



Emergency Medical Services

Partners

April 2012, Issue 22

uconnems.uhc.edu

AVON Cardiac Arrest Save

The American Heart Association's chain of survival has five links: Immediate recognition and activation, early CPR, rapid defibrillation, effective advanced life support and integrated post-cardiac arrest care.



On February 22, the town of Avon's chain was tested. A 49-year-old man collapsed in a restaurant. A patron in the restaurant began CPR. The phone rang in Avon's 911 center. The dispatch went out.

Avon Police Department Sargent Kevin Fleming and officer Mark Vess were at the restaurant in minutes. They defibrillated the patient's heart. **American Medical Response** Paramedic David Carlson and his EMT partner Ed Austin arrived to take over care. They detected a pulse, assisted the man's breathing with a bag-valve mask, established IV access and began moving the patient out to the ambulance where they were met by **UCONN Fire Department** paramedics Neil Prendergast and John Martinez. The UCONN medics, sedated and paralyzed the patient to better protect his airway and keep him ventilated.



At **John Dempsey Hospital** the patient underwent twenty-four hours of therapeutic hypothermia to help protect his brain from neurological injury from his period of insufficient oxygen. After receiving an internal defibrillator, he walked out of the hospital with full neurological function.



Proven Links in Chain of Survival

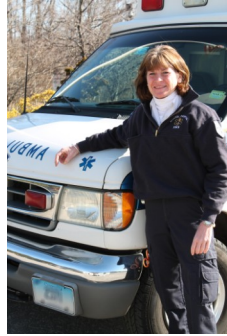


We are very proud of all the team members who helped save this man, and get him back to health. While these cases are rare, a similar case occurred just last month in Farmington, with successful outcome attributed again to an effective chain of survival.

At the Health Center we track cardiac arrests in our neighboring communities. In most instances a person collapses unwitnessed or their cause of arrest is due to nonreversible causes such as age or advanced disease. The people who have the best chance of survival are the generally healthy citizens who suffer sudden ventricular fibrillation in public, who get bystander CPR, early defibrillation, rapid arrival of ambulance and paramedics, and quality post-arrest care. That's who the system is set up to save and it proved its strength in this case.

STEMI Successes

Bristol EMS paramedic Elizabeth Austin diverted a critical STEMI patient to John Dempsey Hospital on February 23. The patient whose blood pressure was crashing, was rapidly taken to our cath lab, where he underwent cardiac catheterization to clear a 100% blockage of his right coronary artery. He underwent successful thrombectomy of the mid and distal RCA with removal of large pieces of thrombus. He also underwent successful drug-eluting stent placements to the proximal RCA, the mid RCA, and the proximal large second PLV branch. The door to balloon time was 28 minutes. The patient was discharged two days later with fully preserved cardiac function. Great decision making by Austin that likely saved the patient's life!



Fellow Bristol EMS Paramedic and former UCONN firefighter paramedic P.J. Roche, while riding on **Burlington Ambulance**, responded to a call for chest pain in the middle of the night. As soon as his 12-lead ECG indicated his patient was having an acute MI, Roche immediately called medical control at John Dempsey Hospital to activate the cath lab. Because of his radio patch, we activated our cath lab 18 minutes prior to the patient's arrival. His patient had a large inferioposterior MI and occluded large and dominant right coronary artery, which was successfully recannulized with two drug-eluting stents. The patient was discharged home two days later with no loss of heart function. Roche's preactivation call was very important to the patient's outcome.



REMEMBER

**EARLY NOTIFICATION SAVES LIVES!
ALWAYS ASK FOR MEDICAL CONTROL
WHEN CALLING IN WITH
A STEMI ACTIVATION OR STEMI ALERT**

UCONN Health Center EMS Web Site

For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our web site at:

uconnems.uhc.edu

Upcoming CME 2012

Morning

April Skills (see below)

May 16, 2012 (Wednesday)

June 20, 2012 (Wednesday)

July 18, 2012 (Wednesday)

August 2012—NO CME

September 19, 2012 (Wednesday)

October Skills, TBA

Evening

June 13, 2012 (Wednesday)

September 5, 2012 (Wednesday)

December 5, 2012 (Wednesday)



Our monthly morning CMEs are held in Keller Auditorium at 8:30 A.M. Our quarterly evening CMEs are held in Keller Auditorium at 7:00 P.M. Enter main door, take escalator down one floor. CMEs include general lectures, case reviews and journal article review. Daytime parking in main lot at top of hill is now limited to visitors and patients. If you are unable to find parking, please park in lower lots and take shuttle bus. For the evening CME, there is plenty of parking at the top of the hill. 3 Hours CME are offered.

**All EMS Responders and General Public
are Welcome!**

John Dempsey Hospital

EMS Conference

Date To Be Announced

Coming Fall 2012



April 10, 2012 Skills Sessions



We still have limited openings for our Tuesday, April 10, 2012 Regional Paramedic Skills Session, utilizing our state of the art simulation mannequin. Session times are 8:00 AM and 9:45 A.M. Held in the Clinical Assessment Simulation Lab (down the hall from Keller Auditorium).

Contact Peter Canning for more information
or to reserve your spot today at:
canning@uhc.edu

CONTACT US:

Any questions or suggestions about EMS? Looking for patient follow-up?



Contact EMS Coordinator Peter Canning at
canning@uhc.edu or call (860) 679-3485.