



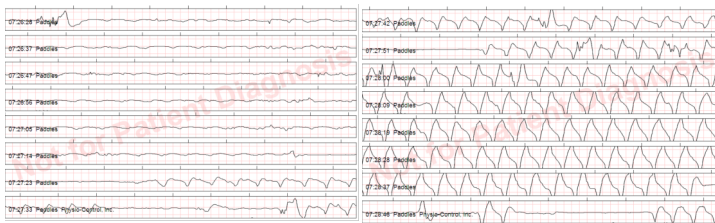
# Emergency Medical Services Partners

November 2012, Issue 29

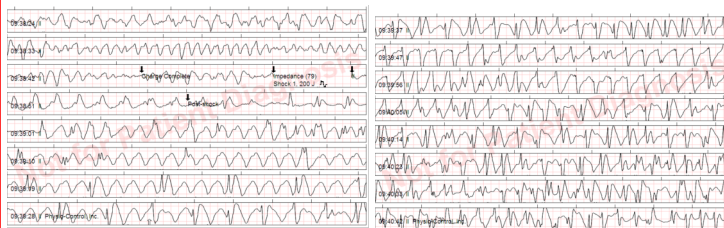
[uconnems.uhc.edu](http://uconnems.uhc.edu)

## Cardiac Arrest Quality Assurance

The latest software is enabling us to review cardiac arrest care in a new way. Code Stat allows us to review cardiac arrest care second by second through ECG monitoring/data recording. In addition to checking if the airway was secured, an IV inserted and ACLS drugs given per guideline, we are able to evaluate the most critical components of cardiac arrest resuscitation: uninterrupted quality compressions and timely defibrillations. Here is a case where **UCONN Fire Department** Paramedic Brian Little recognized CPR was not being done adequately, so he switched out the provider doing compressions with dramatic results.



Below is an example of excellent continuous compressions and timely defibrillation in a patient who regained pulses and blood pressure on scene.



Great job by UCONN Paramedic John Martinez and first responders from **Farmington Fire Department**. Remember Push Hard, Fast, and Deep. Limit Interruptions. Good CPR and Early Defibrillation saves lives!

## CHF Care

Few medical emergencies can be as sudden or scary for patient and responder alike as flash pulmonary edema caused by Acute De-



compensated Heart Failure. These are patients who need immediate treatment when EMS responders arrive at the patient's side. For BLS, apply high flow O<sub>2</sub>, and be prepared to ventilate the patient with a BVM. If not already en-



route, call for a paramedic intercept and prepare for transport. When paramedics arrive, the hallmarks of treatment are CPAP and nitroglycerin (NTG). NTG can be given sublingually 0.4 mg every 3 minutes as needed, provided the patient maintains a blood pressure over 100 mmHG systolic. There is no need to call for medical control to give additional doses if heart failure is suspected and the patient has adequate blood pressure. Don't skimp on the NTG. If the patient has difficult tolerating the CPAP mask due to anxiety, 0.5 to 1 mg Ativan IVP is provided for in the North Central EMS Guidelines and will likely help. Early aggressive EMS care can prevent intubation and save patient's lives.



## New John Dempsey EMS Room Open

We are pleased to open our new EMS lounge in the John Dempsey Hospital Emergency Department, located off the ambulance entrance foyer. You will find ample space to write and print your run forms as well as use the telephone between emergency calls. We will have several bulletin boards to display educational and other important information. Our EMS Coordinator Peter Canning's office is located in rear of the lounge. Please feel free to stop in with any questions or just to hello. At John Dempsey Hospital, we recognize the vital role EMS plays in the care our patients receive. You are an important part of our health care team.



## STEMI Kudos

Nice job by UCONN Fire paramedics Brian Little and Michael Alger with their STEMI call on a 83-year-old female with chest pain and interesting ECG that included a right bundle branch block. Their "Possible STEMI" call enabled the hospital to activate the cath lab prior to their arrival.



## A Re-Conceptualization of Spinal Care

Our journal article for November is an interesting discussion of spinal immobilization by Mark Hauswald that makes an articulate case for reassessing when we immobilize patients. Pickup a copy in the EMS room or request a copy at [canning@uchc.edu](mailto:canning@uchc.edu). We'll be discussing the article at our November 21st CME. Fill out the quiz and return to EMS Coordinator Peter Canning for 1 hour CME credit.

**John Dempsey Hospital  
EMS Conference  
Date To Be Announced  
Coming Spring 2013**

## 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](http://uconnems.uchc.edu)

## November Morning EMS CME



### Weapons of Mass Destruction Chemical, Biological, Radiological and Nuclear Threats

Major Christopher A Cavanna, PAC  
Civil Support Team

#### Journal Review:

*A re-conceptualisation of acute spinal care*  
Emergency Care Journal, September 2012

#### Case Reviews:

Richard Kamin, M.D.

November 21, 2012  
8:30 AM. Keller Auditorium



## John Dempsey Hospital EMS CMEs December 2012



Morning (8:30 A.M.)

#### Heart Failure

TBA

*December 19, 2012 (Wednesday)*

Evening (7:00 P.M.)

#### Trauma Care

Dr. William Marshall

*December 5, 2012 (Wednesday)*



Held in Keller Auditorium. Coffee, juice and bagels will be available provided free prior to all morning CMEs and pizza and soft drinks before the evening CMEs. All EMS Responders and general public are welcome!

Enter main door, take escalator down one floor. 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. 3 Hours CME are offered. One additional hour will be given for reading journal article and completing short quiz.

Note: Due to construction, Fire and EMS vehicles should not park at non-ED entrances during the day when attending EMS sessions.

## CONTACT US:

Any questions or suggestions about EMS? Looking for patient follow-up?



Contact EMS Coordinator Peter Canning at  
[canning@uchc.edu](mailto:canning@uchc.edu) or call (860) 679-3485.