UConn Health Center
John Dempsey Hospital

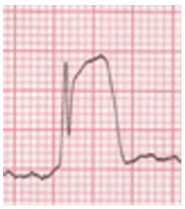
Emergency Medical Services
# Partners

December 2012, Issue 30

uconnems.uchc.edu

## EARLY STEMI NOTIFICATION


At John Dempsey Hospital we review every STEMI case we receive. We have found our best responses are when EMS calls in a STEMI or Possible STEMI alert from the field. This past year when EMS has called in STEMI alerts, we have activated the cath lab on average 8 minutes prior to their arrival, and as early as 16 minutes prior to their arrival. Often the patient has been able to be whisked right up to the cath lab still on the EMS stretcher.

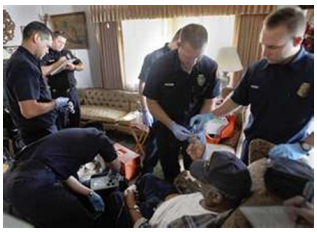


To best serve our patients, we ask EMS to do a 12-lead on patient contact in all patients with possible Acute Coronary Syndrome symptoms such as chest pain, dsypnea, and nausea. As soon as a STEMI is identified, contact John Dempsey Hospital Medical Control for a STEMI Alert.

You are the dispatcher for the ED and cath lab when it comes to STEMI Care. Calling from 30 minutes out while still in the patient's house is preferred to calling from 2-3 minutes out when coming up the hill to the hospital. Early notification saves crucial minutes off a patient's time to balloon and results in better outcomes.

Remember:
1. Do a 12-Lead at Patient's Side within minutes of first contact.
2. Notify the Hospital as soon as possible of a STEMI Alert.
3. Ask CMED for **Medical Control** for a **STEMI ALERT**. Only an MD can activate the cath lab.
4. Transport rapidly and safely.

## EMS Scene Care



Should EMS begin treatment at the patient's side or in the ambulance? This topic has been the subject of many debates. The answer is, of course, it depends. Scene safety is obviously a concern. Can the patient be safely assessed and treated where they are first met? Once that question is settled, the question is will the treatment make a difference or can the treatment wait without harm? In general, if your assessment concludes a patient needs treatment, it should be given as soon as safely possible.

EMS responders have been sued not just for failing to treat patients, but for failing to treat them promptly. If a patient is in anaphylaxis, they need epinephrine. If a patient is hypoxic, they need oxygen immediately. If they are in acute pain, the sooner you medicate them, the better their outcome, and the less likely they are to develop chronic pain syndromes.

Cardiac arrest is an excellent example. If a patient is in ventricular fibrillation, they need to be defibrillated immediately. They need quality CPR and they need aggressive immediate resuscitation efforts on scene. Moving the patient to the ambulance to begin resuscitation in earnest will likely harm a patient's chances at being successfully resuscitated.

If a patient is having chest pain, they need an immediate 12-lead, and if the 12-lead shows an ST-Elevation MI, they need to be taken without delay to a hospital with an emergency cath lab. Delaying 12-lead acquisition will delay hospital notification and result in longer door-to-balloon times and poorer patient outcomes.

## Baby Delivery in the ED Parking Lot

Congratulations to **American Medical Response** paramedic Eric Brescia, **Newington Volunteer Ambulance** EMT John Szczerkowski and EMT Carrie Babineau as well as **John Dempsey Hospital** Emergency Department staff Dr. Rochelle Van Meter and R.N. Gloria Valentino who teamed up to successfully deliver a healthy baby boy in the back of the Newington Ambulance shortly after the ambulance arrived outside the ED early on a Saturday morning. The EMS crew provided the hospital with key early notification of their patient in active labor with a history of precipitous delivery. Great job all!

## Paramedic Attitudes Regarding Analgesia

The authors of our December journal article "Paramedic Attitudes Regarding Prehospital Analgesia" from the September 2012 issue of *Prehospital Emergency Care* interviewed paramedics from a number of services in New England to study their attitudes toward pain management. They discovered paramedics were generally reluctant to administer analgesia to patients without objective signs of injury and had concern that patients could be drug-seeking. Paramedics were also worried about masking the patient's injury, and were reluctant to aggressively dose analgesics, often choosing to, in words used by many of the medics, give only enough analgesia to "just take the edge off." By revealing "modifiable attitudinal barriers to appropriate pain management," the survey will hopefully enable us to target education to adjust these barriers. Join us at our December 19 CME to discuss the article and prehospital pain management. For a copy of the article, contact Peter Canning at canning@uchc.edu.

**John Dempsey Hospital**
**EMS Conference**
**Date To Be Announced**
**Coming Spring 2013**

## 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.uchc.edu

## December Evening EMS CME

**Trauma Care**
Dr. William Marshall
Saint Francis Hospital Trauma Care

**Asthma**
Richard Kamin, M.D.

December 5, 2012
7:00 P.M.
Keller Auditorium– UCONN Health Center

Enter main door, take escalator down one floor.
For evening CME, there is plenty of parking at the top of the hill.
3 Hours CME are offered.

Open to all EMS Responders and General Public!

Pizza and soft drinks will be served free prior to the CME.

## December Morning CME

**Heart Failure**
TBA

**Journal Review:**
*Paramedic Attitudes Regarding Prehospital Analgesia.*
Prehospital Emergency Care, September 2012

**Case Reviews:**
Richard Kamin, M.D.

December 19, 2012 (Wednesday)
8:30 A.M.
Keller Auditorium

Coffee, juice and bagels will be provided prior to morning CMEs.

Daytime parking 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.

3 Hours CME are offered. One additional hour will be given for reading journal article and completing quiz.

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

## 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.