



Emergency Medical Services *Partners*

March 2012, Issue 21

uconnems.uhc.edu

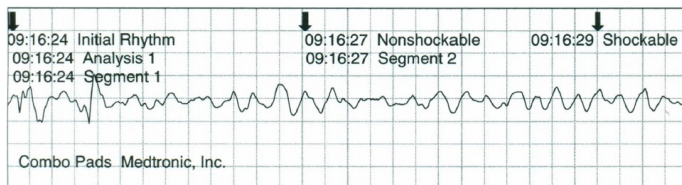
Cardiac Arrest Save in Farmington

The EMS system is all around us. Sometimes a citizen hears a siren and watches an ambulance pass, but for the most part many people are unaware of how close the system is to their every step.

Last month at a gym in Farmington, a healthy father of two and director of a non-profit human service organization was exercising vigorously on an elliptical machine. A moment later he lay lifeless on the ground.

In the blink of an eye, the chain of survival was tested. A fellow gym patron exercising nearby assessed the man and finding him pulseless, started CPR. Another citizen called for help. Fingers struck buttons on a phone. 9-1-1. A trained dispatcher answered the call. Three departments were set in motion: **Farmington Fire** first response, **American Medical Response** transport, and **UCONN Fire Department** paramedics. Sirens. Vehicles. Cars pulling to the side of the road to speed their safe passage.

The gym doors opened and in came the rescuers. They took over CPR, inserted an oral airway, and applied



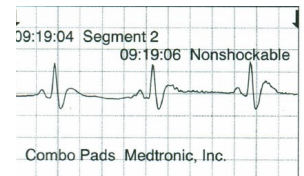
Farmington Fire's portable defibrillator. Within a minute they delivered a shock to the patient's fibrillating heart, and then immediately resumed compressions. When they did their two minute pulse check, they felt life. The patient gasped for air. They stopped CPR and began packaging for transport to John Dempsey Hospi-

Local Heroes!



Farmington Fire and American Medical Response rescuers on the life-saving call: Dennis Frazao, Michael Vibert, Paul Krause, Krystyna Letizio, Patrick Parkinson and Lindsay Ryan.

tal. UCONN Fire Department paramedic Eric Colantonio directed post-resuscitation care.

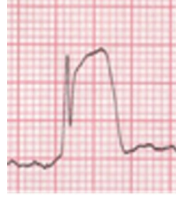


At John Dempsey Hospital the patient received state-of-the-art treatment and was discharged just a week later with a new internal defibrillator and a new lease on life thanks to our EMS system and to all of you who are out there ready to act on a moment's notice.

UCONN Fire EMS Captain Chris Brewer had strong praise for the efforts of those who arrived first that day, acknowledging their "shining example of dedication, service and commitment to community."

SPECIAL STEMI SUPPLEMENT

Be sure to read our special STEMI supplement issue describing our new protocol for field activation of the JDH Cath lab for STEMI patients who meet certain criteria. The new protocol will go into effect March 1, 2012.



STEMI BENCHMARKS 2011

Congratulations to the UCONN Fire Department paramedics who successfully identified and/or transmitted 12-leads to the ED for MD interpretation on all the STEMI patients they encountered during the year who went to the John Dempsey cath lab for emergency cardiac catheterization. The rate for all EMS services combined was 90%. The few prehospital cases where no 12-lead was performed or identified involved basic transport ambulances and on an ALS transported patient who was extremely anxious, and too diaphoretic and short of breath for successful application of a 12-lead.



Thanks to the overall great record of STEMI care by our prehospital providers, we are launching our new field activation guideline that allows EMS to automatically activate the cath lab from the patient's side when the patient is showing clear symptoms and their 12-lead meets defined criteria.

If patient meets all the following STEMI criteria:

1. Active chest pain or equivalent symptoms (nausea, SOB)
2. 12-Lead ECG of good quality showing STEMI
 - A. ST-elevation
 - i. ≥ 2 mm in 2 contiguous leads (V1-V4), and/or
 - ii. ≥ 1 mm in 2 contiguous leads (limb, V5-V6)
 - B. QRS duration ≤ 0.12 seconds
 - C. ***ACUTE MI*** or equivalent prints on 12-lead ECG; paramedic agrees

Contact JDH Medical Control to activate cardiac cath lab. Transmit 12 lead EKG as soon as possible but this is not required to activate cath lab.

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

JDH Morning CME -- March 21, 2012



CPR: State of the Art

Richard Kamin, M.D.

Peter Canning, Paramedic, R.N.

Case Review:

Farmington Cardiac Arrest Save

Journal Review: Status Epilepticus

Intramuscular versus Intravenous Therapy for Prehospital Status Epilepticus

New England Journal of Medicine

February 2012

Keller Auditorium 8:30 A.M.

For copies of journal article, email Peter Canning at canning@uchc.edu



JDH Evening CME — March 28, 2012?



Best of EMS Research 2011:

From Auto-Pulse to Tourniquet:

The Next Big Thing or Back to Drawing Board

Richard Kamin, M.D.

Peter Canning, Paramedic, R.N.

Toxicological Emergencies

Alberto Perez, M.D.

Keller Auditorium: 7:00 P.M.

Enter main door, take escalator down one floor. CMEs include general lectures, case reviews and journal article review. Daytime parking in main lot 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. For the evening CME, there is plenty of parking at the top of the hill.



April 10, 2012 Skills Sessions



We have a limited openings for our Tuesday, April 10, 2012 Regional Paramedic Skills Session held in the Clinical Assessment Lab. Session Times are 8:00 AM and 9:45 A.M.

Contact Peter Canning for more information at:
canning@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.