the baby due to prolonged labour. The EMT cleaned the baby, suction of the baby is also done, the baby was kept warm and they hurriedly shifted both the mother and her child inside the ambulance and proceeded to Smit PHC. Oxygen was given to the baby as per ERCP advice. Oxytocin injection was given to the mother as advised by ERCP.

After 48 hours follow up it is found out that the mother and the baby were in a stable condition. The patient's party were thankful to these two 108 staff because it was due to the right interventions they made that the two lives were saved.



## REFLECTION BY EMT : MARKIECHA MARBANIANG

Conducting deliveries at the scene is a scary affair. Many complications can be there. But thanks to the training I received and the Online Medical Direction which gave me confidence and enable me to conduct this delivery successfully.

## REFLECTION BY PILOT : DENIS SYIEMLIEH

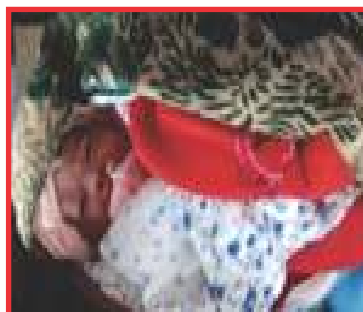
The pandemic has pushed the life of villagers to the wall. I am happy that our effort was not in vain.



## CASE DETAILS

## BABY RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE

AMBULANCE LOCATION : SMIT BASE  
 CASE ID : 20210000035310  
 DATE : 18/04/2021  
 CALL TIME : 16:03 HRS  
 ERCP : DR. J NONGTDU  
 RECEIVING HOSPITAL : SMIT PHC



**A CASE OF RTA****APRIL 2021**

On 27 April 2021, a Good Samaritan called 108 Our Emergency Response Centre, who met with road traffic accident (skid and fall). A 42 years old male patient with severe bleeding from scalp injury was present at scene. Our Emergency Response Officer assigned the case to the nearest Krishnagiri fire station location ambulance for the immediate support.

On arrival at the scene, BSI precautions were followed by the EMT. On assessment, the victim was conscious and oriented. The victim had lacerated wound on his right temporal region. No other major

injuries were presented. Wound washed with normal saline and bleeding was controlled by gentle pressure. Dressing done and wound care given. After stabilization, the victim was shifted into the ambulance. Vital parameters were checked and observed as stable. Oxygen administered via nasal cannula and an IV line was started.

En route to the hospital, Our EMT obtained the ERCP advice. IV fluids were administered and the victim was continuously monitored till the ambulance reaches the hospital. The victim was safely shifted to Government General Hospital, Krishnagiri for the further

management. On 48 hours follow up, the victim was found to be stable. The pandemic has pushed the life of villagers to the wall. I am happy that our effort was not in vain.

**REFLECTION BY EMT : RAJINI**

It was a scene case and I provided adequate pre-hospital care as per the ERCP advice

**REFLECTION BY PILOT : ARUMANI**

I moved the ambulance quickly and safely to the hospital.

**CASE DETAILS****PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : KRISHNAGIRI FIRE STATION  
CASE ID : 1757487  
DATE : 27/04/20211  
CALL TIME : 08:40 HRS  
ERCP : DR. MEERA  
RECEIVING HOSPITAL : GOVERNMENT GENERAL HOSPITAL, KRISHNAGIRI.



**APRIL 2021**

**A CASE OF ELECTROCUTION**

On 11 April 2021, at 08:10hrs, an incident of electrocution and fall from height was reported in Borepally The village, Maddur Mandal, Narayanapet (Old Mahaboobnagar District). In the process of laying of the new electric line at Borepally village, Mr Moheed (contract worker) working on the electric pole, while pulling new lines, reverse electric the power supply had electrocuted him. In this incident Mr. Moheed got electrocuted; he fell from the pole on to the ground and sustained serious injuries. The co-workers and bystanders who noticed the same, called 108 services for helping and caring the victim.

On reaching the scene, EMT Narsimlu, took all the information about the electrocution assessed of the situation. Mr Moheed aged 25, was conscious and due to Electrocution, had electrical burns, the entry point of the the current was seen on the right hand and the exit

point was seen on the left leg at foot region. After starting the physical examination, EMT noticed tenderness (closed fracture) below the knee joint region of the left leg, also multiple abrasions all over the body. EMT with the help of Pilot Mr Md Rafi, provided the wound care by using the sterile pads soaked in normal saline solution and gauze bandage dressings, done splinting of the injured left leg for immobilization, also applied C-Collar for cervical spine immobilization. Later taking all the precautions victim was carefully shifted into the ambulance by using the scoop stretcher and initiated high flow oxygen. Baseline vitals were recorded; BP 110/90 mm Hg, Pulse rate 104/min and a Respiratory rate of 20 breaths/min. ERCP Dr. Naik was contacted; on his advice IV RL was initiated to left arm and Injection Tramadol IM was given for pain relief. With continuous monitoring of the victim was shifted to the Primary Health

Center Maddur of Narayanapet (Old Mahaboobnagar District) for further surgical care and management.

The doctors and the staff of receiving hospital after providing the necessary support care and stabilizing, decided to shift the victim to District Hospital, Narayanapeta, for advanced surgical care and management. In the process of inter-facility transfer; the same ambulance shifted the victim to District Hospital, Narayanapeta.

Our Associates on further follow-up and further recent enquiries came to know that at District Hospital, Narayanapeta, the victim was taken care by a specialist and he was in a special ward under specialist's observation of the Hospital for few days, recovered completely and went back to his home.



**REFLECTION BY EMT : NARSIMLU MUDAVATH**

"On arrival of a scene, we have taken all the scene safety measures related to electrocution emergency. It was a great experience to save the victim by providing timely Pre-hospital care by following our protocols and ERCP advice. We feel very proud to save such major accident victims because of our training and association with GVK EMRI organization. The hospital personnel and victim's family members had highly appreciated our timely Pre-hospital care."

**REFLECTION BY PILOT : MOHAMMAD RAFI**

"It was a great satisfaction to help the victim in such a critical condition and we shifted him to the nearest hospital by giving proper timely Pre-hospital care. We feel happy for being a Pilot in these life-saving missions of GVK EMRI."



