

## Drew Hughes

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### As told by Drew's father, David Hughes



At the time, I was working in the information services department at our local hospital. I was still at work when one of Drew's older brothers called to tell me Drew had an accident on his skateboard. Drew grew up skateboarding around the neighborhood with his friends. They would go from house to house and skateboarding was how they got around. This night Drew lost control coming down a hill and fell backwards striking his head on the pavement. My wife and son were at the scene in less than 5 minutes while I was talking to them on the phone and I began walking over to our emergency department. Drew was talking to my wife the entire time and she rode in the ambulance with Drew to the hospital. I began to feel better knowing he was communicating with her.

As soon as I walked into the emergency department I told them that my son Drew was on the way and I wanted him transferred to Vidant Medical Center in Greenville, NC as soon as arrangements could be made. I wanted him evaluated by a specialist that wasn't available at our hospital. I wasn't sure how severe Drew's injury was, but I didn't want to wait until he got there to start working on transferring him. I wanted the transport to be established, so as soon as Drew arrived, there would be no delay in getting him to a hospital that could handle any situation that may come up.

When they arrived at the hospital I was by my son's side the entire time until they prepared him for transport to Vidant. Drew has two older brothers, both of whom have had concussions. As a retired NC State Trooper and with experiences with my older sons, within minutes of talking to Drew I became less and less concerned. My oldest son had a worse concussion his senior year playing football than Drew appeared to have. I went into the room with him when they performed his CT scan a little over an hour after the accident. Everything came back normal with the exception of "a small amount of gas seen within the right temporal and mandibular joints", and though none was seen, they suspected a possible basilar skull fracture. Drew was very aware of what was going on.



At one point during the CT scan I needed to remove Drew's shorts. Drew immediately told me “#\$%^ no, you’re not taking off my shorts in front of everyone” and I told him that I would leave on his boxers. The staff behind the glass got a good laugh out of this and I even laughed a bit. Drew knew what was going on. It was at this time that he looked me in the eyes and said, “Dad, I’m scared” to which I replied “You’re going to be OK” and I believed that with all my heart! I know my son as every parent knows their children and I knew he was OK.

**Drew was the finishing piece to the puzzle that was our family. He was always happy and brought a balance to our home that was perfect.**

We then went back to the ED where, after some time, they arranged to transport Drew via the hospital’s EMS service. Vidant was unable to pick up my son that night due to bad weather conditions. The only crew working that night was on the way back from Greenville so the hospital had to find a driver and paramedic to start the trip until we could meet the ambulance on the way back and change personnel.

They got a respiratory therapist(RT) and a nurse to ride in the back as well. It was at this time that I was told that they wanted to intubate him, as a precaution, for his safety. I didn’t understand why, he was breathing on his own, but I got the impression I didn’t have a choice and I needed to just trust that the staff knew what they were doing. Drew was a strong kid and we weren’t going to be able to ride in the ambulance with him.

I think they were nervous about making the one and a half hour trip to Greenville. The worse thing that would happen is he would sleep during the trip to Greenville and everything would be OK. As I walked out of the room I said “I love you” to which Drew replied “I love you too, Dad”. Not long after intubating him the first time, while still in the ED, Drew woke up and pulled out the tube. This made me nervous. He had not been sedated enough and Drew had the same reaction anyone would have if you woke up and had a tube in your airway. They sedated him further and prepared him for transport.

At no time did I fear for his life. My wife came up to me and wanted to kiss him bye and I told her, “you can kiss him when we get to Greenville, he’s fine”. I wanted to get in the car so we could follow them to Greenville. I’m so sorry to my wife for that. Hindsight is 20/20 but at two and a half hours after the accident I knew he was going to



be fine.

We left the hospital following the ambulance in our car. We were about five minutes into the trip when we had to stop to meet the ambulance heading back from Greenville to change paramedics. Once that was done we were en route again. A few minutes after the transfer of personnel the ambulance suddenly pulled over. The paramedic driving the ambulance got out and got in back of the ambulance. My wife saw that Drew had sat up on the stretcher.

What we found out from the records was that Drew had woken up again and had pulled out the breathing tube again. He was aware enough to grab the arm of the paramedic to prevent her from giving him, what would turn out to be Vecuronium and he tried to bite the finger of the RT who was trying to keep him from removing his breathing tube. Drew was scared and was fighting for his life!

