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 Marnelli 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 mountains 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 Lizikopekhrishvili, the pediatrician in charge of Ermine’s care, 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 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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