



Emergency Medical Services

Partners

November 2017, Issue 90

health.uconn.edu/ems

Geriatric Care– Best Practices

15% of Connecticut’s population is over 65. By 2030, 20% of our population will be over 65. Today the elderly account for up to 39% of EMS calls nationwide.



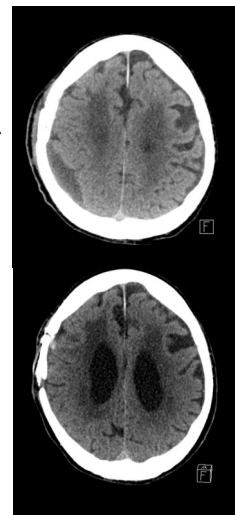
By the year 2030, it is estimated that the elderly will account for 70% of all ambulance transports. Our older citizens pose unique challenges to EMS responders. Often calls involving the elderly are not as simple as they look.

Here are some tips to guide your care:

1. Probe for the patient’s true complaint. Patients will often give trivial or nonspecific complaints and will not always volunteer information. They often don’t want to be a bother. Don’t let family members distract you from what the patient may tell you if you ask them.
2. Show respect. Make eye contact. Speak slowly. Give the patient time to answer. Be patient.
3. Don’t assume confusion is normal because a patient is elderly. Attempt to find the patient’s baseline.
4. Look for underlying medical conditions behind geriatric trauma.
5. Collect all medications. 30% of geriatric hospitalizations are drug-induced.
6. Don’t forget to consider the possibility of elder abuse, which can include neglect in addition to physical abuse.
7. If you see physical hazards in a home, speak up. Help the elderly keep their homes safe.
8. Don’t forget to treat pain. When an elderly person, who often has a decreased pain sensation, says they are in pain, they likely are in significant pain.

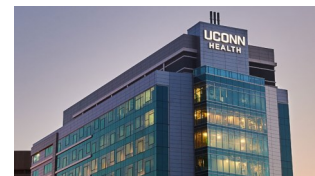
Elderly Falls

78% of UConn John Dempsey Hospital’s trauma patients are over the age of 55, and 85 % of all our trauma patients are the victims of falls, many of whom are on blood thinners. It is very important for EMS to do a thorough assessment of elderly falls to determine the cause of the fall (mechanical or medical) and any altered mentation post fall. Also, be sure to record the medications they are on. At UConn we have 24/7 neurological coverage so we can expertly care for skull based injuries and brain hemorrhages. When in doubt about patient destination, never hesitate to contact our medical control for guidance.



UConn JDH Center for Aging

Established in 1986, the Center on Aging supports a robust, nationally recognized research program focused on preventing or minimizing disability in aging adults. Our interdisciplinary and translational research develops a mechanistic understanding of disability, generates and tests innovative interventions, and trains future academic leaders in geriatrics and gerontology. Our research studies seek to develop more precise and individualized ways of maintaining function in late life by preventing mobility problems, fractures, pneumonia, and voiding and memory difficulties.



Hip Fracture Heroes

Paramedics Veith, Latosek, Herbert, Dennis, Dombroskas, Pourciau, Bergen, Palmieri, Polesel, Klimovich, Ceasar, Whalen, Tozzi, McDermot, Kmecak, Harvill, Gartley, Fortier, Bunnell, Schieferstein, Weiss, Fraczek, Lewis, Cote, Truillo, and Richards.



You may have thought no one was watching when you were taking the time to medicate and comfort elderly hip fracture patients, but we noticed, and we recognize you for doing your job. Well done.

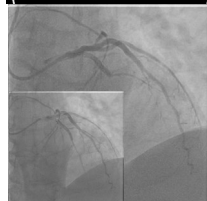
And Kudos to their services: **American Medical Response, Bristol EMS, Canton EMS, Champion Ambulance, Simsbury Ambulance, West Hartford Fire.**

STEMI/Stroke Case

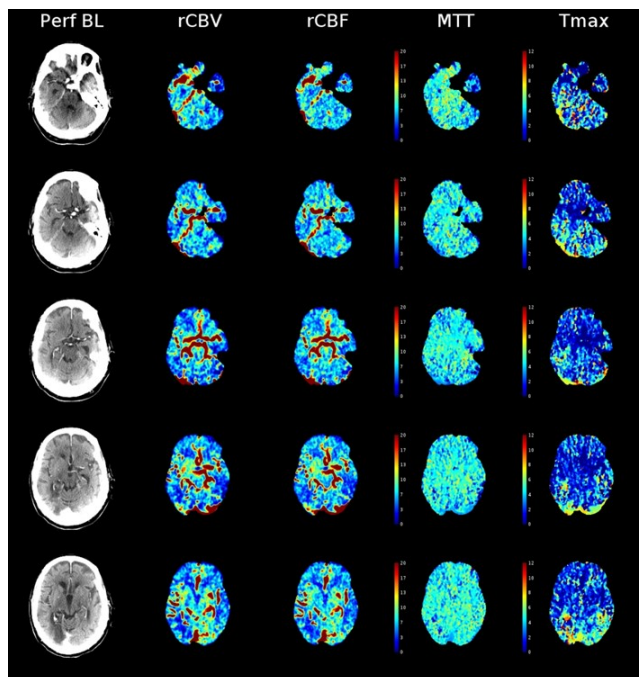
Bristol EMS paramedic Elizabeth Hayes and her partner Michael Benson

responded for a man who was pale and diaphoretic with back pain and some confusion. A 12-lead ECG showed anterior ST elevation.

Hayes transmitted the ECG and called in a **STEMI Alert to UConn John Dempsey Hospital** the cath lab was activated prior to the patient's arrival. In the ED, the patient's confusion and inability to write his name to sign consent for the cath lab procedure prompted the staff to send the patient to the CT Scan which revealed multiple emboli in the brain prompting a simultaneous Stroke Alert. In the cath lab, the team found a 100% Left Anterior Artery (LAD) embolic occlusion which they successfully cleared and stented. **55 Minute Door- to-Balloon.** Immediately after the procedure the patient received a full workup by our stroke center's neurology team, and was transferred to the ICU.



The Future is Now: Up to 24 Hour Stroke Window at UConn Health John Dempsey



Call in a Stroke Alert for any patient suspected of an acute stroke (up to 24 Hours).



UConn EMS CONTINUING EDUCATION EMS Monthly CME (3 Hours)



November 15, 2017
December 20, 2017
8:30-11:30 A.M.

Cell and Genome Building
400 Farmington Avenue
Farmington, CT

ALL EMS RESPONDERS WELCOME

UConn Health JDH EMS Website

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

health.uconn.edu/ems

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.