"Get a cold can of grow the hell up." Kain Ramsay, Empowerment dynamic presentation, NLP practitioner course(Achology) *WARNING* contains vivid and disturbing imagery.

Vision 1 "The act or power of sensing with the eyes." Sight
Vision 2 "The act or power of anticipating that which will or may come." Prophetic
Vision 3 "An experience in which an event appears vividly to the mind although not actually present." As in hallucination or divine agency.

It is 06:30 mid-winter pitch black and heavy ice cold rain, you have just been told that the ambulance or 'Truck' you are taking on for your shift has been hammered all night. It needs fuel, restocking, cleaning inside and out. The controlled drug register isn't adding up and you have only 15 mandated minutes to rectify all this at the start of a 12 hour shift. At your particular station the average turn around for a call requiring transportation to hospital is 2 hours. You can be deployed right up to the final minute of your shift so 14+ hour shifts are not uncommon.
Starting on the inventory and restock early and covering for the off going crew is part of your personal professionalism and responsibility, plus it is kind of expected because you are a 'lead' paramedic. At this moment in time that is still a voluntary position. it's also known as creating a rod for your own back.
As you gather an armful of stock; Cannula's, flush's, 'giving' sets, three way taps, the tones sound on your trucks radio's. The crew currently booked on look at you with co-mingled dread and hope. the internal door of the garage opens and your crew mate walks in. She is not even fully uniformed and her face falls at the obvious scene she *sees* played out before her.
The screen of the Mobile Data Unit is flashing, waiting for the call to be acknowledged. Everything is timed. Response to dispatch, time of mobilisation, journey time, arrival at scene, arrival at patient.
With a look of resigned disgust your crew mate holds out her hand for the radios.
Settling into the drivers seat You hit the button on the MDU and accept the job.
A category one call. Eight minute monitored response time. The location is 25 minutes away but on Blue lights and Two Tones or a BLATT you can probably halve that. You read the description of the incident; Two vehicle RTC HGV's with a driver ejected from the vehicle. Immediately your brain is filled with detail. Newtons third law, "Every action has an equal and opposite reaction" the mechanism of injury means sufficient force to throw a person from a heavy goods vehicle through a window with a sitting height of approximately twelve feet. The likelihood of massive trauma is high. Two principles of pre-hospital trauma management are present, a fall of more than double a persons height and ejection from a moving vehicle. Add in the wintry conditions and the leaden weight in your belly is nothing to do with the acceleration of the ambulance.
There is no longer any such thing as a 'quiet time' on the roads of the UK. We are a relatively small island with 70 million people +/- living in a 24hr society. The majority of these people drive on auto-pilot, with car stereo's on too loud and the moment they pass their driving tests (for the most part) forgot what their mirrors are for. Blue light emergency driving is a high stress, dangerous activity for which there is no legal necessity and, if brought to legal trial for any reason, is judged to the same standard as any other offence. Would a reasonably competent motorist consider whatever manoeuvre was attempted as reckless or dangerous? You are now throwing a 5 tonne poorly maintained vehicle around narrow country lanes. First rule - get to the patient, do NOT become another patient.
Your SatNav tells you that you are approaching the scene. It is pitch black, a single carriageway in each direction, no street lighting. There are two tell tales from your experience, no traffic is coming from the other direction and you can see a line of stationary

vehicles. Therefore the road is blocked. Cars will start to try to do U-turns and you are on high alert for that. Many an ambulance has had its own crash because of this.
Something else is bothering you, station rumour has it that your crew mate has been talking about resigning. They can't take the pressures of the job and they have been off sick a lot recently. You noticed out of the corner of your eye en-route to this call that they had their hands over their eyes for much of the journey, they did not answer your questions about particular pieces of equipment, such as the scoop stretcher or vacuum mattress, that will be crucial if this call turns out how you *foresee.*
You see one lorry at 90 degrees to the carriageway, it has massive impact damage, A second lorry is stationary it too has damage to its cab and the front off side wheel has been buckled out at 45 degrees. Both Lorries are in the dip of a steep hill they have met when both would have been at the upper end of their legal speed limit. worse case scenario is a collision speed of 100mph.
You give a brief situation report to control and confirm that back up is on it's way. You k ow automatically that the air ambulance will not be flying due to weather conditions. On Auto pilot you turn the ambulance so that your egress route is in the direction that you know to be clear and the back of the truck, the business end, is towards the casualties.
You are met by a male in military uniform. this is good, the UK is in combat operations and there is a good chance this man will have combat medic experience of some kind. He confirms this by the concise and brief hand over that he gives you. He also gives you confidence to allow him to manage the broader scene, traffic control, witnesses, police arrival, whilst you move on to the casualty yourself.
There are a lot of people around the casualty. The fact that you have to shoulder through and shout to make yourself heard over competing voices provides further information. These people are task focused, they have seen something outside of their normal daily experience and they are struggling to process it. That means that it is distressing to them and raises the preparation factor a further notch for you subconsciously.
You see; a male under several blankets and coats you know it is a male due to the patterned baldness but the hand over told you so too. The baldness also allows you to see the damage to the skull. you see that the male is experiencing some kind of seizure because his body is in spasm and twitching visibly beneath the layers. Worryingly a by-stander who was tasked with immobilising the casualties head prior to your arrival has it gripped, vice like, and despite the on going seizure. You have major concerns around the cervical c- spine and likelihood of injury but Paramedic 101 is 'air goes in and out, blood goes round and round' and that is your priority.
You dispatch your colleague to get the scoop or the long board, whichever is available because there was no time to inventory the truck. The driving icy rain has you drenched already, you are oblivious to your own discomfort but fully cognisant of it for your patient. He definitely does not need to be laying in the gutter which you notice he is effectively damning with the assorted coats and an old blanket soaking up the icy torrents around him. You lift the coats and blanket and realise that the efforts of the by standers to immobilise the patients head have maintained him in an unnatural alignment. Your colleague arrives and stage whispers to you that some of the items are missing. This patient, Your patient, needs to be in the back of the ambulance 10 minutes ago and in definitive care, meaning a resus room within an emergency department RIGHT NOW. Luckily his back is to you. The process of returning him to neutral alignment is aided by this and you notice that the military medic is here with the trolley from the ambulance. Instant decision, patient on to trolley and into ambulance is the best way to start the primary survey in earnest and some kind of advanced life support which you *anticipate* him needing.
What to tell you about the interior practice and processes.

