

# BEACON

FALL 2005

**BOB AND MARILYN TAYLOR, PICTURED WITH SOME OF THEIR FAMILY MEMBERS WHO RETURNED TO THE BEACH AREA IN JULY 2005 TO THANK THOSE WHO HELPED SAVE MR. TAYLOR'S LIFE.**



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Beebe Medical Center  
**Lewes, Delaware**

## *A Daughter's Diary*

*Our Family vacation  
Today my father died on Bethany Beach  
and Beebe Medical Center saved his life.*



# Going the *Distance*

BOB TAYLOR TRAVELED MORE THAN 1,400 MILES TO SAY THANK YOU



## Patient Returns to Beebe to Thank Those Who *Saved Him*

**Above: Nurses Jennifer Whaley (left) and Carrie Wilson (right) give Mr. Taylor a peck on the cheek during the July 2005 reunion. Both nurses cared for Mr. Taylor in the Critical Care Unit. Whaley is now trauma coordinator.**

Texas resident Bob Taylor could barely hold back his tears on the morning of July 20, 2005, standing in Beebe Medical Center's former pharmacy, as he thanked those who saved his life during July of the previous year.

"I remember dying," the 65-year-old grandfather told the more than 50 people attending the reception.

"I've come out a different person. You are all an instrument of My Lord, and I bless you for that."

The room was packed with a group made up of lifeguards, paramedics and emergency medical technicians, 911 dispatchers, police and firemen, nurses and other hospital caregivers and staff members, officials, a doctor, and some members of the Taylor family.

They came to share in the Taylor family's joy, and to feel the satisfaction that they were being appreciated for their role in saving the life of this man. In the summer of 2004, Taylor had collapsed on Bethany Beach from two pulmonary emboli that had lodged in his lungs, cut off his breath, impeded circulation

*"I've come out a different person. You are all an instrument of My Lord, and I bless you for that."*

*—Bob Taylor*



Sussex County paramedics provided lifesaving pre-hospital care to Mr. Taylor. Pictured here are paramedics Wayne Naumann, Glenn Marshall, Eric Borneman, and EMS director Glenn Luedtke.

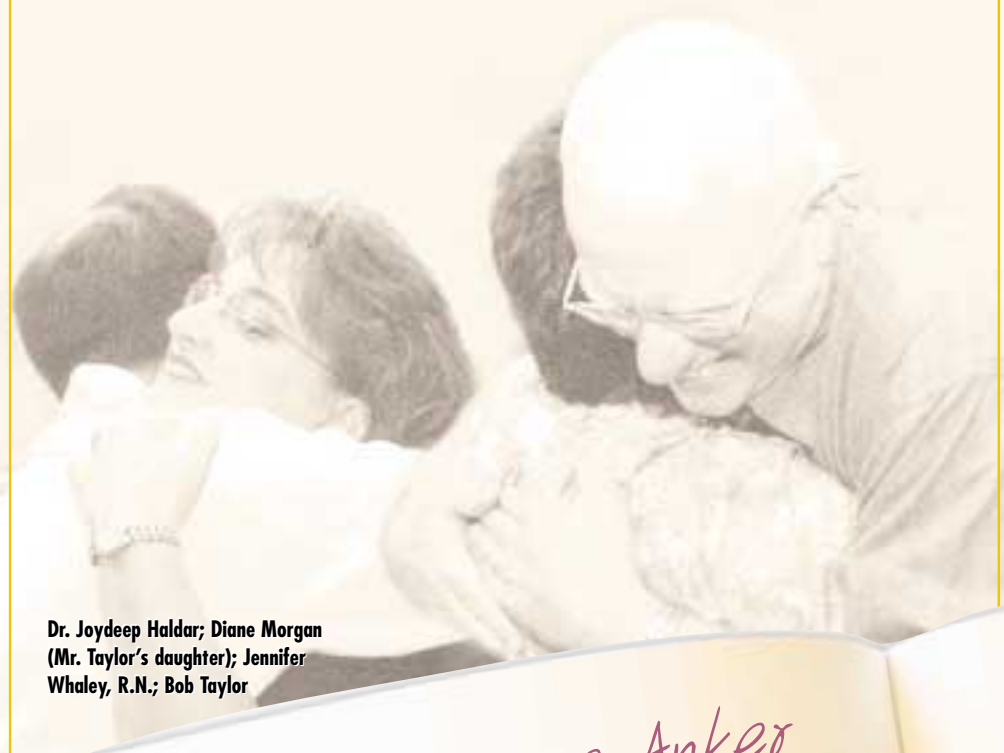
through his lungs and to his heart, and nearly stopped his heart forever. Pulmonary emboli, in fact, are a common cause of unexpected death, taking more than 200,000 lives a year. But for Taylor, the efficiency of the area's emergency network, the medical care given at Beebe, and what several people described as "spiritual intervention" saved his life.

