

## Emergency Training Gives Young Patient the Gift of Life

Gazing upon 2-year-old Ermine's beaming face as he unsuccessfully tries to contain his excitement while waiting for a piece of his birthday cake or plays happily with his toy truck, it's impossible to tell that his young life was nearly cut short when he was less than a year old. Growing up in a provisional housing settlement at a former military encampment—now home to many internally displaced persons (IDPs) who fled their homes during the fighting in the Georgian region of Abkhazia—Ermine was plagued with ailments stemming from the poor nutrition and living conditions endemic to such situations.

Their home in Marneuli Military District #1, a 30-minute car ride from the nation's capital of Tbilisi, is where little Ermine—along with his mother, Eliso; his father; and his three siblings—lives with his

family who fled the conflict 1993. "We had a very fine life before the war," Eliso says. "My husband had a good job and we had a nice home. I believe that we are lucky, though. . . . We are alive, after all, but it is a very difficult situation here with four children." So difficult, in fact, that her husband is away most of the time working in Poti, a port city on Georgia's Black Sea coast some eight hours away. The crowded conditions and poverty of an IDP settlement do indeed make life difficult—especially for the youngest inhabitants such as Ermine.

"When he was a baby, Ermine suffered from several serious health problems . . . anemia, a respiratory infection, enlarged kidneys, a urinary tract infection . . ." Eliso recalls, explaining that she had taken her son to the local polyclinic numerous times. "The doctors there did their best, but they were only able to treat some of my son's ailments; they weren't equipped to deal with his more severe problems, so they referred us to the Tbilisi State Medical University Clinic." Frantic and willing to move moun-



PHOTO: COURTESY OF ELISO KADIANI.



PHOTO: SUZANNE E. GIBLINAN.

Eliso (left) says she will be forever grateful for the skill and quick thinking of the pediatrician who used her emergency medical training to resuscitate Ermine, pictured above on his second birthday

tains for the sake of their baby, Eliso and her husband temporarily moved to Tbilisi with Ermine to seek treatment. "We lived at the hospital for almost two months while they conducted some tests and began treating Ermine. He needed a series of blood transfusions, both to help the anemia and to make him strong enough to fight off the infections." But one day something went terribly wrong. While receiving a routine transfusion, the baby went into cardiac arrest—most likely the result of an earlier diagnostic test using retrograde chemicals that can cause severe reactions in some individuals.

As Eliso sat in the hallway outside the treatment room, she saw Liziko Peikrishvili, the pediatrician in charge of Ermine's case, rush into the boy's room. By the time the worried mother arrived at the door, Peikrishvili was performing CPR on her son. Eliso—though unfamiliar with the procedure—was able to recognize the severity of the moment by the tension that fairly crackled in the air of the small room and

Emergency medical services (EMS) training is an important element of AIHA partnership programs. Since 1993, 17\* Training Centers have been established throughout the NIS and CEE to help healthcare professionals learn life-saving techniques including CPR, emergency obstetrics, intubation, spinal immobilization, disaster response, and triaging practices that can be performed at the accident site, en route to, and in the hospital setting. This is the story of one mother and her infant son whose life was saved by a pediatrician who received vital training at the EMS Center in Tbilisi, Georgia—training that prepared her to react quickly and skillfully in a crisis situation; the physician's story appears on the other side.

the ghostly pallor on Ermine's tiny face. "When I realized he was not breathing, I almost broke the door down trying to get to his side. I kept screaming, 'save my baby, save my baby,' over and over again," Eliso says, trembling at the memory.

When the child began breathing again, Eliso nearly collapsed in relief and gratitude. "I can never repay Liziko for what she did—not just saving my son's life by performing CPR, but finding out what was wrong with him when other doctors said it was impossible to cure him. Today he is a fine, healthy boy thanks to Liziko."

For her part, Dr. Peikrishvili praises the EMS training she received, claiming that it gave her the knowledge and self-confidence necessary to react under the immense pressure generated by the gravity of the situation. "This family had already gone through such terrible turmoil . . . I felt that I had to do everything in my power to help this child survive. I'm just glad that my training allowed me to do it."

