



SUBMITTED PHOTO

SD National Guard Medical Company Changes Command

VERMILLION — Capt. Whitney Bruisma, of Parkston, took command of the South Dakota Army National Guard's 730th Area Support Medical Company during a ceremony, Oct. 4, at the Vermillion armory.

Bruisma assumed command from Capt. Joshua Paull, Rapid City, who commanded the unit since July 2013.

"You're one of the top ASMC units in the nation," Bruisma said to the Soldiers during the ceremony. "I want to continue our journey leading you."

As commander, Bruisma will lead the medical company comprised of 94 Soldiers with a mission to provide basic emergency medical services. The unit is composed of combat medics, medical doctors, physician assistants, nurses, lab technicians, radiologists, dental technicians, mental health technicians, and maintenance and support staff.

Bruisma enlisted into the 730th ASMC in 2003, while a junior in high school. In 2010, she commissioned as a Medical Service Corps officer and held leadership positions in both the 730th ASMC and 881st Troop Command in Sturgis.

Paull first enlisted in the 730th in 1998, serving as a combat medic for nine years. He then attended the Army's Individual Physician's Assistant Program and became a physician's assistant. He's served on two deployments with multiple units during his 17 years in the SDARNG. He will continue his military career as a physician's assistant with the SDARNG's Medical Command in Rapid City.

"You made my job easy," Paull told the soldiers. "I can't thank you enough. It's kind of like leaving a family. The Soldiers in this unit are what makes this unit great."

Visiting Hours

Make A Difference Day Perfect For Volunteers

BY CARLA HUMMEL
Director of Volunteer Services at
Avera Sacred Heart Hospital

Make A Difference Day — Oct. 24 — is quickly approaching.

This is just one day, but it's a good time to start thinking about ways you can have a longer impact on your community.

Avera Sacred Heart Senior Services follow the philosophy of the Eden Alternative, which advocates that aging should be a continued stage of development and growth, rather than a period of decline. This philosophy empowers care partners such as volunteers to create community-based care that promotes quality of life. Loving companionship is the key antidote to loneliness.

Volunteers have an opportunity to develop loving companionships through activities such as bingo, coffee time, reading the newspaper, taking a resident to in-house worship services, painting ladies' fingernails or visiting about sports or what the crops yields are this year. Building relationships improves the residents' quality of life. The Eden Alternative



Hummel

provides a philosophy of care that alleviates the three deadly plagues of loneliness, helplessness and boredom.

Volunteers are encouraged to sign up to volunteer. Requirements to volunteer include signing a confidentiality agreement and providing an inclusive immunization record of chicken pox, MMR's, Tdap, flu shot and a TB test (The TB test is provided by the hospital). Once the requirements are met, the opportunity to make a difference begins.

Opportunities to develop relationships with elders include a great calendar of activities, but some specific ones include reading the newspaper at 10 a.m., helping with lunchtime meals in Assisted Living, and pulling a group together to help with bingo or coffee and snacks at 3 p.m.

With the new construction at Avera Majestic Bluffs comes a Town Center that will open up even more volunteer opportunities.

There are many ways to make a difference, but making a difference for someone in senior services will not only enhance their lives but your life, too!

You can make a difference! Contact Carla Hummel, director of Volunteer Services at Avera Sacred Heart, to register at (605) 668-8104, or chummel@avera.org.

SCHOLASTICS

MORGAN KROTZINGER

ROCHESTER, Minn. — Rochester Community and Technical College (RCTC) is pleased to announce its Summer Semester 2015 graduates.

Included are Morgan Krotzinger, Yankton, AS, 2+2 Business Administration.

ANTHONY SHARP

TROY, Ala. — Anthony Sharp of Yankton has been named to the Chancellor's

List at Troy University for Term 1 of the 2015/2016 academic year.

The Chancellor's List honors full-time undergraduate students who are registered for 12 semester hours and who have a grade point average of 4.0.

Term 1 consists of students at Troy's campuses in Dothan, Phenix City and Montgomery, Ala., and Global Campus, which consists of teaching sites outside of Alabama and online.

Fish Stories Lead To Learning Experiences

BY DR. MIKE ROSMANN

Sponsored by Lewis & Clark Behavioral Health

One of my best friends, Bob, asked me a couple weeks ago to arrange a fishing trip next spring to pursue northern pike. According to Bob, he is an expert trout fisherman, but I know most of his reports are fish stories.

I've fished with Bob for trout many times in the West and here in Iowa for pan-fish and bass.

"My life won't be complete without catching at least one big northern pike," Bob pronounced. I gave his request cautious consideration because of his many disasters in the past, like losing or breaking the fishing equipment I loaned him, not apologizing or paying for it, and getting lost while river-fishing.

