



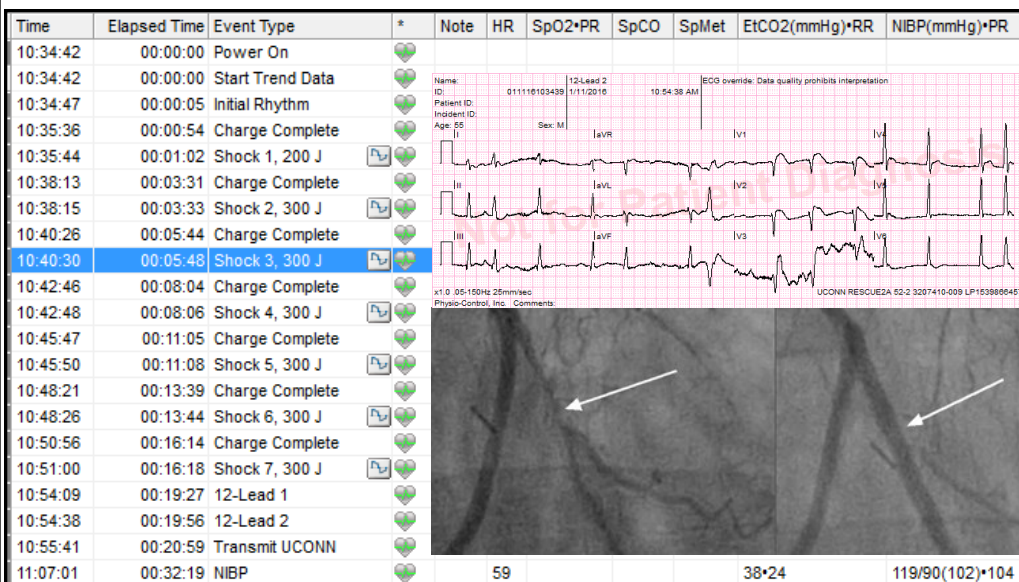
Emergency Medical Services *Partners*

February 2016, Issue 69

uconnems.uhc.edu

UConn Health Cardiac Arrest Save-Bystander CPR/EMS CCR/STEMI/Flawless Execution

We set systems in place, utilizing the most recent evidence, to provide our community with the best health care possible in their time of need. One January day our systems were tested and they responded magnificently thanks to the individual practitioners who are at the heart of UConn Health. A man walked into a UConn Health Dermatology clinic. He collapsed in an exam room. The staff initiated CPR and defibrillated the patient with an AED. First responders from East Farms Fire arrived along with UConn Health Fire Department paramedics who initiated cardiocerebral resuscitation, providing passive ventilation and establishing IV access, while directing two minute intervals of CPR, followed by defibrillation. The chart below tells the story. 7 defibs were delivered. The emergency team restored the patient's pulse and obtained a blood pressure. A 12-lead ECG showed a septal STEMI. They called in a STEMI ALERT and the patient was transported to the John Dempsey ED where the patient was taken directly to the UConn Cath lab where the team found severe stenosis of the patient's obtuse marginal 2, which was successfully treated with placement of 1 drug-eluting stent, restoring perfusion. The



patient underwent hypothermia therapy and, thanks to the excellent care of our ICU and cardiac stepdown staffs, he walked out of the hospital ten days later with full neurological recovery. Great job team!

UConn Fire Department paramedics Brian Little and Joe Speich
East Farms Fire responders David Koplowitz, Katherine Wollenberg,
American Medical Response EMTs Ashley Wells, Mathew Kressel.



