Davy Hobson was notorious for last-minute Valentine’s gifts. But on Feb. 14, 2013, he was ready. “I’d bought my wife’s gift a day early for the first time,” says Davy. Little did he know, when he left home that day, he wouldn’t return for seven months.

Arriving to see patients at an assisted living facility, Davy, a former paramedic and registered nurse, felt the light suddenly dim and a sound roaring in his ears.

“I had an ominous feeling that I was about to die,” Davy said.

He quickly said a prayer, dialed 911, and was in a life-threatening heart rhythm when the paramedics arrived a few minutes later.

In 2010, Davy went to the hospital complaining of chest pain, numbness in his left arm and high blood pressure. He was diagnosed that year with sick sinus syndrome – heart rhythm problems related to the heart’s sinus node. Doctors implanted a pacemaker. Additional heart problems required an implantable cardioverter defibrillator in 2012.

His symptoms stabilized, but in December, Davy’s heart rhythm became erratic, requiring shocks from his defibrillator more and more often. His doctors made adjustments to medication and conducted an ablation procedure in 2013.

Then on Valentine's Day, Davy was diagnosed with “an electrical storm,” as his heart struggled to maintain a normal rhythm. As doctors at UT Southwestern in Dallas attempted to do an ablation to help stabilize the heart’s electrical system, his heart stopped.

Davy’s heart was severely damaged and he needed a new one to survive. That’s when doctors proposed an experimental procedure to help Hobson’s heart continue circulating blood to his body until a donor heart could be found.

Heart failure typically affects the left side of the heart and can be temporarily treated using a left ventricular assist device (LVAD). But in Davy’s case, both sides of his heart were failing.

Doctors made a bold plan to implant a second device on his right side, creating a bi-ventricular system. The so-called BiVAD approach was in clinical trials in Europe, but had never been tried at UT Southwestern, said Dr. Mark Drazner, Clinical Chief of Cardiology and Medical Director of the LVAD and Cardiac Transplantation Program at UT Southwestern.

“When you’re faced with a desperate situation, you have to be creative in your approach and sometimes take risks in cases where convention and accepted therapies won’t fit the bill,” Drazner said.

Davy got his new heart about four months later, in June 2013. He eventually returned to work as a home health nurse – but instead for UT Southwestern, becoming a colleague to many of the people who helped save his life.

“Take someone who was desperately ill and on death’s door and be able to keep him alive and restored to a good, healthy lifestyle was just breathtaking,” Dr. Drazner said.

Now, 65, Hobson limits work to a few days a month. And he tries to plan ahead for Valentine’s Day, which carries mixed emotions, even after all these years.
Avoiding a Heart Attack in Middle Age

Physical fitness is good for the heart, brain and overall health. But a specific type called cardiorespiratory fitness may help predict the odds of having a heart attack, especially for women, new research shows.

Higher cardiorespiratory fitness leads to lower heart attack risk, with women appearing to benefit the most. Findings from a recent article published in the Journal of the American Heart Association suggest "cardiorespiratory fitness can be used as a risk calculator for first heart attacks," said Rajesh Shigdel, lead author of the study.

Relying on data from one of the largest health studies ever performed, Shigdel and his team estimated cardiorespiratory fitness for more than 26,000 Norwegians who were 56 years old on average and free of heart disease when the study began. Their health was tracked for 15 years.

Researchers estimated cardiorespiratory fitness based on the length and intensity of physical activity each week. Among women, those with high levels of cardiorespiratory fitness were 25% less likely to have a first heart attack than those with low levels, whereas men with high levels of fitness were 10% less likely to suffer a heart attack than those in the low fitness group.

People who want to increase cardiorespiratory fitness should strive to be physically active at least 150 minutes each week. That doesn’t have to mean spending hours at the gym each day. Take a 30-minute walk, garden or play with your kids or grandkids. Just get moving.

“The fitter you are, the less likely you are to have your first heart attack”, says Dr. Aaron L. Braggish, director of the Cardiovascular Performance Program at Massachusetts General Hospital.

For women, it’s even more important. Women ages 45 and older are more likely to die within a year of a first heart attack than men of the same age.

But exercise isn’t enough. To lessen your cardiovascular risk – quit smoking, eat a diet rich in fruits and vegetables, stay away from processed foods and avoid stress.
Small-Town Girl Becomes National Nurse Advocate

Pamela Nye is “Iowa nice,” the kind of person who’s friendly, agreeable and gains emotional trust from strangers.

“I was brought up to believe you think of others before you think of yourself,” she said.

Pam, a long-time neuroscience nursing professional, began her medical journey as a transcriptionist for an Iowa hospital. Impressed by the nurses’ expertise in patient care, she applied to nursing school.

“Classes are full,” she was told, but someone dropped out, allowing her to get accepted.

