



Emergency Medical Services
Partners

November 2015, Issue 66

uconnems.uhc.edu

2015 AHA CPR and ECC Guidelines

2015
American Heart Association
Guidelines for CPR & ECC



The new American Heart Association Guidelines for CPR and ECC have been released. The changes are minor and emphasize high quality CPR. The compression rate has been changed from at least 100 per minute to 100-120 per minute. The compression depth should be at least 2 inches, but not more than 2.4 inches. The goal is to push fast and hard, but not too fast and hard. Hands should be kept on the chest as long as possible. Limit interruptions.

The guidelines can be assessed at:

http://circ.ahajournals.org/content/132/18_suppl_2.toc

Future Updates Web-Based

This is the last time the AHA will update the CPR guidelines on the traditional five year cycle. Guidelines will now be web-based and updated based on the latest research. There are a number of ongoing studies involving prehospital drugs in cardiac arrest whose outcomes may likely change our practice in coming years.

NorthCentral/State EMS Treatment Guidelines

Continue to practice utilizing current NCEMS treatment guidelines. The region and state medical advisory committees are reviewing the new Guidelines and making changes as necessary as they work on new statewide treatment guidelines. Stay tuned.

November CME-PTSD- Keller Auditorium

We are pleased to present a CME on **EMS, Veterans and Post Traumatic Stress Disorder**. This is an acclaimed panel discussion program that has been held at other sites over the past year with great reviews. The event will be held in Keller Auditorium at the UConn Health/John Dempsey Hospital on November 18, 2015 from 8:30-11:30 A.M. The CME open to all responders and members of the public.



UConn Health Stroke Team Presents at New England Stroke Consortium

Our Primary Stroke Center was featured at the 10th Annual NorthEast Cerebrovascular Consortium (NECC) Summit, held October 22-23, 2015 in Newport, Rhode Island. The goal of this conference was to improve stroke care in the northeast, share best care practices, and highlight regional trends to decrease stroke mortality.



The UConn stroke team presented *“Hospital and EMS Stroke Care Partnership: Data Collection, Education and Feedback”* to the assembly of over 400 stroke care practitioners. Collecting and analyzing data on EMS response to stroke patients has enabled UConn Health to rewrite pre-hospital stroke care guidelines. Our efforts, which included the development of the UConn S.A.V.E. Stroke Test to increase awareness of the different ways stroke can present, have helped us lower door-to-needle times and increase the percentage of stroke patients receiving life-saving, clot-busting medicine. We are one of the few hospitals to share our door-to-needle times with EMS. We consider EMS our partners in stroke care, recognizing that care for our patients truly begins when EMS arrives at their side. Thanks for the great work you do!



**UConn
HEALTH**

UConn S.A.V.E. STROKE TEST

If your patient scores a 0 on the Cincinnati Stroke Scale, ask these questions:

S- Sudden Did the patient's symptoms happen suddenly and without an explanation such as trauma or intoxication?

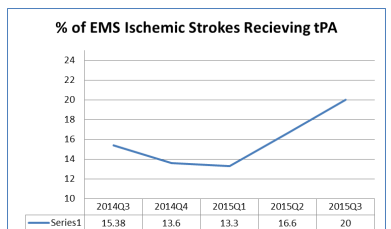
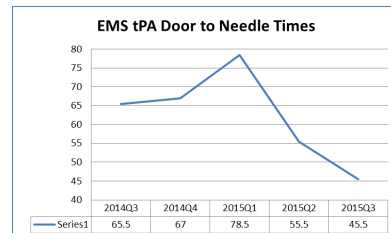
A- Altered Does the patient present with altered mental status?

V- Vision Is the patient experiencing a sudden vision problem?

E- Equilibrium Does the patient have an altered equilibrium or vertigo?

A yes to the first question and a yes to any of the following three questions should heighten your suspicion of stroke as a possible cause of the patient's condition.

S.A.V.E. YOUR PATIENT
Use the UConn S.A.V.E. Stroke Test



EMS Honor Roll

STEMI

UConn Fire Department paramedic John Pickert and Eric Colantonio and **American Medical Response** EMTs Timothy Sikorski and Jon Spenser. **29 Minute Door-to-Balloon, 48 Minute First Medical Contact to Balloon.**

Acute Stroke

American Medical Response paramedic Cyrus Thomas-Walker for his excellent assessment of a patient, presenting with numbness, and weakness who thought he was having an allergic reaction to avocado. Even though the patient was 0 on the Cincinnati Stroke scale, Thomas-Walker called in a stroke alert. The patient was diagnosed with a posterior CVA. Great job!

Hip Fracture

Great job with pain management by **American Medical Response** paramedics Angel Rodriguez, Mary Whitmore, and Curtis Neff.
Great job by **AMR** EMTs Francesca Stanton-Reid and John Racloz who called for ALS pain management, and by **UConn Fire Department** paramedic Josh Levin who provided it.

Mission Lifeline Expands Statewide

Thanks to the great success of the Mission: Lifeline initiative in the Hartford area, the American Heart Association is expanding the project statewide. The Kick-off will be Thursday, December 10, 2015. The AHA is offering a free professional education event.



CONNECTICUT REGIONAL SYSTEMS STEMI ACCELERATOR: MISSION: LIFELINE & THE PATIENT'S JOURNEY will be held from 12:00-5:00 P.M. The Location has not been announced yet, but will likely be centrally located in the state.
Target Audience: All members of the hospital STEMI teams including physicians and nursing from the Emergency Department, Cardiology or the Cath Lab, Emergency Medicine Service (EMS) coordinators, EMS providers, STEMI coordinators and members of the quality department, hospital administration. Stay tuned for more information. 5 CME credits will be provided.

UConn Health EMS Website

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

uconnems.uhc.edu

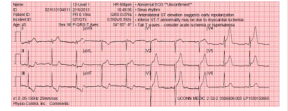
Stroke Care PEARLS

Possible Strokes should be transported in the same manner as STEMI or major trauma. While your patient may be hemodynamically stable, the definitive treatment –tPA– is an extremely time dependent therapy. tPA works better the sooner it is given. While the time window for tPA is up to 3 (in some cases up to 4.5) hours, tPA works better and with less risk the sooner it is given. Remember every second stroke patients lose 32,000 brain cells.



EMS 12-Leads

Please give your 12-leads to the ED staff on arrival for all cardiac patients (not just STEMI). If possible affix a patient sticker to the 12-lead. The prehospital 12-Lead is extremely valuable for the patient's treatment and care.



2015 UConn EMS CONTINUING EDUCATION Monthly Morning CME



November 18, 2015*
December 16, 2015
8:30-11:30 A.M.



*November CME will be in Keller Auditorium at the UConn Health Center

December CME will be
Held at East Farms Fire
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

Save the Date for this Excellent Program EMS, Veterans and Post Traumatic Stress Disorder:

Keller Auditorium
UConn Health/John Dempsey Hospital
November 18, 2015
8:30-11:30 A.M.

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.