You are dealing with a trauma induced cardiac arrest. This is confirmed within moments of securing the trolley in the truck.
Automated, ingrained responses, commence CPR. You notice your colleague is not looking at the patient as she performs this, you challenge it harshly and you are told, "I can't, I can't see another ones face."
You experience genuine fury "How the f*&$ can you do effective CPR without looking at your F*&$ing patient?" There are tears as she swaps out with the military medic. You are working on securing the airway but there is blood, a lot of blood. You can smell the rich Iron smell and it is a taste you know in the back of your throat. The process continues, bag ventilations swapping the compression giver every two minutes. Back up has arrived, you notice how much blood is on you, on the walls and even the ceiling of the ambulance. You know that this patient has injuries clearly incompatible with life but you are working this job like you work all jobs, expecting the successful handover to the hospital. An ambulance officer arrives and you give a clinical update and you know that everyone other than you stopped having heart in this some time ago. How many?
The suction unit is out of liners. The manual pump lays useless beside it. Blood, when it is outside the body grows exponentially, 10millitres in rain looks like a buckets worth. You have blood pretty much all over you, everyone else in the back of the ambulance is the same. You glance at your watch and noting the time you tell everyone to stop.

Time marches on, you continue working in that area and every time you drive through that dip you recall the exact position of the vehicles. You work dozens more cardiac arrests and regardless of how many you take to hospital you keep coming back to that one. The taste, texture, slippery feeling of blood under your gloves comes back to you often.

Then one day you have to take your pet to the vet's. You have just returned from a family holiday to find him ailing. The veterinarian tells you inevitably that there's nothing he can do but euthanise this strangely affectionate and idiosyncratic member of the family. You wonder if this would've been necessary if you hadn't gone on holiday. There's a feeling of failing here that resonates within you like the plucking of a guitar string. The vet asks if you want to leave the room, but, no, you owe it to this small companion to be with them at the end. The small enclosed sterile smelling room suddenly feels claustrophobically small.

Your vision, sight and hearing close in along with the smell and it feels hard to breathe. The vet then struggles to find a vein for the pentobarbital. He tries again. Failure, tries the other foreleg, failure. Again. Again. Again. He decides that he must try a bigger vein in the chest and all the time you are holding this small creature but you are seeing a different sight, your vision, your entire being, is elsewhere, else when.

At this point in time, you have been in the emergency services for 25 years. For the next six years, every incident you attend will be critiqued over and over again. You will build layer upon layer of excessively harsh and factually inaccurate failures onto this incident. You will attend more fatal RTC's, You will be the one to decide that this person's life is over. Your relationships with loved ones changes. You are withdrawn, distant. Your emotional response to things becomes skewed and irrational. Sudden anger, despair, You are, in short, a wreck.

Then one set of shifts 'just doing your job' you are assaulted for three consecutive nights. The final one causes you to go off sick, a concussion and muscular-skeletal neck and back pain. Two weeks later You see your Doctor and everything crumbles.

If you have read my previous blogs, and I hope you have, you will know that I found myself in Kain's hole allegory tale. You will also remember that I managed to find the way out. I got that cold can, I popped the tab, listened to the hiss and then I drained it. Sluicing away the muck and grime at the back of my throat.

So what? I hear you ask. What is this to do with vision?

Vision 4: A vivid imaginative conception. Recently I listened during an Achology workshop and I was challenged to find my collaborative value. I was asked, "What tone do you offer to others?" My answer is "I am prepared to do whatever it takes to fulfil my vision, I will not give in, I will not give up and I will go to the very bottom of the hole if that is where I have to find you."