I like Bob nonetheless, but I won't tell him so. He needs to suffer so he develops appropriate appreciation for some of the better things in life, like using my fishing equipment and reimbursing me when he loses or breaks it.

"I've caught many pike in Minnesota and Canada, but fewer in Iowa," I told Bob. "They can put up a tremendous fight."

"They're slimy; they can cut your hands and fishing nets with their sharp teeth; and they mess up a boat with their twisting and thrashing," I said.

"Usually I throw pike back because they're bony but occasionally I keep a big one and roast it over a campfire wrapped in layers of aluminum foil with onions, peppers, tomatoes and spices. They can be really tasty."

"Pike are a gourmet item in Europe—my Russian friends relish them—but I prefer eating walleyes, crappie, bluegills and trout," I added.

"We have to dispatch any pike we keep for eating with a priest to administer the last rites," I noted to Bob. I had to explain that a priest is a wooden



Dr. Mike ROSMANN

Hog Trough and a few other "ahem" designations.

"If we fish for pike, we would have to stay in a cabin located on an island to deter bears," I advised Bob. "But, bears are good swimmers. You can't leave the cabin at night even if you have to use the outhouse."

"So what do you do, use a can?" Bob spluttered.

"No, the scent attracts bears into the cabin," I admonished. "Their olfactory ability is their best sense. You'll just have to hold it until daylight."

When Bob's interest turned back to catching pike, I told him how Jon hooked a 2 foot pike in the Fish Tank hotspot. As Jon was reeling his catch in, something stopped it and he couldn't pull it closer.

Jon and I wondered if he had snagged underlying debris in the river (the hotspot is actually a river but in this part of Canada many rivers are wide and form lakes), so we maneuvered our boat closer. Suddenly his fishing line started whirling off its spool.

We observed a V-shaped trail on the water surface come to an end along the shoreline 150 feet away. When Jon couldn't budge whatever was holding his fish, I slowly motored toward the shoreline while Jon kept steady pres-

sure on his 30 pound line, his rod bent double.

While approaching 25 feet to where Jon's line was tightened fast, it released with a "whoosh." A two-foot long pike flew almost into our boat.

Inspecting it, we observed teeth gashes on the fish's midsection wider than my outspread hand and in the shape of a huge fish's jaws. When I told Bob the teeth marks were probably those of another giant pike, he gasped audibly.

"You can't even wash your hands in the water next to the boat if we go fishing for pike," I advised.

As our conversation ended on this precautionary note, Bob said, "I'll get back to you after I think about this awhile."

Bob emailed me yesterday to announce that he had reconsidered fishing for pike. "I don't want to take any chances with bears, especially at night and I'm not going to give up drinking in the evenings after fishing, so that's that."

I fell off my chair laughing. I haven't yet told him that I too have been known to tell fish stories.

I'll probably pay for this expansion of the truth, but I'm willing to pay the price.

Actually, everything I said about Jon's pike adventure is true, but I might have exaggerated a bit about bears, about using the outhouse at night and putting our hands in pike waters to wash off slime. Our cabin was on an island though and we emptied our garbage on another remote island so as to not encourage bears to visit our abode.

Dr. Mike refuses to indicate where his favorite Canadian lake is located but he is willing to answer other questions. Contact him at: www.agbehavioralhealth.com.

Latest American Heart Association CPR Guidelines Published

SIoux FALLS — People should continue to jump in quickly to give CPR, using breaths if they've been trained in CPR and employing mobile technology to speed up the rescue of cardiac arrest victims, according to the American Heart Association's 2015 Guidelines Update for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC).

The latest American Heart Association guidelines, published in *Circulation: Journal of the American Heart Association*, highlight how quick action, proper training, use of technology and coordinated efforts can increase survival from cardiac arrest. A leading cause of death in the United States, cardiac arrest is caused when the heart suddenly stops, usually due to an electrical malfunction in the heart that causes an irregular heartbeat and disrupts blood flow through the body. Survival depends on immediate CPR and other actions starting with bystanders. That why the American Heart Association has been training people in CPR, first aid and advanced life support all of the world.

"Everyone has a role to play in the chain of survival — from bystanders to dispatchers, emergency responders to healthcare providers," said Brian Hambeck, executive director of Spearfish Ambulance and the past chairman of the Dakota Region Emergency Cardiac Care committee. "When everyone knows their role, knows CPR and works together, we can dramatically improve cardiac arrest victims' chances of survival."