"I have no organ damage," he said, and points out that he still works as a telecommunications consultant. "I should have been a vegetable, but I am not."

Dr. Joydeep Haldar, the Beebe Emergency Department physician



Marilyn and Bob Taylor



Dr. Joydeep Haldar; Diane Morgan (Mr. Taylor's daughter); Jennifer Whaley, R.N.; Bob Taylor

## *Diary of Suzanne Anker*

*My vacation week began on a plane from California to the East Coast not knowing whether or not I'd arrive in time to say "goodbye" to my father.*

*Monday morning, July 12, 2004*

*I arrive at the hospital just in time to hear the news that he had survived the night and that the blood clots in his lungs were dissolving. On that good, but cautious note heard in the waiting room, I was ushered into the world of the Critical Care unit.*

*My mom and sisters tried to prepare me for what I would see, but nothing could have prepared me to see my strong, vibrant father reduced to a sedated body on a respirator. It was heart-wrenching.*

*I very quickly met Jennifer and Carrie, the two nurses assigned to my dad for the first two days that he was in the CCU. Later to be dubbed "The Dynamic Duo," they patiently walked me through what was happening to my dad. I would lean on them heavily for two 12-hour day shifts during those first two days. Their senses of humor and candid conversations helped me bear every second of uncertainty.*

*On the right side of his bed, a computer screen displayed his vital signs that I would come to memorize.*

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Dr. Joydeep Haldar was the first Emergency Department physician to care for Mr. Taylor. Dr. Haldar administered tPA to Mr. Taylor, which helped dissolve clots discovered by a CT scan.



who was the first Beebe physician to care for Taylor, told those attending that while area emergency responders and medical professionals treat critically ill people every day, it's unusual for a patient to return to the area from several thousand miles away, with a family in tow, to give thanks for the care.

"I speak for all of the staff when I say we at Beebe are delighted to see you and thank you for your appreciation."

Dr. Haldar also agreed with Taylor that there is something miraculous about Taylor's recovery.

"People who have clots like that usually don't make it to the hospital."

The reception represented the culmination of planning that followed the unexpected but welcomed contact that Taylor made with the hospital.

By last spring, once Taylor had fully recuperated, his youngest daughter, Suzanne, was married in California. Taylor couldn't help but realize that he might have missed the wedding. He thought of Beebe—the hospital in a faraway place that he knew of mostly through his family's snapshots and recollections.

"I died at Bethany Beach," he wrote to Sharon Harmon, Director of Public Relations & Community Health, via e-mail, at an address readily found on the Beebe Medical Center Website.

"Beebe was part of making the wedding possible for me," he told those attending the reception. "You've blessed our family beyond measure."

## COLLAPSING ON THE BEACH

On July 11, 2004, Taylor had collapsed into the sand on the first day of a week's vacation at Bethany Beach with his wife, daughters, sons-in-law, and grandchildren. Witnesses recalled that he turned blue from his chest to the top of his head. He could barely

Mr. Taylor says he was able to attend his daughter's wedding because of those who helped save his life while he was vacationing in Sussex County. Pictured here (l-r): his daughter Joanne St. John; his wife, Marilyn; his daughter Suzanne Anker; Mr. Taylor; and his daughter Diane Morgan.



