



Emergency Medical Services

Partners

August 2012, Issue 26

uconnems.uhc.edu

Nausea and Vomiting

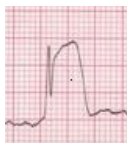
Nausea and vomiting is one of the most common EMS calls. It can be a lethal mistake to dismiss nausea and vomiting as simply “the flu.” Causes can include reaction to medications, infections, endocrine disturbances, toxicological emergencies, head trauma, stroke, and cardiac ischemia.



All patients with nausea and vomiting should receive a full physical assessment. Providers should do their best to get a detailed history from the patient, family or other responsible health care provider. Many patients will attribute their symptoms to something they ate. While this may be true, in many causes this rationalization can also distract a provider from the true cause. Vitals signs should be carefully monitored. Paramedics should apply the cardiac monitor and do a 12-lead ECG on any nauseous patient with cardiac risk factors. Treatment should include antiemetics, analgesics if the patient is also in pain and fluid replacement if the patient shows signs of volume depletion.

Nausea and Vomiting in ACS

In acute coronary syndrome (ACS) older patients, woman and patients with diabetes are more likely to present with atypical syndromes such as nausea and vomiting without chest pain than other patients. The lack of chest pain may delay identification of ACS and thus effective treatment. Always stay vigilant for ACS in patients suffering from nausea and vomiting.



Antiemetic: Ondansetron (Zofran)

Giving patients with nausea and vomiting an antiemetic makes them more comfortable, improves hydration, makes them easier to treat and transport and, in many cases, can reduce the time they have to spend in the ED.



Ondansetron (Zofran) is the preferred antiemetic for nausea and vomiting due to its effectiveness and safety profile. The only contraindication is hypersensitivity to Ondansetron. It is much less likely to cause a dystonic reaction than Reglan. Recently, the North Central Region changed its guidelines to allow paramedics to administer Ondansetron ODT (oral disintegrating tablet). Whether given intravenously (IV), intramuscularly (IM) or by mouth (PO), the dose is 4 mg. It can be repeated X 1 if the vomiting and nausea persist.

Ondansetron is the most commonly administered medicine given by the **UCONN Fire Department** paramedics. In 2011, the UCONN paramedics treated 158 patients with Ondansetron. Great job with patient comfort care!



Prehospital Ondansetron Study

A new study to be published in *Prehospital Emergency Care* shows Ondansetron ODT improved nausea in 74% of patients treated by paramedics during the study period. None of the patients had any side effects.

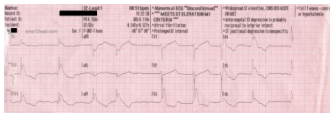
Airway Management

UCONN Fire Department paramedics responded to a recent car versus truck accident in Farmington. On arrival the medics found a severely injured patient entrapped in the mangled car. Paramedics Brian Little and John Pickert were able to gain entry to the car. They sedated and paralyzed the patient, and then with the car seat tilted back several inches, they successfully secured the patient's airway by passing an endotracheal tube through the patient's vocal chords, effectively securing his airway. The patient was eventually freed from the wreckage and rushed to a trauma center. The life-saving call was a great example of training and teamwork in action. Kudos as well to paramedics David Demerest and Robert LaPerriere, who assisted on scene, along with Farmington Fire first responders and EMTs from American Medical Response.



STEMI Reminders

1. Do a 12-lead on any patient with suspicion of a cardiac event. The patient does not need to have chest pain to get a 12-lead. Consider patients with nausea and vomiting alone, weakness, syncope, etc.
2. Obtain a 12-lead as soon as possible, preferably before moving patient to ambulance.
3. As soon as you recognize a STEMI, notify our ED via a CMED **medical control** patch for a "STEMI Alert." Don't wait until you are 3-5 minutes out to call.
4. If you are uncertain, don't hesitate to call **medical control** for a "Possible STEMI." The doctor may either activate the cath lab or put the cath lab staff on standby based on your patch.



Construction Update

We have reopened our main ambulance entryway. The EMS printer is back in the foyer and there is a small space for EMS to write your PCRs. In the next month we will be continuing renovations that will soon construct a new EMS room by the ambulance doors. We will also be moving our EMS Coordinator's office up to the ED. We are hopeful that these steps will continue to enhance our interactions with our EMS partners. Thanks for your patience!



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



September Evening EMS CME



**Weapons of Mass Destruction
Chemical, Biological, Radiological and Nuclear Threats**
Major Christopher A Cavanna, PAC
Civil Support Team
Journal and Case Reviews

Wednesday, September 5, 2012
7:00 P.M.
Keller Auditorium



John Dempsey Hospital EMS CME 2012



Morning (8:30 A.M.)
August 2012—NO CME
September 19, 2012 (Wednesday)
October Skills, TBA
November 21, 2012 (Wednesday)
December 19, 2012 (Wednesday)
Evening (7:00 P.M.)
September 5, 2012 (Wednesday)
December 5, 2012 (Wednesday)

Held in Keller Auditorium. Coffee, juice and bagels will be available provided free prior to all morning CMEs and pizza and soft drinks before the evening CMEs. All EMS Responders and general public are welcome!

Enter main door, take escalator down one floor. 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. One additional hour will be given for reading journal article and completing short quiz.

Note: Due to construction, Fire and EMS vehicles should not park at non-ED entrances during the day when attending EMS sessions.

**John Dempsey Hospital
EMS Conference
Date To Be Announced
Coming Fall 2012**

CONTACT US:

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



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