**CASE DETAILS**

AMBULANCE LOCATION : PRIMARY HEALTH CENTER, MADDUR  
 CASE ID : 20210001809628  
 DATE : 11/04/2021  
 CALL TIME : 08:10 HRS  
 ERCP : DR. NAIK  
 RECEIVING HOSPITAL : PRIMARY HEALTH CENTER, MADDUR

**PATIENT INJURIES AND PRE-HOSPITAL CARE PHOTOGRAPHS APPRECIATION LETTER GIVEN BY THE PATIENT FAMILY MEMBERS**



**A CASE OF RTA**

**APRIL 2021**

ERC received a call for a 30 year old man who was severely injured in a head-on collision of bike and car. Immediately an ambulance was dispatched with rescue team EMT Shatrohan Pandey and Pilot Shushil Kumar. On arrival, Ensuring scene safety crew approached the patient and found he was lying on the ground in an unconscious state and bleeding from head, nose and lower limb. Immediately airway, breathing was secured and bleeding was stopped using pressure bandages. As it is a "load and go, situation EMT along with the Pilot shifted the patient immediately in to ambulance. A detailed head to

toe examination was performed and bleeding from the head and fracture at right leg was identified. Bleeding was stopped by using cotton and bandage, simultaneously splinting of fractured limbs were done.

Vitals were measured by EMT, The patient's baseline vitals were Pulse 72 beats/min, Respiratory Rate 12 beats /min, B.P. 110/68 and SpO2 98%.

EMT contacted the ERCP Dr. Kuldeep Saxena for expert advice and as per instruction, Oxygen and medication was given by EMT. Enroute EMT was in proper monitoring with

victim's Vital at every 5 minutes. After reaching EMT safely handover the victim to the hospital staff at the C.H.C. Utraulla, Balrampur. The victim was found alive and healthy condition after 48 hours follow up.



**REFLECTION BY EMT : SHATROHAN PANDEY**

I would like to thank "GVK EMRI" 108 for this opportunity of saving lives every day. I did my job with great dedication and responsibility. It was possible due to my training. Thank you!

**REFLECTION BY PILOT : SUSHIL KUMAR**  
I am grateful to "GVKEMRI" to be a part of this rescue team. I drive safely on bad road condition due to my training in this organization.



**CASE DETAILS PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE AND MEDIA COVERAGE**

AMBULANCE LOCATION : CHC UTRAULLA  
CASE ID : 44239  
DATE : 03/04/2021  
CALL TIME : 12:36 AM  
ERCP : DR. KULDEEP SAXENA  
RECEIVING HOSPITAL : C.H.C. UTRAULLA



**MAY 2021**

**MAY 2021**

**A CASE OF TRAIN ACCIDENT**

On 16 May 2021, at 16:58hrs, a tragic incident was reported near by Mancherial Railway Station of old Adilabad district. Mr Someshwar aged 38, was travelling on the Dhanapur Express train to Secunderabad, due to the overcrowding of the compartment he was sitting at the open door of the compartment. After some part of the journey, having fallen asleep, fell down from the moving train. The track inspection team (Gang Men) on their the daily routine activity of moving along the track heard the Moaning sounds and saw the victim beside the track with serious injuries and heavy bleeding. That spot was one-kilometre distance from Mancherial Railway Station. Immediately they informed the same to the Station Manager, who called our 108 services to care for the injured victim.

To reach the scene, our associates had to walk for one kilometre from the

railway station by carrying the necessary equipment's and materials, after reaching the scene EMT Mr Venu, performed brief trauma examination, the daylight was good. The victim Mr. Someshwar was semiconscious, suspected head injury at the occipital region, crush injury of left leg above ankle joint region with severe bleeding and multiple abrasions all over the body. EMT first attended the wound of the occipital region controlled the bleeding with pressure bandages under aseptic condition, C-Collar applied for cervical spine immobilization, then provided wound care to the injury of the leg, done splinting to immobilize the injured leg. Taking the help of Pilot Mr. Venkatesh wara Rao, Track inspection team, using the scoop stretcher by adopting lifting and moving technique reached the ambulance, carefully shifted the victim into the ambulance, after putting him in a comfortable position and then initiated high flow

oxygen. The baseline vitals were recorded; BP 100/70 mm of Hg, Pulse rate 115/min and Respiration rate 24/min.

ERCP Dr Srikanth was contacted and on his advice, EMT initiated IV fluids, Inj. Rantac and Inj. Tramadol IM for pain relief. With constant monitoring, the victim was shifted to The District Hospital of Mancherial (Old Adilabad District) for surgical care and management.

Our Associates later learnt from the 48hrs follow-up and further recent an enquiry came to know that the victim underwent amputation of his left leg above the Knee joint region and received advance surgical care, after special care for two weeks, recovered completely and went home.



**REFLECTION BY EMT : VENU KAMUJULA**

It was very challenging to walk the distance of one kilometre to reach the victim and after providing the necessary pre-hospital care, carrying him back up to the ambulance with help of Pilot Mr. A Venkateshwara Rao and track inspection team. We feel proud and happy for saving the victim's life. The railway and the hospital officials appreciated our pre-hospital care and good timely services."

**REFLECTION BY PILOT: A VENKATESHWARA RAO**

"It was great satisfaction for helping the victim in this critical condition, we felt happy that when the bystanders had supported in caring the victim on the scene and we shifted him to the nearest hospital by providing proper, timely pre-hospital care and saved the precious life of the victim."