*"Beebe was part of making the wedding possible for me."  
—Bob Taylor*

*“God met our prayers with a #1 ranked trauma team, amazing critical care nurses, and specialists at the top of their field.”*

*—Suzanne Anker*



Noah Piper; Bob Taylor;  
Jennifer Light, R.N.

breathe, and he had already lost consciousness.

Taylor's daughter Diane held him in her arms. People came from everywhere. She even recalled that nurses in bathing suits came to the rescue. "As a community, everyone came together," she said.

Steve Wisniewski, who was on duty as a lifeguard with the Bethany Beach patrol (who also was a trained paramedic and who is now a physician's assistant) ran from the lifeguard station. He advised Taylor's daughter Joanne, a nurse, to perform CPR. Taylor regained consciousness.

Paramedics arrived in minutes, responding to a 911 call. They hooked up Taylor to an IV, gave him oxygen, and monitored his heart. His condition did not improve. In slightly more than 30 minutes, an ambulance with Millville Volunteer Fire Company delivered Taylor to the Emergency Department at Beebe Medical Center in Lewes.

During the ride, Sussex County Paramedic Glenn Marshall communicated via cell phone with Dr. Haldar,



Bethany Beach Patrol lifeguards rescued Mr. Taylor when he collapsed on the beach. Pictured are Joe Donnelley, Matt Farlow, James Wisniewski, Bob Taylor, Brian Benner, and Eric Heidenberger.

*continued from page 3*

*As I had done as a child, I could feel myself breathing in time with his breaths . . . only this time a machine was breathing for him. It was programmed to breathe twelve times a minute. Any number above that meant he was taking an occasional breath on his own . . . a good sign. Debbie, the night shift nurse, came in and sat down with me. We talked about his condition and she encouraged me to stop staring at the monitor. She warned that it would drive me nutty eventually. Plus . . . I was continually running out to her with each fluctuation on the screen. At about 3:00 a.m., I finally fell asleep for a little while (15 minutes at a time). Debbie came in and covered me with a blanket. Later that morning, I was asleep during the shift change and Debbie had left without waking me. I felt such a sense of loss because I hadn't had a chance to thank her for silent comfort during the night. I knew that she would not be working again before I left to fly home to California that weekend. Tuesday, July 13, 2004  
Tuesday morning's light brought an exciting yet difficult day. At around 7:30 a.m., Jennifer began to awaken my dad from his deep sedation. It was time to see if he could breathe on his own.*

*continued on page 7*



**Mr. Taylor's daughter Diane Morgan holds his hand during the reunion event.**

keeping him abreast of Taylor's condition and vital signs. Interpreting Taylor's symptoms, which included shortness of breath, extreme pain, low blood pressure, and an abnormal EKG, Dr. Haldar suspected that he was suffering from either a pulmonary embolism (PE), an aortic dissection, or possibly a heart attack. Unfortunately, these critical conditions are treated very differently. A misdiagnosis could be fatal.

### AT THE HOSPITAL

Once Taylor arrived at the hospital, Dr. Haldar spoke with his wife.

"She talked about the airplane ride, and that he had been having problems with his legs for some time,"

Dr. Haldar recalled. "It sounded more and more like a classic PE."

Haldar ordered the CT scan, which revealed two large, silver-dollar-size clots lodged in the arteries of the lung. Taylor was immediately given the drug alteplase, or tPA, a clot buster similar to those used for patients having heart attacks.

Taylor wasn't in the clear yet. Described as a patient who "coded," he in fact died. The medical team brought him back to life, and Taylor was kept breathing with a ventilator.

"We had done what we could do and then just had to wait and see," Dr. Haldar recalled. By the second day, another CT scan showed that the clots had dissolved.

Taylor was immediately under the care of a team of doctors. Dr. Zouhair F. Harb, a pulmonologist who has since left Beebe to return to his home in Lebanon, became his attending physician. Dr. Alberto R. Rosa became the cardiologist.