More than 326,000 people experience cardiac arrest outside of a hospital each year and about 90 percent of them die, often because bystanders don't know how to start CPR or are afraid they'll do something wrong. The 2015 guidelines say high-quality CPR training for both bystanders and healthcare providers will help them feel more confident to act and provide better CPR to cardiac arrest victims.

This guidelines update, which is intended to evolve CPR training, also recommends that all bystanders should act quickly and use mobile phones to alert dispatchers, with the ultimate goal of having immediate CPR given to all victims of cardiac arrest.

The AHA guidelines, which are based off the latest resuscitation research, have been published since 1966 to provide science-based recommendations for treating cardiovascular emergencies — particularly cardiac arrest in adults, children, infants and newborns. This 2015 update confirms known CPR recommendations with several quality enhancements to help save even more lives, including a range for the rate and depth of chest compressions during CPR. The last update to the guidelines was in 2010.

Key points from the 2015 Guidelines Update provides bystanders, dispatchers and communities with practical guidance to improve the effectiveness of their teamwork:

- Untrained bystanders should still call 911 and provide Hands-Only CPR, or CPR without breaths, pushing hard and fast in the center of the chest to the rate of 100-120 compressions per minute. However, if the bystander is trained in CPR and can perform breaths, he or she should add breaths in a 30:2 compressions-to-breaths ratio.

- Bystanders should use mobile phones to immediately call 911, placing the phones on speaker, so the dispatcher can help bystanders check for breathing, get the precise location and provide instructions for performing CPR.

- Dispatchers should be trained to help bystanders check for breathing and recognize cardiac arrest. Dispatchers should also be aware that brief generalized seizures may be an early sign of cardiac arrest.

- Mobile dispatch systems that notify potential rescuers

of a nearby presumed cardiac arrest can improve the rate of bystander CPR and shorten the time to first chest compressions. Communities may want to consider this service to improve the chain of survival.

IMPROVING HEALTHCARE'S SYSTEMS OF CARE

Inside hospitals, CPR training is foundational to the lifesaving care healthcare systems provide, considering about 200,000 cardiac arrests occur in hospitals annually. Yet, research shows resuscitation skills can decline within a few months — far before the two-year current evaluation standard. Frequent training ensures hospitals are continuously evaluating how to deliver patients the highest quality of emergency cardiovascular care.

"The 2015 update calls for integrated systems of care that participate in continuous quality improvement and that provide a common framework for both community and healthcare-based resuscitation systems," said Clifton Callaway, M.D., Ph.D., chair of the AHA's Emergency Cardiovascular Care committee and professor of emergency medicine at the University of Pittsburgh. "We must create a culture of action that benefits the entire community in which it operates, inside and outside the hospital setting."

In addition to a strengthened systems of care, the guidelines recommendations for healthcare professionals are:

- Upper limits of recommended heart rate and compression depth have been added, based on new data suggesting that excessive compression rate and depth are less effective. Rescuers should perform chest compressions at a rate of 100 to 120 per minute and to a depth of at least 2 inches, avoiding excessive depths greater than 2.4 inches.

- Targeted temperature management helps prevent

brain degradation during post-cardiac arrest care. New evidence shows a wider range of temperatures are acceptable.

Providers should select a temperature between 32-36 degrees Celsius and maintain it for at least 24 hours.

- Healthcare providers are encouraged to simultaneously perform steps, like checking for breathing and pulse, in an effort to reduce the time to first chest compression.

- There is insufficient evidence to routinely intubate newborns with poor breathing and muscle tone who have been born with meconium, infants' first feces, in their amniotic fluid. Instead, the new recommendation is to begin CPR under a radiant warmer to get oxygen to the infant faster.

For almost 50 years, the American Heart Association's CPR and ECC guidelines have been used to train millions in CPR, first aid and advanced cardiovascular care around the world. These guidelines are based on an international evaluation process that involved hundreds of resuscitation scientists and experts worldwide who evaluated thousands of peer-reviewed publications.

This year's update provides recommendations on the data where new evidence requires a systematic review, in part, due to a network of trainers who regularly implement the CPR and ECC guidelines and rely on the science to inform the most effective care. To further make the guidelines practical and adaptable to many audiences, the AHA is providing this year's update in three forms: the full Guidelines Update, a Guidelines Highlights document summarizing key points, and a mobile-friendly, searchable website compendium of all the association's scientific findings.

Learn more at 2015ECC-guidelines.heart.org.

Got News?
Call The P&D
At 665-7811

The family of Charley Waage would like to thank everyone that helped during this difficult time in our lives. All of the visits at the hospital and the house, the cards, food, flowers, and plants were greatly appreciated.

Thank you,
Bruce Waage
Tom Waage and family
Jennifer Waage and family

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