**CASE DETAILS**

AMBULANCE LOCATION : DISTRICT HOSPITAL - MANCHERIAL  
 CASE ID : 20210002457178  
 DATE : 16/05/2021  
 CALL TIME : 16:58 HRS  
 ERCP : DR. SRIKANTH  
 RECEIVING HOSPITAL : DISTRICT HOSPITAL - MANCHERIAL

**PATIENT INJURY PHOTOGRAPHS, RECOVERY PHOTOGRAPHS & MEDIA COVERAGE**





**A CASE OF RTA****MAY 2021**

Due to pandemic and subsequent curfew from 12 pm onwards, a huge rush was there in the morning and ERC was receiving many RTA case calls during the morning time. On 13 May 2021, ERC got a call for a road traffic accident, the team at Dokmoka location was immediately dispatched with EMT Eashantu Borah and Pilot Probit Basumatary. After reaching the scene, EMT found Kobila Narzary was lying on road, full of blood and semiconscious with major injury. Once the EMT confirmed the scene safety approached a patient who was profusely bleeding from the left leg. EMT immediately controlled the bleeding and checked the response, patient was semiconscious. On rapid physical examination EMT found an open fracture on his left

leg with severe bleeding. EMT immediately controlled bleeding by direct pressure by giving wound care and the dressing was done properly to the patient before shifting the patient into the ambulance.

Vitals were monitored by EMT, his initial vitals were pulse 76 bpm, blood pressure 110 /70 mmHg and oxygen saturation 96%, respiratory rate 16 breaths/min EMT immediately connected the high flow oxygen and connected ERC physicians, Dr. Anupam Borgohain for further management. As per physician's advice EMT placed an intravenous line and administered normal saline. After stabilizing the patient, Enroute EMT re-assessed the patient condition and monitored

vitals for every 5 minutes. Pilot was able to reach the hospital within few minutes, patient was handed over to Howraghat CHC.

**REFLECTION BY EMT : EASHANTU BORAH**

RTA cases are always critical as they involve head injury and fracture and we take extra care in handling such cases.

**REFLECTION BY PILOT : PROBIT BASUMATARY**

Quick and safe transport of RTA cases is very vital for the survival of such patients. My responsibility increases manifold in this regard, I always try to do my best in such cases.

**CASE DETAILS****PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : IFT-DOKMOKA CHC  
CASE ID : 20210500096856  
DATE : 13/05/2021  
CALL TIME : 10:47 HRS  
ERCP : DR. ANUPAM BORGHAIN  
RECEIVING HOSPITAL : HOWRAGHAT CHC



## MAY 2021

## A CASE OF BREECH DELIVERY

Complicated delivery leads to too many tribulations in both mother and baby, but proper interventions can prevent the complications and save lives. On 9 May 2021, Mr Mahesh Bhai called 108 Emergency Response Center for his wife Mrs Bhagvatiben, 25 years old, 2 gravid full-term complaining of severe labour pains. This case was assigned to the Ambulance located at Dholka manned by EMT Desur and Pilot Aniruddhsinh. EMT Mr Desur called her husband and gave pre-arrival instructions to give her left lateral position, do not allow her to move and keep her all medical records ready for better care. On arrival on the scene, EMT found that the patient was in intense labour pains so he shifted her to the ambulance immediately with help of the Pilot and relatives with appropriate lifting and moving techniques. In ambulance, IV access and vitals were assessed which were BP 170/120 mm hg, pulse 110 beats/min and RR 18 breaths/min.

En route to the hospital, EMT assessed the patient and completed physical examination for labour pains which were increasing and saw buttocks presentation of the fetus with imminent signs of delivery. EMT advised Pilot to stop the ambulance in a safe place and assist in labour. EMT Mr Desur prepared delivery kit and assisted breech delivery successfully. Newborn care was provided by drying and stimulating along with cord clamping and cutting it with sterile techniques. While providing care to newborn EMT observed that the baby was not crying, not breathing with severe bradycardia and skin was cyanosed. EMT immediately started CPR with help of the Pilot and contacted ERCP Dr Jaimin for online medical direction and as per his advice provided emergency medications and continued care to newborns and mothers. After about 5 to 6 minutes of CPR the vital signs of newborn improved and heart rate was 100 beats /min, respiratory the

rate was 32 breaths /min, and skin returned to pink. En route to the hospital, EMT provided oxygen to newborn and monitored the vitals of both continuously. Both the mother and newborn were shifted rapidly to nearest PHC Koth , Ahmedabad. The newborn and mother were further shifted to Santokba Bhagvati general hospital, Dholka for further care.

On 48 hours follow-up, it was reported that Mother and Newborn were recovering without any complications. Thanks to the dedicated and coordinated efforts of the '108' team that saved precious lives.

**REFLECTION BY EMT : DESUR AHIR**

This case has too many challenges for us like breech delivery, hypertensive mother. Initially, I was very nervous but I managed the situation and conducted successful breech delivery, after delivery baby did not cry, mothers and relatives started crying I handled the situation and focused on neonatal resuscitation, I used skills learnt in my training applied it and was able to provide good pre-hospital care to mother and newborn. I am very happy to save the life of a mother and newborn in such an emergency case. Thanks to all that this case and my work are recognized by the team and selected as savior. This reward enhances my skill and work capacity.

**REFLECTION BY PILOT: ANIRUDDHSINH CHAUHAN**

I am really happy to work as a team and equally participating with our EMT not only in challenging situations but also in other activities related to our pre-hospital care. I thank all who have given me this nice opportunity to serve human beings. This gives me lots of satisfaction.

**CASE DETAILS****PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : DHOLKA  
 CASE ID : 20210500110142  
 DATE : 09/05/2021  
 CALL TIME : 10:27 HRS  
 ERCP : DR. JAIMIN  
 RECEIVING HOSPITAL : PHC, KOTH DHOLKA AHMEDABAD



**A CASE OF DELIVERY**

**MAY 2021**

The timely intervention by the staff of Kaniv 108 ambulance saved the lives of a child and its mother at Vattavada in Idukki. Relatives of Kausalya (20), a resident of Koviloorin Vattavada, noticed that she was in labour around, 1.30 am on 25 May 2021 and was in the process of rushing her to a hospital in a car. Mid-way, they sought the help of 108 ambulance as they felt that she might need more care amid labour pain. The message was sent to 108 Ambulance based at Primary health centre in Vattavada from the control room. When they received this the message, medical technician BS Ajeesh and Pilot of the ambulance Noufal Khan rushed

to their aid immediately. They saw the car with the woman near Pampadum Shola National Park. In the preliminary check, EMT Ajeesh realized that there was no time to move the woman to a hospital. He immediately made arrangements for the baby's delivery inside the car. Kausalya gave birth to her child by 2 . 1 5 am . After providing preliminary care to her and the child, they moved her immediately to a private hospital in Munnar and then later shifted her to another private hospital at Adimali. Their kind approach drew praise from the new health minister Veena George, who also congratulated them for their efforts. The staffs were also honoured by the

natives for their timely interference in saving lives.