Surgeon Dr. Alae Zarif also became involved when it was determined that Taylor was susceptible to more blood clots. Dr. Zarif inserted a Greenfield filter into the inferior vena cava, the large vein in the abdomen that carries blood from the legs to the heart. The filter, which is shaped like an umbrella,



**Noah Piper, R.N., was one of the nurses who cared for Mr. Taylor while he was recovering in the Critical Care Unit.**

inhibits more clots from traveling from the legs to the heart and lungs.

Taylor's family recalled the wonderful care that he received in the ED, CCU, and PCU, describing it as "competent" and "compassionate."

"We are so appreciative that we have been allowed to have our father," Taylor's daughter Diane Morgan said. "They didn't give up. They were angels."

Taylor's wife, Marilyn, recalled the kindness and



Sue Ann Newsham, R.N., prepared to care for Bob Taylor as he was being transported to the hospital by paramedics.

*"We are so appreciative that we have been allowed to have our father."*

*—Diane Morgan*



**Bob Taylor; Glenn Marshall (paramedic); Nicholas and his mother, Diane Morgan**

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As the sedation began to wear off dad started to fight the ventilator. Each fight caused his body to spasm and his face to turn a deep purple. Jennifer and I had to talk with him to tell him not to fight and that he could get off the respirator soon. He kept trying to talk. His lips would move, but the words were caught in the painful tube down his throat.

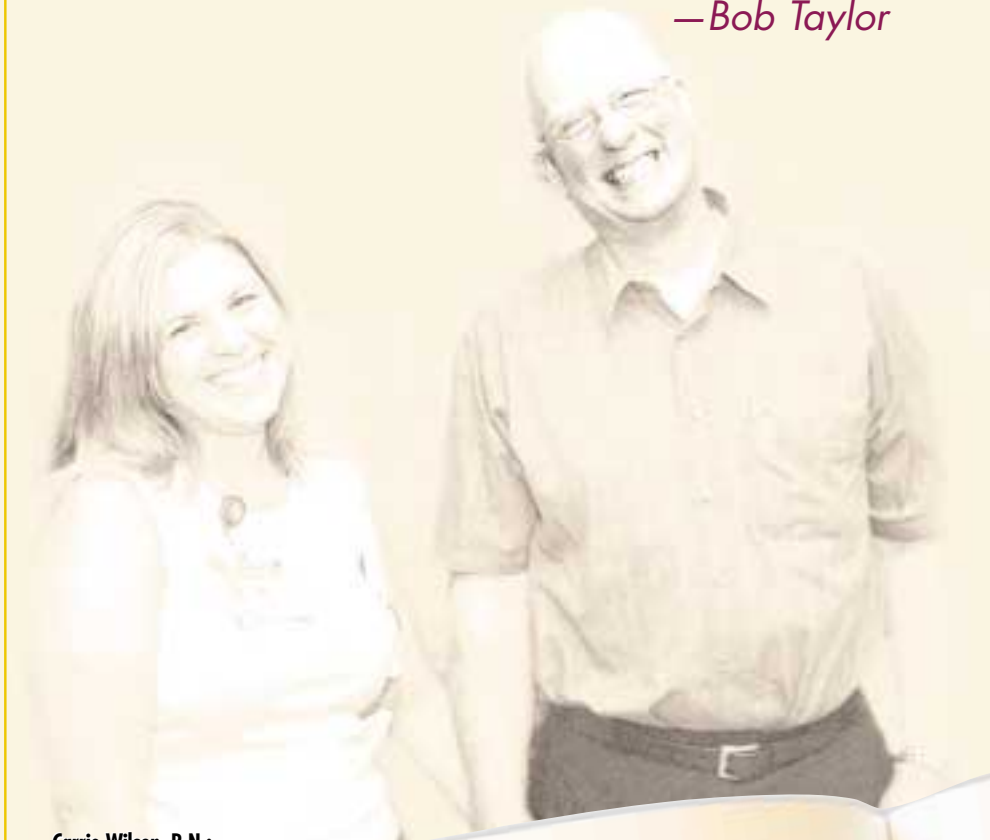
Dr. Harb arrived at 8:00 a.m., checked the chart, checked the vitals, and said, "This looks good!" He turned off the ventilator and told Dad to breathe deeply. 1st breath: 0.96. "That's not good enough," said Dr. Harb. "Breathe deeper, Dad," I said. 2nd breath: 1.2. "That's much better," said Dr. Harb. 3rd breath: 1.36. "Very good. He's ready!" They sent for the respiratory specialist who would remove the tube from his throat and lungs.

