



Emergency Medical Services

Partners

July 2013, Issue 38

uconnems.uhc.edu

STEMI Prehospital Activations

American Medical Response paramedic Jerry Negretti and his partner Stephanie Albert responded to a patient who awoke with left arm pain, and soon developed chest pain and shortness of breath. On their arrival, the patient was pale, cool, and diaphoretic. Negretti did an immediate 12-Lead ECG, which had suspicious ST segments in Leads V1-V3. He contacted **John Dempsey Hospital** requesting cath lab activation. Outstanding call! Thanks to Negretti, the ED and cath lab teams were ready for the patient's arrival. The patient had a 100% occlusion in the Left Anterior Descending Artery (LAD), which was successfully stented, restoring perfusion, and preserving vital heart function. **32 Minute Door-to-Balloon time! 60 Minute EMS First-Contact-to-Balloon time.**

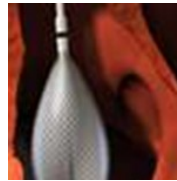


Less than two weeks later, Negretti and partner Adam Trujillo responded to a walk-in clinic on a Saturday afternoon for a patient in his early 40's who had developed severe chest pain while working in the yard. Negretti gave the patient ASA and did an immediate 12-lead ECG, which revealed a large inferior myocardial infarction. He called in a STEMI Alert to **John Dempsey Hospital**. While unable to transmit the ECG, Negretti's description of the patient and ECG enabled Dr. Matt Barr to activate the cardiac cath lab 15 minutes prior to the patient's arrival. The patient was rushed to the cath lab where the angiogram revealed ruptured plaque in the mid segment of his right coronary artery as well as down stream emboli. Thrombus aspiration/thrombectomy was done, followed by the deployment of a stent. **37 Minute Door-to-Balloon time! 60 Minute EMS First-Contact-to-Balloon time.** Both patients did very well and were released home within days. Great job STEMI Team (EMS, ED, Cath Lab)!

EMS First Contact-to-Balloon Time

In percutaneous coronary intervention (PCI) a catheter is guided into the heart either via the groin or the wrist. When the wire crosses the lesion, a balloon is inflated clearing the occlusion and restoring blood flow. Door-to-balloon time is the time the patient enters the hospital to the moment the balloon is inflated in the affected artery. The goal is 90 minutes. The sooner the patient's heart is reperfused, the better their chances for survival and the less damage to the heart muscle. Every minute counts. The American Heart Association has now established a standard of first medical contact-to-balloon time of 120 minutes. (First medical contact is defined as arrival of the paramedic at the patient's side.) Our goal in the Hartford area is to do even better and reach an EMS (Paramedic) First Contact-to-Balloon time of 90 minutes or less.

We can do it! **Remember Early Notification Saves Lives!**



UConn Fire Department STEMI STATS

The UConn Fire Department does a stellar job with STEMI care.

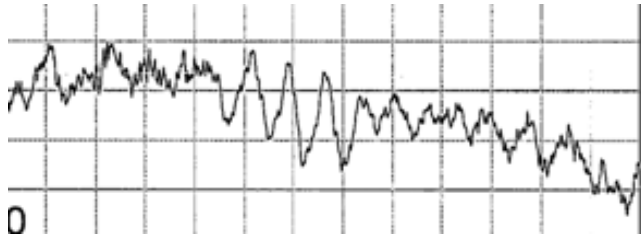


- ◆ 56 Minute Door-to-Balloon Time Average
- ◆ 80 Minute EMS-to-Balloon Time Average
- ◆ 8 Minute Patient Contact-to-12-Lead ECG Average

Keep up the great work!

CPR Tips– Precharging Defibrillator

Paramedics can charge the manual defibrillator while doing CPR (prior to rhythm check). Then when you check the rhythm, if its ventricular fibrillation...



Clear and shock!




Immediately resume CPR.


If it's not a shockable rhythm, LifePack monitors will harmlessly dump the charge after 60 seconds or whenever you change the energy selection.

Charging before the rhythm check, and thus combining the rhythm check and defibrillation sequence, eliminates an unnecessary pause in CPR and increases hands-on the chest time.

How paramedics can resuscitate better

1 

Push hard and fast in the center of the chest

2 

Defibrillate

Repeat as necessary

Graphic Source: www.roguemedic.com

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

2013 EMS CME SCHEDULE

Morning



July—No CME

August—No CME

September 18, 2013 (Wednesday)

November 16, 2013 (Wednesday)

December 18, 2013 (Wednesday)

8:30-11:30 A.M.

Evening

September 11, 2013 (Wednesday)

December 11, 2013 (Wednesday)

7:00 P.M.-9:00 P.M.

Morning CMES will be held at East Farms Fire Department, 94 South Road, Farmington.

Our quarterly evening CMEs are held in Keller Auditorium in the Main Health Center Building

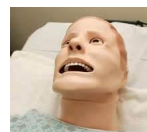
Morning CMEs include general lectures, case reviews and journal article review. Selected additional topics may be added. 3 CME hours are awarded. 1 additional Hour CME will be given for those completing open book quiz on journal articles.

All EMS Responders are Welcome!

For more information contact :
Peter Canning at canning@uchc.edu

CME Topics/Speakers

If you have any ideas or requests for CME topics or know of any interesting speakers we should consider, please send us your suggestions, and we will try to get them scheduled.



Coming October 2013

Evening Skills Sessions
Date TBA

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.