**REFLECTION BY EMT : BS AJEESH**

It was a challenging task to take the delivery inside the car. The victim was not in a condition to shift into the ambulance. I am glad that I have saved the lives of both mother and child.

**REFLECTION BY PILOT : NOUFAL KHAN**

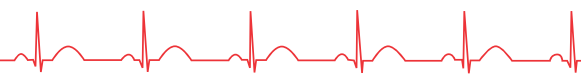
Our base location is situated in the remote area of the Idukki district. It was a challenging situation to reach the scene in heavy fog. I am glad that I have saved the lives of both mother and child



**CASE DETAILS**

AMBULANCE LOCATION : VATTAVADA PHC  
CASE ID : 20210500070373  
DATE : 25/05/2021  
CALL TIME : 01:51 HRS  
ERCP : DR.  
RECEIVING HOSPITAL : MORNING STAR HOSPITAL  
ADIMALI

**MEDIA COVERAGE**



A 40 Yrs old Shimtihun Kharbangar, a resident of Myllem 12 Mile, was 9 months pregnant for her 10 child, when suddenly on the 9 of May 2021, started feeling a Labor pain. Her relatives took her to the nearby Pomlum PHC. And then they realized that the trouble has just started. The hospital authorities, after examining the patient properly, told her that the baby is lying in a transverse position. The patient has to be operated on. She had to be shifted immediately to the higher centre. Then the hospital authorities called 108. After receiving the information from the patient's party, the ERO at 07:57 AM Assigned the case to the 108 ambulances based at Shillong Civil Hospital. EMT Cordelia Kharkongor, EMT on duty and Pilot Nalumjingshai Warjri, Pilot on duty,

quickly rushed to the scene for attending the case. On reaching the scene, the EMT assessed the patient and saw that the waters were broken. Then the 108 teams took the patient to the ambulance. The EMT called for Online Medical Direction and received instructions from Dr. J Nongtdu. She was prepared for any eventuality. During en route, delivery happened. But it was not the head of the baby that comes out first, but only one leg. It was a breech presentation.

Knowing the complications and dangers of such a situation, the EMT carefully following the breach protocol, help the baby to come out safely. It was not an easy task but finally, after approximately 10 minutes, a male baby with

meconium stain was delivered inside the ambulance. Due to prolong labour, the baby is weak with no sign of movement. The APGAR score was just 6. Newborn care and resuscitation methods were followed. The baby eventually started crying. The mother also was stable with normal conditions. As they have just travelled only 2 kilometres away from the hospital, they returned to Pomlum PHC.

After 48 hours follow up it is found out that both the mother and the baby are in a stable condition and were discharged from the hospital.



**REFLECTION BY EMT : CORDELIA KHARKONGOR**

When I first saw this mother in labour pain, knowing the position of the baby inside her womb, I could not imagine what will happen next. Thanks to the training and ERCP advice.

**REFLECTION BY PILOT : NALUMJINGSHAI WARJRI**

It gives us the ambulance team inner satisfaction whenever we managed to save a life like in this case.



**CASE DETAILS**

AMBULANCE LOCATION : SHILLONG CIVIL BASE  
 CASE ID : 20210000043421  
 DATE : 09/05/2021  
 CALL TIME : 07:57 HRS  
 ERCP : DR. J NONGTDU  
 RECEIVING HOSPITAL : POMLUM PHC

**BABY RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**



**A CASE OF STAB WOUND****MAY 2021**

On 15 May 2021, a family member called 108 Our Emergency Response Centre for a 52 years old male who attempted the suicide by stabbing himself on his abdomen using sharp knife. Our Emergency Response Officer assigned the case to nearest bodi GH location ambulance for the immediate support. On reaching the scene, BSI precautions were followed by the EMT. On assessment, the victim was in an unconscious state. The victim had penetrated wound on his right upper quadrant

Bulky dressing was done, bleeding was controlled and wound care given. After stabilization, the victim was shifted into the ambulance. Vital parameters were checked and observed as tachycardia, tachypnea, hypotension, hyperglycemia and mild hypoxia. Oxygen administered via simple face mask and IV line secured.

En route to the hospital, Our EMT obtained the ERCP advice. IV fluids were administered and the vital parameters were monitored

till the ambulance reached the hospital. The victim was safely shifted to Government Medical College and Hospital, Theni.

On 48 hours follow up, the victim was found in the intensive care unit.

**REFLECTION BY EMT : YUVARAJA**

It was a scene case, the skill which I learnt during my training was helped me to provide adequate pre-hospital care to the victim.

**REFLECTION BY PILOT : VIJAYAKUMAR**

I moved the ambulance quickly to the hospital.

**CASE DETAILS****PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : BODI GH  
CASE ID : 1993776  
DATE : 15/05/2021  
CALL TIME : 09:55 HRS  
ERCP : DR. ANBU  
RECEIVING HOSPITAL : GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, THENI.



**MAY 2021**

**A CASE OF ASSAULT**

ERC received a call from village Bahadurpur of Prayagraj district for a 20 yrs. man who was assaulted. Immediately 108 an ambulance was dispatched with EMT Santosh Bhartiya and Pilot Vishnu Yadav. After reaching at the scene, the scene was full of violent mob; the rescue team managed the crowd and approaches the patient. On general impression, profusely bleeding from right hand and open fracture of right tibia-fibula were seen, immediately bleeding was controlled by EMT. After completion of initial assessment and rapid trauma survey, the patient was shifted into the ambulance. Vitals were

measured by EMT, the patient's baseline vitals were Pulse 60 beats/min, Respiratory Rate 14 breaths/min, B.P. 70/46 and SpO2 89%.