Minutes later, I stepped into the hallway to allow the respiratory specialist to remove the tube. When I walked back into the room, he was sobbing in pain with each of his own breaths. He was in agony from his raw throat, but one of the first things he said was, "Poor Marilyn." He was worried about how this incident was affecting my mom. I kept stroking his head, holding his hand, and whispering to him until Mom, Joanne, and Diane arrived after 9:00 a.m.

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*"You've blessed our family beyond measure."*

*—Bob Taylor*



**Carrie Wilson, R.N.;  
Bob Taylor**

*continued from page 7*

*He doesn't remember any of that because, hours later, he discovered me sitting in the corner chair. He asked, "Is that Suzanne?" He started to cry because we were all there . . . together.*

*His recovery since has been nothing short of a miracle. The doctors all say that he should never have made it off the beach that Sunday . . . the scene of his pulmonary embolism.*

*We learned later that my dad had died on that beach . . . only to be brought back by the paramedics. He died again at the hospital while receiving a CT scan . . . only to be brought back by the trauma team.*

*The full scope of this incident is that he suffered multiple, massive pulmonary embolisms . . . blood clots the size of quarters blocking blood flow to his lungs. The heart, having nowhere to pump, stopped as well.*

*He was given a 5% chance to make it through that first night. And as I flew across the country to a conclusion unknown, a prayer chain was being built across the country and around the world.*

*God met those prayers with a #1 ranked trauma team, amazing Critical Care nurses, and specialists at the top of their fields. God met those prayers with a miracle . . . a miracle I have the privilege to call "Dad."*

dedication of the many people who cared for her husband, and how they reached out to the family as well. Among those they talked about included Noah Piper, and the "dynamic duo" of Jennifer Whaley and Carrie Wilson, all of whom worked in the Critical Care Unit. At the time, Wilson was a new nurse and Whaley was her preceptor. Even though Taylor didn't remember much due to his condition and to the medication, he did remember the kindness and warm smiles from Tish Purnell-Wright, who at the time was a housekeeper in Environmental Services.

## A LASTING MEMORY

The Taylor family presented bronze plaques to Beebe Medical Center and to Sussex County Emergency Services.

"When other patients read the plaque, I want them to know that they are in good hands," Taylor said. ■



# Deep Vein Thrombosis and Pulmonary Embolism

BLOOD CLOTS IN THE LEGS CAN END UP IN THE LUNGS, BECOMING LIFE THREATENING

Blood clots formed in the deep veins of the legs occur so often that they have been nicknamed "the economy-class syndrome."

While they are associated with certain medical conditions and heredity factors, a common risk factor is believed to be immobility for a length of time, such as inactivity associated with illness or surgery, or sitting in a cramped airplane seat, or even in a car, for hours at a time.

The big problem occurs when this type of clot, known as a deep vein thrombosis, dislodges and travels into and through the inferior vena cava, the large vein in the abdomen that carries blood from the legs to the heart, and ends up in an artery in the lungs. That original clot in the leg has become a pulmonary embolism, and can be fatal.

In fact, the Coalition to Prevent Deep-Vein Thrombosis estimates that as many as 200,000 people a year die from a pulmonary embolism. It's also considered one of the most common reasons for sudden death after heart attack.

The good news is that blood clots, or the potential for them to occur, can be diagnosed and treated. People with risk factors can take some precautions to avoid them, as well as work with their physicians to monitor their health.

Physicians and medical professionals urge people to be vigilant, to pay attention to risk factors and to take some positive steps to avoid blood clots. They also encourage them to visit their physicians if they are suffering from symptoms, or to go to an emergency room if they have chest pain, shortness of breath, or are coughing up blood. The symptoms of acute pulmonary embolism often are similar to those of a heart attack.

