



Emergency Medical Services *Partners*

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New Long Board Spinal Policy: Q&A

Why has the region instituted a change to the practice of immobilizing patients to long backboards?

Research has shown no evidence of benefit to securing patients to long backboards and considerable evidence of harm. Recently the National Association of EMS Physicians and the American College of Surgeons issued a joint position paper calling this long-standing practice into question. Patients who are ambulatory and following commands maintain stabilization of their spine better than rescuers can. Backboarding does not prevent neurological complications from spinal injury, and can lead to rapid skin breakdown and pressure ulcers. It may also impair patient's ability to breathe comfortably.

Are patients still required to have a cervical collar?

Yes, if indicated. In general, apply the collar, tell the patient to limit moving their neck as much as possible, and have them lay on the stretcher in a position of comfort.

Does this new policy apply to BLS?

Yes, all responders will continue to immobilize patients based on current guidelines with the exception of strapping them to a backboard. Paramedics should utilize their selective spinal immobilization criteria to determine who needs immobilization. BLS should immobilize those indicated by their current guidelines, except now instead of strapping ambulatory patients to a long board, they should just receive a collar and be allowed a position of comfort on the stretcher.

When will a fuller guideline be implemented?

The state EMS Medical Advisory Committee is working on comprehensive guidelines to limit the use of backboards. Once approved, the full guidelines will be rolled out to all services with an educational package.

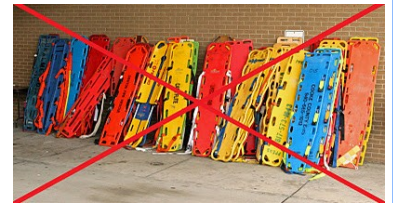


NCEMS Region Acts to Limit Backboards

At its April meeting, the North Central EMS Medical Advisory Committee approved the following guideline change:



“Effective immediately, long backboards will no longer be utilized for spinal immobilization of ambulatory patients.



Patients that are ambulatory at the scene, but who require cervical spinal immobilization based on our regional immobilization guidelines, will be placed in an appropriately sized collar, seated on the ambulance stretcher, secured in a position of comfort, limiting movement of the neck during the process.

This change in procedure is the first step toward eventually using long boards only when needed to facilitate extrication and not during transport.

At the present time, the change in guideline involves only patients who are ambulatory. It eliminates the practice of placing a board behind a standing, collared patient and having him/her lean backward onto the board until both are horizontal.

This decision has come after the review of multiple research studies that have shown no evidence of reduced spinal injury with long backboard utilization. Long backboards do, however, cause undesirable effects including pain, anxiety, respiratory compromise and tissue breakdown. It is clear from these studies that the potential harm to ambulatory patients from strapping them to backboards outweigh any benefit.”

STEMI Kudos

Bristol EMS Paramedic Brian LaForge and his partner Lisa Venditti responded to the

home of an 85-year-old patient, who they found diaphoretic, nauseous, and without an obtainable blood pressure. A quick 12-lead ECG revealed the patient was having an inferior STEMI. They raced the patient to the **John Dempsey Emergency Department**, where the patient was stabilized before being brought up to the cardiac cath lab. The 100% occlusion of her right coronary artery was successfully stented, restoring full perfusion to her heart.

American Medical Response Paramedic Gerry Weiss and his partner Kerri Pliszka transported a critically ill 83-year-old female with bradycardia and hypotension to John Dempsey Hospital ED. A 12-lead ECG done immediately in the ED revealed the patient was suffering from an acute inferior MI. She was stabilized and then taken up to the cardiac cath lab where she was discovered to have a 100% occlusion of the right coronary artery. The artery was successfully stented and the patient was discharged several days later doing much better. Great job all!



2013 EMS CME SCHEDULE

Morning

May 15, 2013

June 19, 2013

July—No CME

August—No CME

September 18, 2013

November 16, 2013

December 18, 2013

8:30-11:30 A.M.

Evening

June 12, 2013 (Wednesday)

September 11, 2013 (Wednesday)

December 11, 2013 (Wednesday)

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



Due to Parking Restrictions caused by Hospital Construction Morning CMES for May to September 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 :
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UCONN EMS CONTINUING EDUCATION

May Morning CME



Explosive Injuries

Dr. Ryan Sullivan



Case Reviews

Dr. Richard Kamin

Spinal Immobilization Update

Peter Canning, Paramedic, R.N.

Journal Review:

Paramedic Identification of Acute Pulmonary Edema in a Metropolitan Ambulance Service
Prehosp Emerg Care. 2013 Mar 13.

May 15, 2013 (Wednesday)

8:30 A.M.

East Farms Fire Department

STEMI ALERT REMINDERS

For STEMI patients, contact CMED for a **STEMI Alert with Medical Control** patch.

Do not wait until transporting to call hospital. Failure to notify hospital until 5 minutes out will delay reperfusion.



When hospital answers phone, confirm MD Control, and state **“I have a STEMI Alert and am requesting STEMI activation.”** If you are uncertain the patient is having a STEMI, say **“I have a Possible STEMI Alert.”**

Call Early and Always ask to speak to an M.D.

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

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.