



Emergency Medical Services

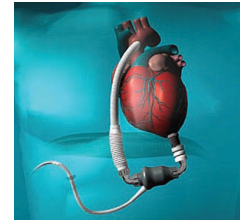
Partners

March 2013, Issue 33

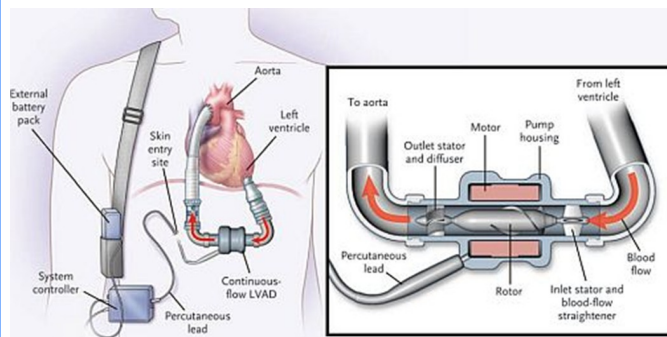
uconnems.uhc.edu

Left Ventricular Assistance Devices (LVADs)

An LVAD, or Left Ventricular Assistance Device helps the heart pump blood through the body. LVADs are placed in patients with heart failure who are unable to be managed by medications and who have ejection fractions less than 25%. The LVAD may be temporary as a bridge to heart muscle recovery or as a bridge to a transplant when one becomes available, or in some patients as final therapy.



LVADs have four main components: a power source, controller, drive line, and implanted device. In the Heart Mate III, the most common device, blood is circulated through continuous flow as opposed to a pump. Consequently patients with LVADs often have no discernible pulse, which can complicate medical assessment.



When dealing with an LVAD patient, think Airway, Breathing, LVAD, Circulation. For patients in distress, ask “Is something wrong with the patient? And is the device working properly. Or is the problem with the device? And the patient is in distress due to device malfunction.”

Device emergencies can include battery malfunction and system controller alarms. Be sure to check to make certain connections are secure. Batteries may need to be switched to backup. The family can help you. They have been trained to assist EMS in answering questions about the device, as well as direct EMS to the patient’s LVAD coordinator who is available 24 hours a day to help.

LVAD patients can also have regular medical and trauma emergencies unrelated to their LVAD. Be careful with trauma shears and careful apply straps across the patient’s body, avoid tension on the lines, and do not let the controller dangle off the stretcher.

LVAD related emergencies should go to the local LVAD center. Non-LVAD emergencies may be safe to transport to a more local hospital. Never hesitate to contact medical control for direction.

In unresponsive patients, manage airway and breathing. Assess for pulse. If none, listen for pump function. Remember these patients may have blood flow, but no palpable pulse. For CPR refer to patient’s device specific guidelines. Only do compressions as last resort.

For more information go to www.mylvad.com/ems

New 24-7 CAT SCAN Coverage at JDH

John Dempsey Hospital, as part of our continuing efforts to enhance the care we offer, now has around the clock CAT scan coverage. While EMS will no longer need to call in to check for CAT scan availability prior to transporting stroke patients here during off hours, EMS is still encouraged to provide early notification for all critical patients.



EMS Kudos

UCONN Fire Paramedics Brian Little and Tony Ruggerio called in a STEMI Alert for a 45 year old male with chest discomfort from deep in Canton. Thanks to their early recognition and notification to the ED, the cath lab was activated prior to their arrival, and the patient, who had a 100% occlusion of his LAD, was successfully stented and reperfused.



Bristol Ambulance paramedic Kyle Croce recognizing his patient was having a STEMI diverted to **John Dempsey Hospital**, the closest PCI center, and called in a STEMI alert. His decision proved crucial as the patient's blocked artery was successfully stented, and post procedure cardiac enzymes revealed minimal damage to the patient's heart.



American Medical Response EMTs Lindsay Ryan and John Racloz, along with **Farmington Fire** responders found an elderly male pulseless with agonal breathing. They started resuscitation and were soon aided by UCONN Fire paramedics Thomas Paranzino, Greg Priest and Tony Ruggerio. The patient was successfully resuscitated and released home several days later.

AMR paramedics Jack Gartley, Aaron Olk, Chris Dennis and EMT Patrick Richards were summoned to the aid of a truck driver found apneic and pulseless by coworkers on a loading dock. Despite a long down time, they successfully restored pulses and blood pressure, obtained a 12-lead that showed the patient was suffering from an inferior STEMI, and contacted John Dempsey Ed with their findings. The patient was reperfused in the cardiac cath lab and admitted to the ICU.



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

UCONN EMS CONTINUING EDUCATION March Morning EMS CME

Stroke

Dr. Jason Kurtzman

Case Reviews

Dr. Richard Kamin

Journal Review:

Preoxygenation and prevention of desaturation during emergency airway management;
[Ann Emerg Med.](#) 2012 Mar

March 20, 2013 (Wednesday)
8:30 A.M.

East Farms Fire Department
94 South Road, Farmington, CT

ALL EMS RESPONDERS AND GENERAL PUBLIC WELCOME

UCONN EMS CONTINUING EDUCATION March Evening EMS CME

ACLS and Toxicology... When to think outside the box!

Dr. Alberto Perez

2013 Eagles Conference Highlights
The Latest Trends in EMS
Richard Kamin, M.D.

March 27, 2013 (Wednesday)
Keller Auditorium
7:00 P.M.

ALL EMS RESPONDERS AND GENERAL PUBLIC WELCOME
Parking available at the Academic Entrance

EMS Skills Sessions

We will be holding regional skills sessions for area paramedics on the following dates at our Sim Lab:



April 24, 2013 and October 23, 2013
There will be two sessions 8:00 and 10 A.M

Slots are limited. Advance sign-up is required.

Contact Peter Canning at canning@uchc.edu to reserve your slot.

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.