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## Emergency Medical Training Helps Pediatrician Save a Young Life

It wasn't really necessary for Liziko Peikrishvili to take an emergency medicine course at the Tbilisi EMS Training Center in 1997. The 31-year-old pediatric hematologist just wanted to acquire some new skills that might prove useful one day. "Of course, we are taught life-saving techniques in medical school, but the instruction there is mostly theoretical. The courses at



PHOTOS: COURTESY OF LIZIKO PEIKRISHVILI

Dr. Liziko Peikrishvili with two of her young patients at the Tbilisi State University Medical Clinic.



the EMS Training Center supplement the latest theories and methods with a great deal of hands-on experience using both adult- and infant-sized mannequins, as well as a wide variety of simulation exercises," Peikrishvili explains, noting that she was able to repeat these practical applications until she became comfortable with her new-found knowledge.

"After the course, I felt confident that I had learned important new skills . . . and that I would be able to apply these skills effectively in crisis situations," she states. As it turned out, she was soon put to the test when an 8-month-old boy went into

cardiac arrest at the Tbilisi State Medical University Clinic where Peikrishvili works.

"Ermine was very ill when his mother, Eliso, brought him to our hospital," she says, explaining that the woman and her family were internally displaced persons (IDPs) from Abkhazia and had been living about 30 minutes away from Tbilisi at an IDP settlement in Marneuli Military District #1. "It is such an unhealthy atmosphere and the people there are so poor. The baby had a number of serious ailments ranging from severe iron-deficiency anemia to bronchial problems and a urinary tract infection—all brought on or exacerbated by poor nutrition."

In the course of diagnosing Ermine's maladies, the physicians ordered several common tests—one of which uses colored dye to determine the exact nature of the urinary tract infection, according to Peikrishvili, who notes that this test can cause an adverse reaction in the heart—sometimes immediately, sometimes within a day or two. "I was on rounds when one of the nurses called to me. She had been giving the baby a routine blood transfusion and said she did not like the color of his skin. Ermine was very pale when I entered the room and I could see that he had stopped breathing," she explains. "I checked his heart and found that it was beating, but very weakly. . . . This was the first time I was alone with a dying person and I was a bit frightened, of course, but my training helped me overcome the fear. I performed CPR for about three or four minutes—although it seemed like an eternity—and I prayed that I would be able to get his breathing started again. All the while, I could hear the young boy's mother crying and pleading with me to save her son's life."

Peikrishvili's skills helped her remain calm amidst the turmoil and her efforts to resuscitate the child were successful. "To be honest, I really don't remember exactly what I was doing during those critical moments . . . I just reacted to the situation and tried to block out everything else in the room," she says, noting that in such times it is imperative to act almost without thinking. "Because I was able to practice these life-

AIHA partnership EMS Training Centers teach critical, life-saving skills to thousands of healthcare practitioners each year, providing them with the expertise and confidence necessary to react quickly and efficiently under difficult, sometimes dangerous circumstances. Training in CPR plays an important role in the basic two-week course for medical personnel that is generally offered once a month at many Centers—including the one in Tbilisi, Georgia, which has provided hands-on experience to nearly 1,550 physicians and 250 nurses since October 1995. This is the story of one physician who used the skills she acquired at the EMS Training Center in Tbilisi to save the life of an 8-month-old boy; the story of the child and his mother is on the other side.\*

saving techniques over and over again at the Training Center, my reactions came automatically."

Noting that the training she received at the EMS Center has helped prepare her for almost any emergency, Peikrishvili continues, "I believe these courses have given me the knowledge and confidence to handle complications both at work and in other places. For example, my own son recently swallowed something and was choking and I was able to react calmly and quickly while my mother and my husband—who is also a physician—panicked. I wasn't frightened or confused . . . I was in control of the situation." After she saved young Ermine's life, Peikrishvili's colleagues began calling her a hero. Since then, she has used her CPR skills to resuscitate two other young patients. "I don't think of myself as a hero, though," she says modestly. "I love being able to help children and I'll always be grateful to the EMS Training Center for teaching me skills that make me a better doctor."

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