2015 JDH STEMI Care Stats

Thanks to EMS for outstanding prehospital STEMI care.
73% EMS STEMI's Preactivated
30% Activated Based on EMS Patch (No ECG Transmission)
100% ALS Care
97% 12-Lead ECGs
62% Transmitted ECGs
13 Minute Median Prenotification
45 Minute Median Door-to-Balloon Time
73 Minute Median First Medical Contact-to-Balloon



2015 JDH Stroke Care Stats

73.5% EMS Strokes Recognized
90% Last Known Well Time Documented
80% Cincinnati Stroke Scale Documented
13.6% Ischemic Stroke Patients Received TPA
Stroke Patients who Received TPA
90.4% Recognized as strokes by EMS
86% Arrived as EMS Stroke Alerts
52.4% Transported Lights and Sirens
65 Minute Median Door to TPA



EMS Honor Roll

STEMI

American Medical Response Michael West and Andrew O'Brien—**70 D2B, 109 FMC (Cardiac Arrest/ROSC in ED)**
American Medical Response Michael Palmieri and Kurt Steiger—**66 D2B, 97 FMC**

UConn Fire Department John Pickert, Jed Morrissey, Brian Little and Joe Speich— **70 D2B, 91 FMC (Cardiac Arrest Save)**
UConn Fire Department Joe Speich and Brian Little— **40 Minute D2B, 78 FMC— (Cardiac Arrest ROSC)**

American Medical Response James Whiteside and Kiersten Murtha—**73 FMC, 99 FMC**

Bristol EMS Matt Klimovitch and Tony Betz—**41 D2B, 67 FMC**
American Medical Response Peter Canning and John Light—**45 D2B-69 FMC** Great job all!

Remember:

1. Do 12-lead on First contact
2. Provide Early Notification (from Scene)
3. Ask CMED for **STEMI ALERT** with Medical Control.

Magnesium Drip for Asthma

A 2 gram Magnesium drip run over 10 minutes is an excellent treatment for severe asthma. Inject 2 grams in a 100 cc bag of Normal Saline. With a 10 drip set, run at 10 cc per minute—100 drops per minute.

Trouble with medication drips? Carry a cheat sheet with all the possible drips (Epinephrine, Cardizem, Dopamine, Magnesium, Norepinephrine, Amiodarone), listing the IV bag, drip set, and rates you will run. Be prepared!

CHF Review

You are treating a 72 year old male, pale diaphoretic with audible rales and severe work of breathing. BP 230/110, HR-132, RR-36, ETCO2-62. What are your treatment options?

Treatments

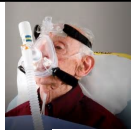
Apply CPAP at 7.5-10 cm H2O. If possible, adjust FiO2 to maintain Oxygen Saturation >94%.

If SBP >100 mmHg, Nitroglycerin 0.4 – 0.8 mg SL*.

If pulmonary edema persists, may repeat Nitroglycerine every 3-5 minutes as needed provided SBP >100 mmHg

If unable to administer nitroglycerine SL due to CPAP (such as concern regarding re-establishing mask seal) and if Systolic BP is >150mmHG then Nitroglycerin Paste 1.5 inches, if >200 then 2 inches.

*absence of an IV shall not preclude the use of first NTG dose provided that the SBP is >100 mmHg. If patients with Nitroglycerin paste become hypotensive, remove paste.



2016 UCONN EMS CONTINUING EDUCATION

Monthly Morning CME



February—No CME

March 16, 2016

April – No CME

May 18, 2016

June 15, 2016

July-No CME

August – No CME

September 21, 2016

October 19, 2016

November 16, 2016

December 21, 2016



Held at:

NEW LOCATION

Cell and Genome Sciences Building Conference Room
400 Farmington Avenue
Farmington, CT
8:30-11:30 A.M.

For Questions, email Peter Canning at canning@uchc.edu

ALL EMS RESPONDERS AND GENERAL PUBLIC
WELCOME

2016 UCONN EMS CMES

Look for our special CME presentations
coming this year



12-Lead ECG and STEMI Care



2nd Annual UConn Stroke
Conference
(May 2016)

EMS Pain Management

2016 New Statewide Protocol Review

Stay Tuned...Dates To Be Announced

UConn Health EMS Website

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

uconnems.uchc.edu

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.