UConn Health Center
John Dempsey Hospital

Emergency Medical Services
Partners

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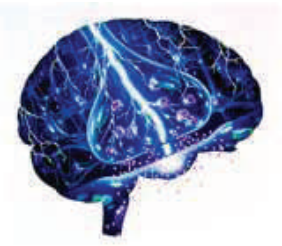
Status Epilepticus is a life-threatening emergency with mortality rates in adults of 15-37% and 3-15% in children. As part of our quality assurance benchmarking efforts, we track all cases of status epilepticus according to the following guideline:
(Patients with seizure activity that persists for more than 10 consecutive minutes or has two or more seizures without an intervening period of clear mental status).
1. Obtain and measure a blood glucose level
2. Administer a benzodiazepine (lorazepam or midazolam) by the best available route (IV, intramuscular [IM], rectal, or intranasal)
We are pleased that the **UCONN Fire Department** Paramedics have a 100% compliance with this benchmark.

Seizures– The physical findings or changes in behavior that occur after an episode of abnormal electrical activity in the brain.



Epilepsy -Clinical condition of a patient with recurrent, unprovoked seizures
Convulsion - the motor manifestations of abnormal electrical activity.
Tonic - sustained stiffening of muscles that commonly accompanies many seizures.
Clonic - rhythmic movements/ jerking of the muscles.
Tonic-clonic - a convulsion with initial stiffening of the body and extremities followed by rhythmic contractions of muscle groups. (Old term—gran mal).

History—Try to gather the following information:
* Specific seizure activity (eye movement or deviation, bladder or bowel incontinence, mental status, tonic clonic muscle movement). Multiple seizures?
* Events prior to seizure, history of fever, trauma or substance abuse. Was there an aura?
* Does patient have history of seizures?
* Are they on anti-seizure meds? Are they compliant with meds?

Seizure Treatment—Perform an initial assessment. Attempt to determine the etiology (i.e. whether the patient has a history of diabetes, seizure disorder, ETOH use, head trauma, poisoning or fever). Check a blood sugar to rule out hypoglycemia. It is essential to make the distinction between focal motor, general motor seizures, and status epilepticus. **Most seizures do not require emergent intervention.** For a patient with active seizures, administer **Ativan** 0.1mg/kg IVP with a max single dose of 2mg, repeated q 5 minutes to a max total dose of 8 mg. If IV access is unavailable administer **Versed** 0.1mg/kg to a max single dose of 5 mg IM or 0.2mg/kg to a max 10mg IN. If you obtain IV access after giving Versed, it is permissible to then give Ativan IV if the patient continues to seize. If the seizure is controlled by one of the benzodiazepines, continuous assessment of respiratory status is critical as respiratory arrest can occur with use of these medications. If you are giving Ativan IV, be sure to dilute 1:1 with normal saline.

First Time Seizure—Most Likely Cause

- Infants – Hyponatremia
- Older Children—Epilepsy
- Adults—Alcoholism
- Elderly—Vascular disease

Cardiac Success

New Britain EMS paramedic Lindsay Adelson and EMT partner Brian Drena transmitted a 12-lead ECG and called medical control to provide advance notification of their STEMI patient coming in from New Britain.

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UCONN Fire Department paramedic Joe Speich and **American Medical Response** EMTs Edman Austin and Krystyna Letizio also did a fine job with a STEMI patient from Avon.

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AMR paramedic Jane Gordon and EMT Miguel Downer provided excellent care to a post- cardiac arrest patient from Newington.

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UCONN Fire paramedics Neil Prendergast and Brian Little with help from **Farmington Fire Department** and an AMR transport crew successfully treated a patient in Ventricular Tachycardia.

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All patients were treated in John Dempsey's cardiac cath lab, and have been discharged home, much improved thanks to the great EMS care they received.

EMS Quarterly Evening CME
June 29, 2011—7:00 PM

Advances in Cardiac Arrest Care

James Suozzi, M.D.
Cheshire Medical Center
Keene, NH

Quality Assurance – Regional Benchmarking: You Can Make the Difference!

Peter Canning, Paramedic, R.N.

Keller Auditorium, John Dempsey Hospital
Pizza and refreshments will be served at 6:30 PM .
All EMS responders and members of the general public are encouraged to attend. Mark your calendars!

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

EMS CMED PATCHES

All EMS crews bringing patients into our ED, **please remember to patch prior to arrival.** Whether your patient is having an acute stroke or simply presenting with cold and flu symptoms, advance notice with your ETA helps us better prepare for their arrival. Low priority patients need only a short patch limited to age, sex, presentation, stability and brief history. A more detailed report can be given to the ED staff upon patient handover. Thanks so much for your help with this!

EMS PAPERWORK

Please leave a copy of your Patient Care Report (PCR) with the patient's nurse or place the PCR in the appropriate room red binder in the row along the appropriate medical desk. Please do not leave it in the room. Leaving the PCR unattended can lead to HIPAA Violations. Your PCR is important to us and your patient's continuing care. Thank you!

EMS Morning CME Schedule 2011

Join us for our Monthly CMES (First Thursday Mornings) at 9:00 P.M. (3 Hours CME Offered) All EMS responders (all levels and services) are welcome.

July 7, 2011
August—No Meeting
September 1, 2011
October 6, 2011
November 3, 2011
December 1, 2011—Skills Session

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Meetings will be held in Keller Auditorium in Main Hospital Building. Skills Session location to be announced later. Free Parking in Main Lot.

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For questions about CME or to obtain a copy of journal articles, contact Peter Canning at canning@uchc.edu or call at (860) 679-3485.

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.