EMT connected the ERCP Dr. Aashubh Rastogi for online medical direction. As per instruction EMT connected the Oxygen supply to the patient and administered Inj. Ranitidine, with IVF RL 500ml as bolus. Splinting of the right leg was done to immobilize the affected are a for prevention of secondary injuries. Enroute EMT was in proper monitoring with victim's Vital at every 5 minutes. After reaching EMT safely

handover the Victim to the Hospital staff at the C.H.C. Bani, Prayagraj. The Victim was found alive and improving after 48 hours follow-up.



**REFLECTION BY EMT : SANTOSH BHARTIYA**

As EMT I feel proud to serve the people by saving lives. I am heartily thankful "GVK EMRI" for providing me with the chance to prove myself, In this case, the mob was violent. We managed it carefully.

**REFLECTION BY PILOT : VISHNU YADAV**

The scene was full of crowd, we managed the crowd and shifted the patient into an ambulance and transported them to CHC Bani, Prayagraj. I would like to thank "GVK EMRI" for this opportunity.



**CASE DETAILS**

AMBULANCE LOCATION : ELAMKULAM CHC  
 CASE ID : 20210200048290  
 DATE : 21/02/2021  
 CALL TIME : 8.30 HRS  
 ERCP : DR.  
 RECEIVING HOSPITAL : MANJERI MCH

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE & MEDIA COVERAGE**



**सुरक्षक को किया अघमरा**  
 झुंझी। श्याम क्षेत्र के बाहादुरपुर वार्ड में कल एक अत्यास हादसा घटने में गई थी। वहीं पर किसी आस को लेकर गांव के ज्ञानभंड और राजेंद्र भारतीय के बीच झगडा हो गया था। जमिन्वार सुबह अत्यास गांव जायस लौटने पर दोनों में फिर झगडा हो गया। राजेंद्र को लोहे की राड से मारकर अघमरा कर दिया। एक पैर टूट गया था। मौके पर 108 रेसुलेस के ईएमटी स्वतंत्र भारतीय चालक के साथ मौके पर पहुंचे और घायल को पहले सोएचसी ज्वनी और बाद में काव्लिन अस्पताल में भर्ती कराया। पुलिस ने आरोपी को गिरफ्तार कर लिया है।



**JUNE 2021**

**JUNE 2021**

**A CASE OF DELIVERY**

On 11 June 2021, our Emergency Response Centre received a call from the Usilampatti GH staff nurse requesting an ambulance for an IFT to Government Rajaji Hospital, Madurai. The staff nurse informed about 25 years old women as primi gravida, with a chief complaint of headache and blurred vision with a blood pressure of 160/100 mm of Hg. The expected date of delivery was 20/6/21. Immediately our Emergency Response Officer assigned the case to the nearest Usilampatti ambulance location for IFT. BSI precautions were followed by the EMT on arrival and assessment of the mother

was done. The mother was conscious, oriented and gave the history of pregnancy-induced hypertension. She was in active stage of labour. The mother was immediately shifted to the ambulance and left lateral the position was maintained. Vitals were checked and recorded; IV line was secured. En route to the hospital, the mother had severe contractions and crowning occurred. As per ERCP advice, an ambulance was parked in a safer location and EMT assisted the delivery. The mother delivered an alive, active female baby with a good cry. After resuscitation, the baby was covered and kept in the warmer. The placenta was removed and bleeding was

within normal limits. The mother was managed with medications and IV fluids. After stabilizing, the mother and baby was safely shifted to Government Rajaji Hospital, Madurai for the further management.



**REFLECTION BY EMT : LOGAMANI**

It was a scene case and it was unique and challenging. I provided the adequate pre care for the mother and the baby to save their lives.

**REFLECTION BY PILOT: PARANIALAGU**

I understood the mother condition from the EMT supported the EMT to deliver the baby. I took the ambulance safely to the hospital.



**CASE DETAILS**

AMBULANCE LOCATION : USILAMPATTI  
 CASE ID : 2203724  
 DATE : 11/06/2021  
 CALL TIME : 11:52 HRS  
 ERCP : DR. KARTHICK  
 RECEIVING HOSPITAL : GOVERNMENT RAJAJI HOSPITAL, MADURAI.

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE & MEDIA COVERAGE**





**A CASE OF RTA**

**JUNE 2021**

After unlocking the curfew for the pandemic, Road traffic Accident cases are increasing day by day again. This is very common incident prevailing mostly in high traffic areas and National Highways. On, 21st June 2021, Md Motiur Ali, A 45-year-old person was walking and going to his friends' home via National Highway. Suddenly, a speedy Bike hit him from backside and ran away, he fell down near the roadside and critically injured. A by-stander saw the incident and immediately called 108 for help. The case was assigned to Dalgaon IB location of Darrang District. The team comprising of

EMT Selim Hussain and Pilot Manoranjan Sarma reached the scene within a short time. On first observation, EMT found the a victim lying on the grassy roadside in supine position groaning in pain along with his Right Leg Femur Bone fracture. Immediately EMT immobilized the patient and shifted to the ambulance with the help of the by-standers. Checking the vitals of the victim, he recorded as Respiratory Rate-16 bpm, Pulse rate-88 bpm, Blood Pressure-115/80mmhg. The victim was conscious but was bleeding from the injured area. On the advice of ERCP, Dr. Anupam Borgohain, the EMT has immediately done

splinting applied iodized dressing on abrasions and laceration. Then the victim was shifted to Mangaldoi Civil Hospital.



**REFLECTION BY EMT : SELIM HUSSAIN**

Road traffic accident cases are the most prior emergencies in a country like India. An ambulance was posted in the high-frequency accident zone so that the emergency medical response team would be able to reach the scene as quickly as possible and provide care to the victim. I am happy that the victim got relief from pain after the care we provided.

**REFLECTION BY PILOT: MANORANJAN SARMA**

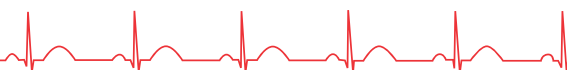
I am thankful that we were able to shift the victim on time and could give the care to the victim. Thanks to all the authorities who have given their hard work to run such a beautiful project.