Early in her nursing career, Pam treated a man who’d been in a motorcycle accident. Found after three days in a ditch, in a coma, with bee stings and sunburn, he wasn’t expected to survive.

Pam just wanted to keep him comfortable. So, while taking his blood pressure daily, she talked to him. One day when she greeted him with, “Good morning,” he surprisingly said it back. Seeing him awaken from his coma inspired her to choose neuroscience as her nursing specialty.

She would eventually move from Cedar Rapids, Iowa to California to earn a master’s degree in neuroscience nursing at the University of California-San Francisco.

Neuroscience nurses are considered elite, even “nerdy,” Pam says, due to their required education, knowledge and commitment to patients with complex neurological problems, brought on by diseases or stroke.

“People sometimes tell me what I do is depressing and sad. My answer is always the same, ‘If I can make a difference in one person’s life every day, just one, then I’ve had a successful day.’”

Four decades later, at the top of her nursing profession, Pam recently retired as clinical nurse specialist/stroke coordinator at the UCLA Medical Center in Santa Monica, California. She remains an Associate Professor at the UCLA School of Nursing.

But in typical “Iowa nice” fashion, she plans to continue giving back.

During National Nurses Day on May 6, Pam’s new company, Neuroscience Nursing, Ltd., launched its inaugural event, Operation Scrubs. Breaking with tradition, it took place aboard a four-deck mega yacht and provided eight hours of advanced continuing education for stroke coordinator nurses representing more than 180 comprehensive, primary and stroke-ready hospitals in California.

“See a Nurse? Thank a Nurse!” is Operation Scrubs’ message and Pam’s slogan to change the perception of nurses being “the unsung heroes of health care”.

“Nurses need to feel special and enjoy the same kind of acknowledgement traditionally reserved for doctors, police, firefighters and military,” Pam says. “I want people to recognize nurses are not only first responders, but they’re also before, during and after-care responders.”

Operation Scrubs staff are unpaid volunteers. Audited net proceeds will fund the Pamela Jane Nye Neuroscience Nurse Advanced Education Scholarship and is administered by the AHA/ASA Donor Advised Fund Program.

“I chose the AHA because of its stroke component and its global reputation for competency and integrity,” Pam said. “It’s also an organization to which, for many years, I have donated money and given countless hours of volunteer service.”

Stroke, the No. 5 cause of death and a leading cause of disability in the United States, scares many, she says.

“Most people I’ve assisted say they’d rather be dead than in a nursing facility in a diaper, not able to recognize their family, I want to give them hope and encouragement.”

Pam often says to her young nurses, “You may see 1,000 patients faces, and might not remember any of them. But they’re going to remember you, so you need to make that memory a good one”.

For upcoming events go to: neurosciencenursing.homestead.com/calendar.html.
Why Learn Hands-Only CPR?
Cardiac arrest – an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia) and disrupts the flow of blood to the brain, lungs and other organs – is a leading cause of death.

When a person has a cardiac arrest, survival depends on immediately receiving CPR from someone nearby.

According to the American Heart Association, about 90 percent of people who suffer out-of-hospital cardiac arrests die. CPR, especially if performed immediately, can double or triple a cardiac arrest victim’s chance of survival.

Be the Difference for Someone You Love
If you are called on to give CPR in an emergency, you may be trying to save the life of someone you love: a child, a spouse, a parent or a friend.

Hands-Only CPR has been shown to be as effective as CPR with breaths for adult cardiac arrest at home, at work or in public.

Hands-Only CPR has just two easy steps, performed in this order:

1. Call your local emergency response number if you see a teen or adult suddenly collapse
2. Push hard and fast in the center of the chest to the beat of a familiar song that has 100 to 120 beats per minute

Music Can Save Lives
Song examples include “Stayin’ Alive” by the Bee Gees, “Crazy in Love” by Beyoncé featuring Jay-Z, “Hips Don’t Lie” by Shakira or “Walk the Line” by Johnny Cash. People feel more confident performing Hands-Only CPR and are more likely to remember the correct rate when trained to the beat of a familiar song. Go to the Hands-Only CPR Playlist at international.heart.org/en/handsonlycpr to view songs in other languages.

For information on other CPR courses go to the Global Class Connector and find a Training Center near you.

Take 60 Seconds to Learn How to Save a Life
Watch the 60-second video. Visit international.heart.org/en/handsonlycpr to watch the Hands-Only CPR instructional video and share it with the important people in your life. Hands-Only CPR is a natural introduction to CPR, and the AHA encourages everyone to learn CPR with breaths as a next step. You can find a CPR class near you at heart.org/findacourse.

NOTE: The AHA still recommends CPR with compressions and breaths for infants and children and victims of drowning, drug overdose, or people who collapse due to breathing problems.