## RISK FACTORS FOR DEEP VEIN THROMBOSIS INCLUDE:

- Inherited condition
- Low blood flow in a deep vein due to, injury, surgery, or immobilization
- Cancer and its treatment
- Pregnancy
- Obesity
- Hormone therapy

## DEEP VEIN THROMBOSIS SYMPTOMS INCLUDE:

- Swelling of the leg
- Pain or tenderness in legs
- Feeling of increased warmth in the area of leg pain
- Red or discolored skin

Sources: National Heart, Lung and Blood Institute, Society for Vascular Surgery

## RISK FACTORS FOR PULMONARY EMBOLISM INCLUDE:

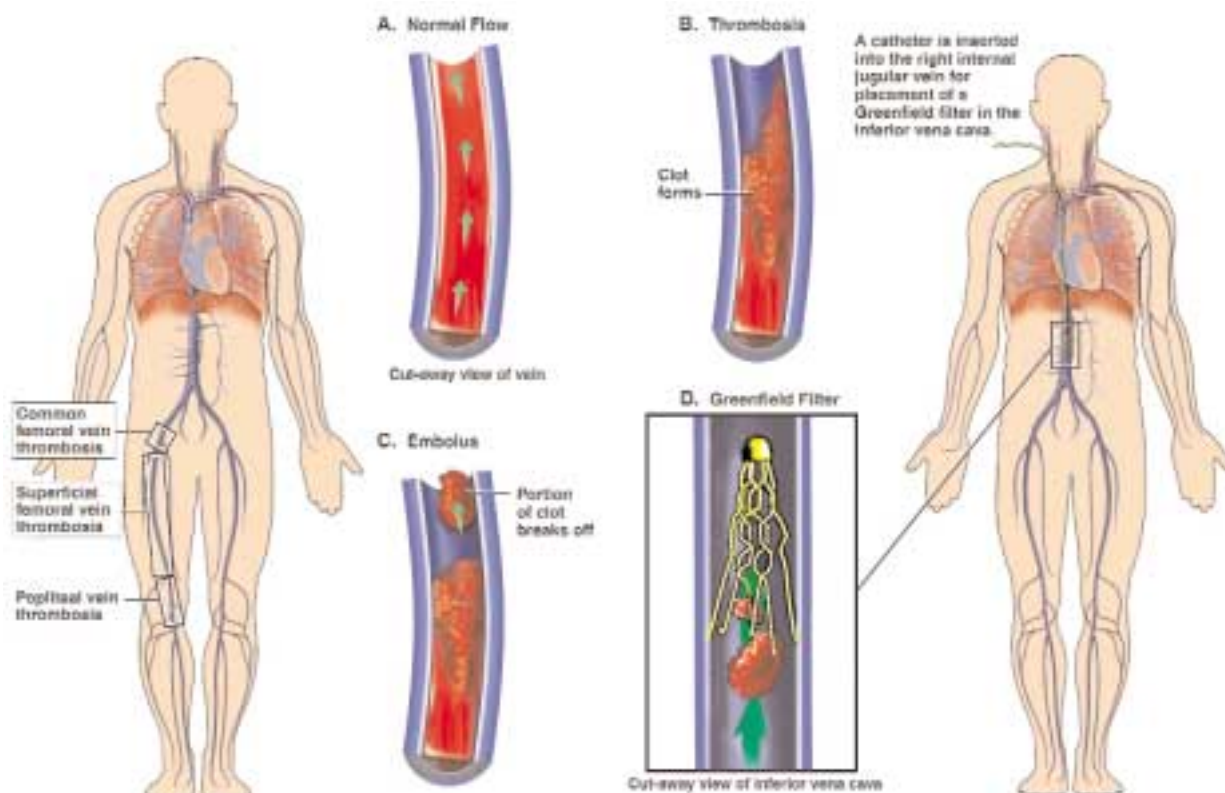
- Inherited condition
- Major surgery
- Hip or leg fracture
- Sitting or standing for long periods of time
- Cancer
- Obesity
- History of heart attack or stroke
- Pregnancy or hormone therapy