**CASE DETAILS**

AMBULANCE LOCATION : DALGAON IB  
 CASE ID : 20210600152747  
 DATE : 21/6/2021  
 CALL TIME : 12:40 HRS  
 ERCP : DR. ANUPAM BORGHAIN  
 RECEIVING HOSPITAL : MANGALDAI CIVIL HOSPITAL

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**



**JUNE 2021**

**A CASE OF FALL**

It was an afternoon of 7th June'2021, a call received by ERO stating that 20 years old male Utkarsh Singh unfortunately had a fall while clicking a selfie at the Sinquerim fort. By observing the criticality ERO immediately assigned the nearest ambulance for help.

The case was assigned to Porvorim ambulance located at Porvorim PHC. On arrival at the scene which was at approx. 200mts of depth. Our EMT and Pilot with the help of locals tried to go along with the spine board to rescue the patient and somehow, they also managed to shift the patient into the

ambulance and provide re assurance , comfortable position and oxygen. Along with that she also cleaned the the injured site and controlled the external bleeding by applying firm pressure.

The Vitals of the patient are as follows en route: L.O.C Concious, Pulse 92 B/mins, Blood pressure 110/60 mmHg, Respirations 16 B/mins, Spo2% 97% The EMT suspected a right shoulder dislocation and deep laceration and fracture on the left ankle with profuse bleeding. immediately splinting and dressing were done. With ERCP advice IV fluid was started to

prevent him from going into shock and immediately shifted the patient to the nearest health care facility. After the prompt prehospital care, the patient's vitals showed improvement. Patient was well managed and was safely shifted to GMC Hospital Bambolim for further management.



**REFLECTION BY EMT : SHILPA LOHAR**

I am thankful to the Pilot for being so supportive and glad for his mind-blowing contribution in loading and shifting the patient into the ambulance and transporting in a safe manner to destination hospital.

**REFLECTION BY PILOT: ANKUR ANKUSH GAWAS**

For me handling trauma cases are a bit challenging but the happiest moment was putting our efforts together to manage and save another life.



**CASE DETAILS**

AMBULANCE LOCATION : PORVORIM PHC  
 CASE ID : 2021000007040  
 DATE : 07/06/2021  
 CALL TIME : 13:27 HRS  
 ERCP : DR. NAVJYOT  
 RECEIVING HOSPITAL : GMC

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**



**A CASE OF SNAKE BITE****JUNE 2021**

On 20th June 2021, a 30 years old Ms. Faguben residing in a tribal area of the district Mahesana was suddenly & allegedly bitten by a snake on her left leg while she was working outside her home and as a result she had fainted and fallen. Thereafter, her family member had immediately admitted her to a nearby hospital but the patient's condition was deteriorating rapidly. So the doctors at CHC had decided to refer the case to a higher facility and had dialled '108' for Interfacility Transfer service.

The ambulance located at Satlasana, District Mahesana was dispatched for this case. EMT Neelam Chaudhary and Pilot Pravinsinh were on duty. After collecting the essential case details they had rushed to the scene after gearing up with all the necessary equipment & taking BSI precautions.

On arrival at the scene, EMT had found

that the patient was Unconscious and following were her vitals parameters : Blood pressure-188/116 mm of Hg. Pulse rate- 122 beats/min, Respiration rate-8 breaths/min, SpO2-62%, left Pupildilated, skin-cyanotic and cool. So, EMT Neelam had shifted the Patient into the ambulance on spine board with the help of Pilot Pravin and other hospital staff.

En-route to the hospital, the Patient had started convulsing and so EMT Neelam had cleared and maintained her airway by doing suction and applying NPA respectively. In addition to that, wound care and splinting was applied on the leg and the IV line was accessed as well. With continued BVM ventilation EMT had contacted Dr Ishan and Dr. Jitendra for online medical direction and as per their advice, EMT had administered Inj. ASV Inj. IV fluid and other EM drugs. With diligent observation and continuous monitoring, the Patient was quickly shifted to GMERS civil hospital

Vadnagar Mahesana. At the time of patient handover, the vital parameters had improved remarkably.

During follow-up after 48 hours, it was reported that Ms Faguben was out of danger and was regaining her health thanks to the rapid, dedicated and coordinated efforts of the '108' team that saved a precious life.

**REFLECTION BY EMT : NEELAM CHAUDHARY**

I am associated with GVK EMRI for a long and I have managed so many cases in this beautiful journey of saving lives. This particular IFT case of Snake Bite with unstable vitals was a challenge, but with the help and continuous guidance of ERCP and skill learnt in training I could provide all the essential pre hospital care. This case has given me a good learning experience regarding the care of a Snake Bite patient.

**REFLECTION BY PILOT: PRAVINSINH DEVDA**

As a Pilot, I am enjoying being a part of this mission of saving lives as my efforts enable helping those patients & their relatives who are in need. Since the patient was very critical in this particular case, this made me more cautious about my driving skills so that it didn't interrupt the continuous care being delivered to the patient. I will continue to contribute in my way to extend my help in saving every precious life in need.

**CASE DETAILS****PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : CHC KHUTHAN  
CASE ID : 306304  
DATE : 18/02/2021  
CALL TIME : 4:19 HRS  
ERCP : DR. SATYANAND  
RECEIVING HOSPITAL : DISTRICT HOSPITAL,  
JAUNPUR



## JUNE 2021

## A CASE OF SNAKE BITE

On 23rd June '2021, 42 years old male Hoshiyar Singh who was harvesting vegetables in his field, suddenly he was bitten by a snake. By Knowing his criticality his family members called 108 for help.

The case was assigned to EMT Sudesh Kumari and Pilot Kulbir of CHB angana Ambulance. On reaching at the scene EMT found that the the patient was semiconscious as he was bitten by a poisonous snake with two fang marks on his right-hand middle finger since last 30 mins. Patient having bleeding, swelling and severe pain at the bitten place. The patient also

had 4 episodes of vomiting and difficulty in breathing.

Patient was immediately shifted inside the ambulance and was moved towards the nearest hospital. Patients Vitals were recorded which were ; Blood Pressure 110/70mmhg, Pulse Rate 108/min, Saturation was 93%, Respiration Rate 26/min.

