



Emergency Medical Services *Partners*

November 2014, Issue 54

uconnems.uhc.edu

New Spinal Trauma Guidelines

The state of Connecticut has released new statewide guidelines permitting BLS providers to use selective spinal immobilization and to limit the use of long backboards for all providers to assistance for extrication and patient movement in patients with spinal trauma. These new Spinal Motion Restriction guidelines were long awaited and will make a huge difference in patient outcomes not to mention comfort. The new guidelines are posted in the UCONN Health EMS room and can be accessed online at the CT OEMS web site.



UCONN Fire Department Now Transporting

The UCONN Fire Department received its ambulance license from the state as well as designation as the transporting agency for the UCONN Health Center campus. The Department's ambulance will respond to emergencies on the UCONN campus and be available for mutual aid off the campus, as well as doing emergency interfacility transports.



Early Notification for Stroke Patients

The only proven therapy for acute ischemic stroke patients is TPA. Research shows the sooner patients receive TPA, the better the outcomes. At UCONN Health we have streamlined our stroke procedures for EMS patients to include Field Stroke Activations, Direct to CAT Scan, and TPA mixed at bedside. Provide early notification of all suspected stroke patients so our ED and Neurology team can be ready for you when you arrive. If possible call from the scene. Remember Early Notification means reduced door-to-needle times and reduced disability for your patients! Include Last Know Well Time, Cincinnati Stroke Scale Score and Blood Glucose in your **Stroke Alert** patch. We will provide EMS will full follow-up on all patients you bring here. Keep up the great work!



UCONN HeliPad Reopens

The UCONN Health Center helicopter pad has reopened at the base of the hill. The UCONN Health Fire Department will be the contact for ground transport to and from the helipad.



Ebola Notification

Provide Advance Notification to hospital via CMED of possible Ebola patient. On hospital arrival, wait in ambulance for ED Staff to provide entry directions. Patients will be brought to secure room in hospital. EMS will be instructed on provider decontamination procedures/waste disposal.

1. Has patient traveled to an Ebola-affected area within the last 21 days or have they been in contact with any person known/suspected of having Ebola?
 2. Does the patient have fever and additional symptoms such as severe headache, muscle pain, weakness, vomiting, diarrhea, abdominal (stomach) pain or unexplained hemorrhage (bleeding or bruising)?
- If YES to both, isolate patient, don appropriate PPE.



EMS Pain Management Heroes

We are tracking pain management through our trauma data registry. In September we had seven traumatic hip fracture patients brought in by EMS. 4 received ALS responses. Of those cases, 3 paramedics treated their patients with analgesia. Great jobs by **American Medical Response** paramedics Greg Shovak, Dave Roper and Rick Bergen.



STEMI Kudos:

Simsbury Ambulance paramedics Robert Girard and Greg Shovak along with their EMT partners Matthew Huebner and Brendan Clancy responded for a 59 year old male who had experienced a sudden onset of substernal chest pressure at rest, accompanied by diaphoresis



and nausea. The Simsbury team went to work, doing a 12-lead ECG, giving the patient aspirin and preparing for rapid extrication while they transmitted the ECG, which showed an inferior STEMI to **John Dempsey Hospital**. They called in a STEMI Alert, activating the cath lab 23 minutes prior to their arrival. This lead time enabled the cardiac cath team to prepare for the patient, who had a 100% occlusion of the right coronary artery (RCA). The occlusion was cleared and two drug-eluting stents were placed. The patient did well and has a fully preserved left ventricular ejection fraction. 37 Minute Door-to-Balloon. 69 Minute First Medical Contact to Balloon Time.

American Medical Response

paramedics John Balint and Michael Palmieri brought in back to back STEMI's from Avon early in the month, recording door-to-balloon times of 32 and 60 minutes.



Bristol Ambulance paramedics Denise Shea and her partners Lisa Venditti and Melissa Patrick were



transporting an intubated STEMI patient from one facility to another when the patient suddenly suffered a PEA cardiac arrest causing Shea to divert to the closest PCI facility John Dempsey Hospital. The Bristol crew was able to regain pulses after four minutes of CPR and one round of epinephrine. The patient had three tandem lesions in the proximal and mid LAD of 90% to 99%. These were cleared and stented with two drug-eluting stents, restoring perfusion. Door-to-Balloon 56 Minutes.

Great work again by the EMS-JDH Hospital STEMI team!

UConn Health Center EMS Website

For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our website at:

uconnems.uhc.edu

UCONN EMS CONTINUING EDUCATION

November Morning EMS CME



Shock

Dr. Ryan Bass

Case Reviews:

Richard Kamin, M.D.

STEMI and Stroke Reviews:

Peter Canning, Jen Sposito

Ebola Update

Kamin and Canning

Research Review:

Alteplase in Acute Ischemic Stroke

Effect of treatment delay, age, and stroke severity on the effects of intravenous thrombolysis with alteplase for acute ischaemic stroke: a meta-analysis of individual patient data from randomised trials

The Lancet: August 5, 2014

November 19, 2014 (Wednesday)
8:30 A.M.

East Farms Fire Department
94 South Road, Farmington, CT

Bagels and Coffee will be served
For Questions, email Peter Canning at canning@uchc.edu

ALL EMS RESPONDERS AND GENERAL PUBLIC
WELCOME

UCONN EMS CONTINUING EDUCATION

2014 Wednesday Morning CMEs

November 19, 2014
December 17, 2014
8:30-11:30 A.M.

East Farms Fire, 94 South Road, Farmington CT



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.