## PULMONARY EMBOLISM SYMPTOMS INCLUDE:

- Shortness of breath
- Rapid breathing
- Chest pain
- Spitting up blood
- Fainting
- Rapid heartbeat

Sources: National Heart, Lung and Blood Institute, Society for Vascular Surgery

## Development of Deep Vein Thrombosis with Surgical Placement of Greenfield Filter



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# When *Seconds* Count



## THE SUSSEX COUNTY EMERGENCY MEDICAL SERVICES SYSTEM

With lights flashing and a siren blaring, an ambulance negotiating through traffic on Route 1 in Rehoboth Beach signals to all that an urgent effort is taking place to save someone's life.

That single ambulance, whether from the outlying rural community of Roxana, or from Rehoboth Beach itself, also represents a multifaceted, complex, and well-connected system of government authorities, agencies, volunteer organizations, hospitals, trained staff members, doctors, and other professionals who make up Sussex County Emergency Medical Services System. This life-saving response system, usually set into motion by a telephone call to 911, is in operation 24 hours a day, every day of the year.

“When the citizens and visitors need our services, we are ready to provide state-of-the-art treatment with both skill and compassion,” says Sussex County EMS Director Glenn Luedtke, who points out that the organization's motto is “Caring People, Quality Service.”

This system is comprised of 21 local volunteer fire companies, two volunteer ambulance companies, Sussex County Emergency Medical Services paramedics, Delaware State Police Aviation Division, Sussex County Emergency Operations Center—the 911 Center, and the emergency departments and trauma services of area hospitals, including Beebe Medical Center. This countywide system receives oversight, medical direction, and education from the Delaware

Office of Emergency Medical Services, which keeps it part of a statewide network.

Last year there were more than 14,000 emergency calls to the Sussex County system, and the number of calls is expected to increase as the population not only grows, but also ages.

## HOW THE SYSTEM WORKS

A telephone call to 911 connects the caller to a trained emergency telecommunications specialist located at any one of the county's three dispatch centers—the Sussex County Emergency Operations Center in Georgetown, or dispatch centers in Rehoboth Beach and Seaford.

Upon receiving the call, the emergency telecommunications specialist, or dispatcher, will ask the caller a series of questions. While asking questions, the dispatcher can make sure to dispatch the appropriate resources as quickly as possible, usually during the conversation. Those resources include emergency medical technicians, paramedics, fire department or ambulance squad ambulances, and police.

At the same time, the emergency telecommunications specialist is trained to give first-aid instructions over the telephone, including CPR procedure directions, if necessary.

In a severe medical emergency, such as a cardiac arrest, the closest available fire, police, or lifeguard units equipped with Automatic External Defibrillator (AED) units will respond.

When either the paramedics or emergency medical technicians\* arrive, they evaluate the patient's condition and provide emergency care. Often staying in communication with local emergency department doctors, they will then transport the patient to the closest, most appropriate medical facility, which in the case of Delaware beaches is commonly Beebe Medical

Center. Based on the patient's condition and medical problem, he or she also may be transported by ground or helicopter to a hospital specialty care center, a Level I trauma center such as Christiana Care Health System, or to a hospital in a surrounding state.

*\* Emergency Medical Technicians (EMTs) are stationed at local fire and EMS departments. They provide basic life support and transportation to the hospital. EMT's provide initial stabilization and care to include CPR/AED, controlling bleeding, splinting fractures, providing oxygen, and assisting patients with medication administration.*

*\* Paramedics provide basic and advanced life support procedures including advanced airway management and intravenous medications to maintain life and stabilize the patient until he or she can be transported to the hospital. Sussex County paramedics lead the state and the country in bringing advanced technologies and procedures to patients in the field.*

## FILE OF LIFE

Keep a File of Life or a medical alert device on hand. File of Life packets attach to your refrigerator and contain information about your medical history that can be helpful in an emergency. To receive a free packet, call Beebe's Public Relations Department at 645-3468.