ERCP advice was taken from Dr Prem and as per doctor's advice EMT administered patient with Oxygen @6l/min, IV fluid NS, Inj. Hydrocort IV, Inj. Avil IV, Onset immobilization of middle finger. Patient was kept in a comfortable position. After the

prompt pre hospital care the patient's vitals showed improvement. Patient was well managed and was safely shifted to CH Barsar for further treatment.

On 48 hours follow up, it was found patient is alive and kept under observation at hospital.

**REFLECTION BY EMT : SUDESH KUMARI**

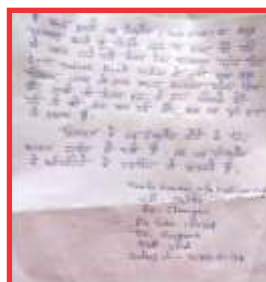
I am Sudesh Kumari working as an EMT in GVK EMRI 108 at CHC Bangana Location in District Una from last 4 years. Every day we receive different Emergency calls and handling them effectively make us receive appreciations. During this case, I experienced various challenges. In this case, the patient was semiconscious and also associates with other problems. But with the help of valuable guidance from ERCP, I could manage the case effectively.

**REFLECTION BY PILOT : KULBIR**

I am Kulbir working as a Pilot in GVK EMRI 108 at CHC Bangana Location in District Una for the last 7 Years. I would like to thank GVK EMRI for allowing me to be a part of a life-saving mission. EMT managed the case very well by prompt Pre Hospital Care. As a pilot, I also contribute in the provision of shift the patient into Ambulance & transporting up to destination safely.

**CASE DETAILS**

AMBULANCE LOCATION : CH BANGANA  
 CASE ID : 301413  
 DATE : 23/06/2021  
 CALL TIME : 18:39 HRS  
 ERCP : DR. PREM  
 RECEIVING HOSPITAL : CH BARSAR

**APPRECIATION LETTER**

**A CASE OF ASSAULT**

**JUNE 2021**

The 40 Yrs old male, Wanbok Lyngdoh is a villager of Myntang village, nearby the little town of rd Laskein. The morning of the 23 of June 2021, was not just another morning for him. As it is the sowing season, he was in his paddy field. While he was toiling in the field, his cousin brother visits him. There has been a family misunderstanding between the two brothers for quite some time. Initially, the conversation was nice and gentle. But heated arguments followed. Suddenly, Wanbok Lyngdoh was cut by a dao on the back of his neck where he fell bleeding. The other relatives witnessing the incident immediately took him to the nearby Laskein CHC. But the case is critical and beyond the capacity of a CHC. The victim had to be shifted

immediately to the higher centre. Then the hospital authorities called 108. After receiving the information from the patient's party, the ERO at 12:19 PM assigned the case to the 108 ambulance based at Laskein CHC itself. EMT Rukapaia Bamon, EMT on duty and Pilot Colinson Lyndem, Pilot on duty quickly rushed to the scene for attending to the case.

On reaching the scene, the EMT saw that bleeding still continues even with dressings applied by the CHC. As the wound is just nearby the cervical spine, the patient had to be immobilized in a Spinal Motion Restriction Device. A cervical collar was placed. Though the patient complains of deep pain in the cervical region, yet he has no

neurological deficits. Then the 108 the team took the patient to the ambulance. In the ambulance, the EMT assessed the patient and then called for Online Medical Direction. She received instructions from Dr J Nongtdu. The IV fluids were continued. Throughout the long journey to the State Capital, where the tertiary care hospitals are present, the EMT had to constantly monitor the patient. Wound care has to be reinforced multiple times as bleeding did not stop. The patient was weak but cooperative all along the way. The patient was then shifted to Woodland Hospital.

After 48 hours follow up it is found that the patient is in a stable condition but still in the same hospital under observasion.



**REFLECTION BY EMT : RUKAPAIA**

Inter Facility Transfers are critical but less challenging as many things are already done by the transferring hospital. However, there are also patients like this one whose condition may get worsen or even die if they are not carefully and constantly monitored. I am happy to save his life.

**REFLECTION BY PILOT: COLINSON LYNDEM**  
It is not easy to transfer a patient who is in pain. This patient is even more challenging as his injury can turn fatal. I am happy that he is alive.



**CASE DETAILS**

**PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE**

AMBULANCE LOCATION : LASKEIN BASE  
 CASE ID : 20210000062424  
 DATE : 23/06/2021  
 CALL TIME : 12:19 HRS  
 ERCP : DR. J NONGTDU  
 RECEIVING HOSPITAL : WOODLAND HOSPITAL



JUNE 2021

A CASE OF RTA

This accident was reported on the main road, nearby Mallidipalle village, Bheemini Mandal of Mancherial (Old Adilabad District). On 24th June 2021, at 18:02hrs, Our Bheemini ambulance received a call from ERC, that a speeding TATA Ace Trolley Auto had collided the Passenger Auto near the out skirts of Mallidipalle village.

On reaching, the scene the EMT Mr P Ramesh performed rapid scene size up, taken the help of police, who have already arrived to control the mob, scene safety was established. On further enquiry, he came to know that a group of four family members were travelling in a passenger Auto, after completing the Pooja at Sri Satyanarayana Swamy temple at Yellaram village of Bheemini Mandal Head Quarters of Mancherial district, returning to their village Khunchavelli, Dahegaon Mandal Head Quarters of Komaram Bheem District (Old Adilabad district). Enroute at Mallidipalle village main road, TATA Ace Trolley Auto which was coming in opposite direction, at high speed, collided Head- Onto the passenger auto.