He woke up in the back of an ambulance, gagging on a tube, with people he didn't know. None of the crew on board had the training or the experience to handle this situation. AT 3 hours after the accident Drew is aware of what he is doing and breathing on his own; that is, until one of the paramedics administered a paralytic that kept him from moving or breathing on his own in order to control Drew. During this time, 10 minutes that seemed like forever, we were sitting behind the ambulance in our car wondering what was going on.

I got out and knocked on the window to the ambulance and the nurse on board gave me a thumbs up. The thought of Drew being paralyzed and awake is a thought I have a hard time dealing with. I was sitting right behind the ambulance and my son, who had no doubt I would always protect him, was having his life taken away and I did nothing to help him. That was my job! The ambulance started back to Vidant and we then proceeded on towards Vidant completely unaware of what was going on. We were stopped by a State Trooper, who I don't know, but I believe God put him there so the ambulance would go on ahead and we wouldn't see what happened next.

When the respiratory therapist reintubated Drew (placed the breathing tube back in) the tube was placed incorrectly and was not in his airway. At the time this particular respiratory therapist had been licensed less than a year. Many of you may know, but if you don't, a Respiratory Therapist's job is airway management.



This means the RT's job, and what she was trained to do, was to make sure Drew was breathing properly. His oxygen level was dropping and his heart rate was slowing. The ED Doctor's notes state, "Staff called in- pt dislodged tube and may have aspirated. Pt reintubated but O2 sats low." (This means his oxygen level was dropping) The ED Doctor added an addendum to her original notes stating that she informed the crew on the ambulance to "recheck tube and suction because arrest may be more respiratory related at this time." Due to lack of oxygen Drew's heart stopped beating and CPR was initiated.

The transport notes from the ambulance state that they pulled over at 11:15. At 11:17 Drew was given Vecuronium, the paralytic, which acts very quickly. It is important to note that after administering the paralytic and before they reinserted the breathing tube they were "bagging" Drew. Using a facemask and bag you manually compress, forcing air into his lungs similar to how you would during CPR. It is also important to note that Drew was awake! During this time his oxygen level remained in the upper 90's, where it should be. At 11:20 they reintubated Drew. At 11:21 his oxygen level had dropped to 86%. AT 11:23 Drew's oxygen level had dropped to 40%. At this point anyone with the correct training and experience would have noticed that the ETT tube was probably inserted incorrectly, but they never removed the tube. His heart rate had dropped into the 30's at 11:25pm with no palpable pulse.

Drew went without Oxygen for over 30 minutes because they intubated him improperly. Even though required by the State of North Carolina, the monitoring (capnography) equipment required to be used for this type of intubation was not used. Even though Drew's oxygen level began to drop almost immediately after reintubating him and they had orders from the ED Dr. to do so, they never attempted to reintubate him or correct his airway.

When the ambulance diverted to a closer hospital to stabilize Drew, the staff there quickly recognized the improper intubation and was able to correct the mistake that was made, but the damage was done. They had drawn Drew's blood and found that Drew had a blood gas CO<sub>2</sub> level of 88.7 and a ph of 6.8. Drew was aware at 3+ hours after the accident but when he arrived at Vidant Medical Center he had no brain activity. All Vidant could do for Drew was act on what they received not fully knowing what happened to Drew in the ambulance.



**The Do It For Drew Foundation wants to help prevent what happened to Drew from happening to anyone else.**

We feel passionately that with Drew's story we can bring awareness and education regarding emergency care to medical professionals all over the country. What happened to Drew was completely preventable and no other family should have to go through what we have had to endure.

Weather, as well as other variables, often affects the ability of larger hospitals to pick up patients which means that the transferring hospital will transport the patient. Communities should feel confident in their local hospitals and, if the need to be transferred arises, we should feel confident in the people performing the transport of our loved ones. We also want to ensure that the state agencies overseeing these emergency medical professionals hold their members accountable and strictly enforce the rules and requirements that are in place to prevent this type of event from happening. This is a problem in many areas, but we feel this is something that can be corrected. We are just starting to scratch the surface of what we would like to accomplish, but coming soon, and over the coming years, we think wonderful changes can be made that will prevent serious injury to, or loss of life of, people in our community, state, and beyond.