



Emergency Medical Services *Partners*

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Cast a Wide-Net: The Importance of the 12- Lead ECG

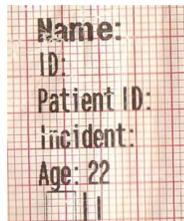


Two recent area cases illustrate the importance of casting a wide net in your suspicion for acute coronary syndrome.

Case # 1: A 36-year-old unresponsive hypotensive female. While the patient was young and presenting atypically for someone having a possible myocardial infarction, **Bristol EMS** paramedic David Olmstead did not neglect to do a 12-lead ECG. Olmstead, by doing his job, saved the patient's life. The 12-lead ECG revealed massive ST elevation in the inferior leads with reciprocal changes. Olmstead diverted to **John Dempsey Hospital** and called in a STEMI alert. Rushed up to the cath lab, the patient was discovered to have a totally occluded Right Coronary Artery (RCA) with significant thrombus. The thrombus was removed; perfusion restored. The patient became alert; her hypotension resolved. It was speculated that the occlusion to the RCA caused increased vagal tone, and thus hypotension and altered responsiveness.

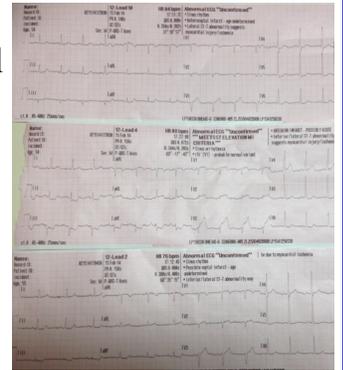
Case # 2: A 22-year-old male with a history of asthma complained of substernal chest pain. **American Medical Response** precepting paramedic Eric Toll, after finding the patient with clear lungs, stable vital signs and a pulse saturation of 100%, completed his assessment by doing a 12-lead ECG. The ECG showed hyperacute T waves in the anterior lateral leads with reciprocal changes. A STEMI Alert was called and the patient, despite his young age, ended up in the cath lab where the 100% occlusion of his diagonal artery was cleared.

Not every 12-lead is going to show a STEMI. The 12-lead not done won't show a STEMI either. These two patients can be thankful the paramedics who attended them did their jobs and cast wide nets. Well done!



Constant Vigilance: The Importance of Serial ECGs

Paramedics should do a 12-lead ECG on patient contact, once transport has started, and on arrival at the hospital. Serial ECGs may recognize a STEMI not seen on the initial ECG. This can be life-saving. Here are two recent cases.



Case # 1: **Bristol Ambulance** paramedic Brien LaForge responded to a 54-year-old male who developed a sudden onset of left-sided chest pain/pressure while chopping ice outdoors. While the initial 12-lead ECG was nondiagnostic, repeat ECGs revealed new ST elevation in leads V1-V4 and aVL with reciprocal changes in the Leads II, III and aVF. LaForge called in a STEMI Alert to **John Dempsey Hospital**. By arrival at the hospital, the 12-lead had again normalized. Because LaForge had done serial ECGs and captured the elevation, the patient was sent up to the lab where he was found to have a 99% occlusion with thrombosis in the proximal Left Anterior Descending Artery (LAD), which was successfully cleared and stented, restoring perfusion.

Case # 2: A 62-year-old male developed chest pain that radiated into his right arm and jaw. **UCONN Fire Department** paramedic Josh Levin arrived on scene and did a 12-lead ECG that was nondiagnostic. En route to the hospital the patient began having increased chest pain. Levin did a repeat ECG that now showed ST elevation. Levin diverted the patient to **John Dempsey Hospital** and called in a STEMI Alert. The patient had a critical complete occlusion with thrombus of an old saphenous vein graft (SVG) to the obtuse marginal (OM) artery. The blockage was cleared in the cath lab and perfusion was restored.

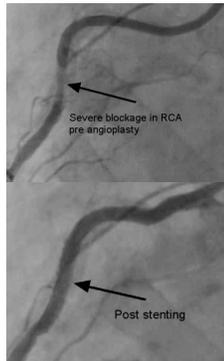
Great work by LaForge and Levin and all paramedics out there doing serial ECGs. Keep it up!

11 Minute D2B Time

Great job by American Medical Response

paramedic Tamarah Collins for her STEMI alert call this month in Newington. Unable to transmit, she radioed in a STEMI alert. The cath lab was immediately activated. The patient, bypassed the ED, and was taken directly to the cath lab, where the **John Dempsey Hospital** team was able to clear the patient's occluded right coronary artery in just 8 minutes time, restoring critical perfusion.

11-Minute Door-to-Balloon Time! 36-Minute First Medical Contact (paramedic at patient side)-to-Balloon Time! Great job team!



EMS Linen Notice

We appreciate how hard EMS works and the need to have fresh linen on the ambulances. If you drop your used linens here, please help yourself to fresh linen from our EMS linen closet. But please **exchange only on a one-for-one basis**. We have been experiencing significant losses lately, but do not wish to change our open exchange policy. Thanks for your help and cooperation 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!

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

VIDEO CONTEST!



Create an Original :60-Second Video to Help your Community Take Action at the First Sign of a Heart Attack, Recognize the Warning Signs & Call 9-1-1

TO LEARN THE SIGNS AND SYMPTOMS OF HEART ATTACK

Go to: heart.org/heartattacksymptoms

Your Video May be Featured at Local Events, in the media and more!

VIDEO REQUIREMENTS

- Entries must be no longer than :60 Seconds
- MOV, MP4 or AVI formats will be accepted
- Entry deadline is April 25, 2014

Entries should be sent to: HartfordPSAContest@heart.org

Contest Sponsored By:
Greater Hartford Mission:Lifeline Initiative
Contest Rules Available at: www.heart.org/connecticut

WIN AN IPAD MINI!
2 Runners Up
Receive an iPod Touch!



March AM EMS CME



The March CME scheduled for March 19, 2014 been Cancelled.

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.

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.