On a quick triage, he learnt that there were four occupants in the auto and the auto were badly damaged due to the collision. Out of four occupants, two passengers had sustained serious injuries; Victim (1) Mr G Sai Kiran aged 35, conscious, had open fractures at right leg below the knee joint and left leg below the ankle joint regions, the injuries were so bad and bleeding severely, also had multiple abrasions all over the body. Victim (2) Master Yashasvi aged 9, was conscious, had tenderness (suspected closed fracture) at left leg femur region. Victim (3) Mr Rajesh aged 30, who was the driver of the auto, conscious, had a deep laceration on the left side of the cheek region and small abrasions on a facial region with bleedings, Victim (4) Mrs. Laxmi aged 35, conscious, had a contusion on forehead and deep cut of the upper lip with severe bleedings and small abrasions all over the body. EMT with help of Pilot Mr M Srinivas controlled the bleeding of the wounds with pressure bandages under aseptic conditions, provided wounds care, done splinting to the fractured legs for immobilization and applied C-Collars to immobilize cervical spines of both the victims (1) and (2). With the help of Police people and other bystanders shifted the victims one after

another by using the scoop stretcher, very carefully into the ambulance, high flow oxygen initiated as per protocols. Baseline vitals recorded and reported to the ERCP Dr. Chakravarthy, for Online medical direction, on his advice, IV fluids were initiated to victims (1) and (2); Injection Tramadol IM was given for pain relief to them. With close monitoring, all the four victims were transported to The Community Health Center, Bellampally of Mancherial (Old Adilabad District) for further surgical care and management.

Our Associates learnt from the later followup and further recent enquiries. The relative decided to shift Victim (1) to a private ambulance to Nizam's Institute of Medical Sciences, Hyderabad for better care and management. They were informed that he underwent surgical procedures by the Orthopaedic specialists of his both legs and was in the surgical ward for one week recovered completely and later shifted to a general ward, recovering there.



REFLECTION BY EMT : P RAMESH

"As compared to my previous experiences, it was a touching incident that all the victims in the passenger auto were involved in this tragedy. On reaching the scene, immediately with help of the Pilot, followed all the pre-hospital care protocols. We have saved the precious lives of all four victims. We felt very happy that the victim's family members and the receiving hospital personnel appreciated our timely care. We are very thankful to GVK EMRI 108 organization for giving us these opportunities in the life-saving mission."

REFLECTION BY PILOT: M SRINIVAS

"We have given assurance to all the victims that we are there to help them and after shifting into the ambulance transported safely to the nearest hospital. In follow up, we felt very happy and satisfied, when we heard about the victim (1) recovering at NIMS, Hyderabad. The victims and their family members praised us for saving their lives and appreciated our good services, sincere efforts, on the phone, also provided an appreciation letter."



CASE DETAILS

AMBULANCE LOCATION : PRIMARY HEALTH CENTER, BHEEMINI  
 CASE ID : 20210003128472  
 DATE : 24/06/2021  
 CALL TIME : 18:02 HRS  
 ERCP : DR. CHAKRAVARTHY  
 RECEIVING HOSPITAL : COMMUNITY HEALTH CENTER, BELLAMPALLY.

PATIENT INJURIES PHOTOGRAPHS, MEDIA COVERAGE AND APPRECIATION LETTER



**A CASE OF ASSAULT**

**JUNE 2021**

This was a case of physical assault were 35 Year old a female victim was severely injured.

ERC108 received a call at 14:58:00 hrs. for medical emergency, immediately a rescue team was dispatched with EMT Mukesh Kumar and Pilot Udai Pal Singh. Ensuring the scene safety and maintaining standard precautions, EMT Mukesh arrived at the scene.

The scene was crowded and the victim was critical with severe injuries, On initial assessment EMT found Head injury with left-hand fracture. EMT stopped the

bleeding with direct pressure by using cotton and dressed the wound through bandage. EMT quickly stabilized the fractured hand by splinting.

EMT shifted the patient into the ambulance. Vitals were measured by EMT, victim's baseline vitals were Pulse 121 beats/min, Respiratory Rate 15 breaths/min, B.P. 130/90 and SpO2 95%. EMT took the ERCP advise with Dr Rakesh and as per his instruction EMT connected the Oxygen supply to the patient. Enroute EMT was in proper monitoring with victim's Vital at every 5 minutes. After reaching EMT safely handover the Victim

to the Hospital staff at the C.H.C. Bilari, Moradabad. The Victim was found alive and healthy condition after 48 hours follow up.



**REFLECTION BY EMT : MUKESH KUMAR**

This case particularly is a long-lasting memory for us, I felt very happy when the victim's relatives thanked for saving the life and felt very proud to work in the emergency lifesaving services.

**REFLECTION BY PILOT : UDAI PAL SINGH**

I feel proud that I am a part of the GVK family. I am thankful to GVK EMRI for giving me a chance to work for this social cause. I will always do my work with passion and dedication.

**CASE DETAILS      PATIENT RECEIVING PRE-HOSPITAL CARE IN 108 AMBULANCE & APPRECIATION LETTER**

AMBULANCE LOCATION : BILRAI2, MORADABAD  
 CASE ID : 50222541  
 DATE : 27/5/2021  
 CALL TIME : 14:58 HRS  
 ERCP : DR. RAKESH  
 RECEIVING HOSPITAL : CHC BILRAI, MORADABAD



**Hon'ble Chief Minister of Arunachal Pradesh.  
Shri. Pema Khandu Inaugurated 50 New 108 Ambulance on 21<sup>st</sup> June 2021**



**Hon'ble Chief Minister of Tamil Nadu.  
Shri. M.K. Stalin Inaugurated 10 New 108 Ambulance on 19<sup>th</sup> June 2021**





**Hon'ble Deputy Chief Minister of Gujarat.  
Shri. Nitinbhai Patel Inaugurated 25 New 108 Ambulance on 2<sup>nd</sup> June 2021**



**Pilot's Day Celebrations on 26th May 2021**



**Hon'ble Chief Minister of Gujarat.  
Shri. Vijay Ramniklal Rupani Inaugurated 20 New Dhanvantari Arogya Rath on 10<sup>th</sup> April 2021**



**EMT day Celebration on 2nd April 2021**



**Hon'ble Chief Minister of Gujarat.  
Shri. Vijay Ramniklal Rupani Inaugurated 150 new 108 Ambulances on 29<sup>th</sup> April 2021**



**Hon'ble Minister of Municipal Administration and Urban Development, Industries and  
Commerce and IT Government of Telangana.  
Shri. K. Taraka Rama Rao Inaugurated Covid Command and Control Centre on 25<sup>th</sup> June 2021**





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