UCONN HEALTH

Emergency Medical Services Partners

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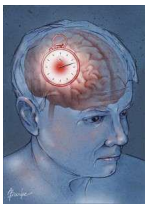
uconnems.uchc.edu

QA Corner– Strive for Excellence



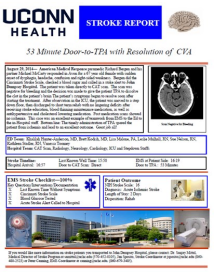
Stroke Care—EMS is doing a great job with stroke care. In addition to our basic 4 point checklist (Stroke Alert, Last Known Well Time, Cincinnati Scale, and Blood Glucose) we are collecting other data points on stroke to see where we can improve care. Three points for EMS to consider:

Last Known Well Time: If at all possible try to target the last known well time to the minute, and document this with the closest to exact time as possible such as 14:00. This is preferable to "earlier this afternoon." We recognize sometimes you can't be more exact, but continue to do your best. Document a four digit time.

Stroke Recognition: We are only recognizing 72% of strokes in the field. Patients can be 0 on the Cincinnati scale and still be having a stroke. Consider these presentations in your differential stroke diagnosis: acute mental status change or confusion, sudden vision problem, vertigo, severe headache, fall with unknown reason, giddiness, possible seizure, numbness/tingling.

Transport Priority: We are finding a surprising number of stroke patients are being transported non-priority. While we always want you to drive safely, several of our patients who received TPA were brought in with flow of traffic. Time is brain and the difference of five or ten minutes can make a difference to the patient's recovery. Additionally some patients who may be outside the TPA window, may be suffering from hemorrhage, and the saved time can also make a difference in their outcomes. When it comes to stroke care, the hospital has treatments that EMS cannot provide, so the use of lights and sirens may be beneficial. Always use your best judgment, but if you suspect stroke, consider the time factor.

Stroke Patient Follow-up


UCONN HEALTH STROKE REPORT

53 Minute Door-to-TPA with Resolution of CVA

We are providing stroke reports on all patients diagnosed with stroke or TIA brought in by EMS and all patients called in as stroke alerts, which can include patients with stroke mimics. If you don't receive follow-up through us from your training officer or see the report on our bulletin board do not hesitate to contact us for follow-up.

Dr. Sanjay Mittal, Medical Director of Stroke Program at samittal@uchc.edu (570-452-0105),
Jen Sposito, Stroke Coordinator at jsposito@uchc.edu (860-480-2523)
Peter Canning, EMS Coordinator at canning@uchc.edu. (860-679-3485).
We appreciate the care you provide.

Hip Fracture Treatment-Manage Pain

In December here were 8 hip fracture patients brought in by EMS. Of the 7 for which we were able to obtain prehospital PCRs, 4 had documented pain scales, 4 had ALS response, 2 received analgesia. 3 of the patients who were untreated by EMS had initial pain scales of 8 or greater in the ED. Great job by **Simsbury** Paramedic Kristin Fillian and **American Medical Response** paramedic Brandon Bartell for their patient care and advocacy.

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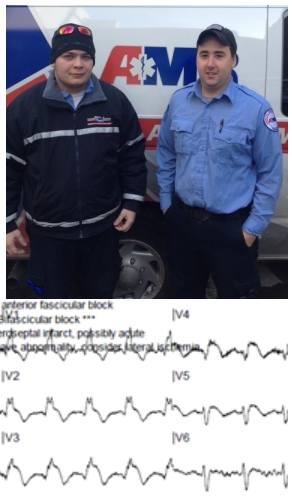
NC Regional Pain Management Guidelines:
Run form documentation will include an assessment of the patient's pain, the nature of the pain, treatment of the pain, a reassessment of the pain, and patient satisfaction with pain relief efforts.

If a paramedic chooses not to medicate a patient in moderate to severe pain, the reasons for withholding analgesia must be documented.

Great ECG Calls



American Medical Response paramedic Keith Slater and his partner Michael Messenger responded for a 71 year old man, feeling weak and dizzy, who had fallen and hit his head. Initially Slater suspected stroke and did a Cincinnati Stroke scale, which was negative. Slater then did a 12-lead. Not a typical ECG due to the Right Bundle Branch Block, Slater concerned about the ST morphology in the anterior leads, called in a **Possible STEMI Alert** to **John Dempsey Hospital**. After a stat CAT Scan to rule out intracranial hemorrhage, the patient was rushed up to the cath lab where the team found a 100% occlusion of the patient's mid Left Anterior Descending Artery (LAD) which was successfully cleared, stented and reperfused. The patient did very well and was discharged home within a few days. Great job by Slater for erring on the side of the patient and calling in the Possible STEMI Alert on both a difficult ECG and unusual patient presentation!

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During the recent blizzard, **Bristol EMS** paramedic Scott Bullock and his partner Christopher Begey responded at night for a man with a sudden onset of chest pain at rest. Bullock did an immediate 12-lead ECG which showed mild ST elevation in leads V2-V4 without reciprocal change. Bullock called in a Possible STEMI ALERT to **John Dempsey Hospital**. The patient had a 100% occlusion of the mid LAD, which was successfully stented. Bullock's decision to bring the patient to a PCI center and the hospital's decision to keep their cath team in hospital during the blizzard likely made the difference between the patient suffering a large anterior MI with severe LV dysfunction, and the limited infarct he had.

31 Minutes Door-to-Balloon! 73 Minute FMC-to-Balloon Time (From Bristol During a Blizzard!)

UConn Health Center EMS Website

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

uconnems.uchc.edu

More STEMI Kudos

Bristol EMS paramedic Joanne Kay and her partner Ryan Stanford. **46 Minute Door-to-Balloon . 73 Minute First-Medical Contact-to-Balloon Time.**

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Bristol EMS paramedic Denise Shea and her partner Jaclyn Neveu. **19 Minute Door-to-Balloon! 65 Minute FMC-to-Balloon Time!**

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Burlington Ambulance Paramedic Kevin Watson and his partner John Haviland. **41 Minute Door-to-Balloon! 72 Minute EMS Diagnostic ECG-to-Balloon Time!**

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American Medical Response paramedics Jack Gartley and Jackie Lackey and EMT Scott Cummings restored pulses on a patient in cardiac arrest. A 12-lead ECG done during transport to John Dempsey Hospital revealed the patient was suffering an Acute MI. The patient had a 100% occlusion of the patient's Left Anterior Descending Artery (LAD) which was successfully cleared. Great effort by the crew.

UCONN EMS CONTINUING EDUCATION

2015 Schedule to Be Announced Soon

No General Morning CME in February
UCONN FD will have closed CME

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Look for UCONN Health EMS Stroke Conference
and
UCONN 12-Lead ECG Course
Spring 2015
Dates to Be Announced

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Cardiology Conference in Hartford
With Special Tract for Paramedics
Saturday Morning
April 25. 2015 A.M.

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.