Pictured holding File of Life packets are Flo Ewasko, Robin Martin, Carol Droney, and Lisa Cosbey.

# Community News



*"YOU'VE BLESSED  
OUR FAMILY  
BEYOND MEASURE."*

Said Bob Taylor, who in July 2005 traveled more than 1,400 miles from his Texas home to thank the Beebe team for saving his life during the summer of 2004.

## YOUR CONTRIBUTIONS TO THE VISION 2005 CAMPAIGN HAVE:

- Helped us build the Outpatient Care Center at the Beebe Health Campus.
- Helped us build the Central Utility Building to support the hospital's infrastructure.

Now . . . we need your support with our final Vision 2005 Capital Campaign project of doubling the size of our Emergency Department.

We've almost raised our goal of \$12 million for the Vision 2005 Campaign thanks to the support of our generous community. We are calling on community members who have not had the opportunity to contribute to help us complete our campaign goal.

Your gift will impact the lives of our entire community.

Thank you for your generosity.



A rendering of the Rollins Building expansion, which will include an expanded Emergency Department that will double in size from 18 to 36 beds.

**Beebe Medical Foundation** Please support your community-owned, not-for-profit medical center.

**Yes, I/We want to support the expansion of Beebe Medical Center's Emergency Department with a gift to the Vision 2005 Campaign in the amount of:**

\$250    \$100    \$50    \$25    Other \$ \_\_\_\_\_

**I/We have enclosed a check in the amount of \$ \_\_\_\_\_ payable to Beebe Medical Foundation.**

**I/We would like to use a credit card to make my gift:**

VISA    Mastercard    Discover    American Express

Cardholder Name: \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

*(as you would like it to appear for recognition)*

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Your gift today will help Beebe Medical Center provide continued quality healthcare for you and your family.**

- I/We wish to remain anonymous.    My employer matches gifts to healthcare institutions.  
 I have remembered Beebe Medical Center in my estate plans.    I would like to be contacted about my estate plans.

Please make your gift payable to Beebe Medical Foundation. Please call the Foundation at 302-644-2900 for more information or to have your name removed from our mailing list.

The Beebe Medical Foundation, established in 1989, is a 501(c)(3) charitable organization whose sole purpose is to raise philanthropic support for Beebe Medical Center. EIN 51-0319455

## BEEBE MEDICAL CENTER PHONE DIRECTORY

<b>General Information</b> . . . . .	302-645-3300
<b>Baylis Rehabilitation Center</b> . . . . .	302-645-3235
<b>Beebe Imaging &amp; Lab Express Locations</b>	
—Georgetown . . . . .	302-856-9729
—Lewes (lab only) . . . . .	302-644-9344
—Long Neck (lab only) . . . . .	302-947-1202
—Millsboro . . . . .	302-934-9039
—Millville . . . . .	302-539-8749
<b>Beebe Medical Foundation</b> . . . . .	302-644-2900
<b>Beebe Physical Therapy</b>	
—Millsboro . . . . .	302-934-1500
—Millville . . . . .	302-539-6404
<b>Emergency Services</b>	
—Lewes . . . . .	302-645-3289
—Millville (summer only) . . . . .	302-539-8450
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<b>Hastings HeartCare Center</b> . . . . .	302-645-3258
Cardiac Rehabilitation • EKG • Stress Testing • Cardiac Catheterization	
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<b>Human Resources</b> . . . . .	302-645-3336
<b>Integrative Health</b> . . . . .	302-645-3528
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<b>Beebe Health Campus</b> . . . . .	302-645-3010
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<b>Women's Health Pavilion</b> . . . . .	302-645-3726
<b>Wound Care Services</b> . . . . .	302-947-2500

The Beacon is published by Beebe Medical Center to present health information to the people of Sussex County. Health information provided in the Beacon should not be substituted for medical advice offered by a physician. Please consult your physician on medical concerns and questions.

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**Beebe Medical Center**

Your not-for-profit, community-owned hospital

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