UConn Health Center
John Dempsey Hospital

Emergency Medical Services Partners

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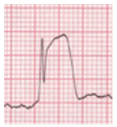
Paramedic STEMI Conference

The Mission Lifeline Hartford STEMI Project held a paramedic conference on September 25 for over 100 area paramedics from 20 different services. Speakers from all four of the region's PCI centers (John Dempsey, Hartford, Saint Francis, New Britain General) presented cases and discussed topics such as "Who Gets a 12-lead?" "STEMI imposters," and "Early Notification." All attendees also received a free AHA online 12-lead interpretation course. The conference came about through a recognition of the essential role paramedics play in the early recognition and treatment of acute myocardial infarction and the new emphasis not on hospital door-to-balloon time, but on first medical contact-to-balloon time.

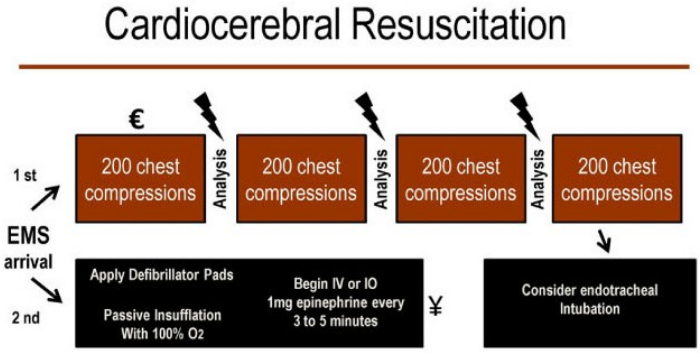
North Central EMS Region STEMI Benchmarks



1. **Paramedic Contact-to-12 Lead:** Obtain 12-Lead, appropriately interpret or transmit to physician for interpretation < 10 minutes after first patient contact: Goal 100%
2. **Administer ASA, per NCEMS Council Guidelines:** Goal 100%
3. **First Medical Contact-to-Balloon Time <90 Minutes:** Goal 100%
4. **STEMI Alert called:** Goal 100%

Coming Soon to North Central Region Cardiocerebral Resuscitation

The North Central EMS Region has begun preliminary planning to institute cardiocerebral resuscitation region wide as the new standard for treating witnessed cardiac arrests. The new guidelines emphasize continuous cardiac compressions, passive ventilation with 100% oxygen, and delayed intubation in cases of witnessed arrest of likely cardiac origin. The method, which is already in use in parts of Southern Connecticut, Massachusetts, Arizona, Wisconsin and other areas, focuses on perfusing the brain. It recognizes that in the first fifteen minutes of arrest patients have enough oxygen in their blood to sustain brain function if they have continuous cardiac compressions. Poor quality CPR or any interruptions in CPR can be lethal. Research has shown drastically improved neurologically intact survival rates when CCR is utilized. Patients suspected of respiratory induced cardiac arrest will receive traditional CPR. Educational and training programs are being prepared. Stay tuned for updates.



STEMI Kudos

American Medical Response paramedic Michael Palmieri and his partner Kenneth Buckley responded to the home of a patient with substernal pleuritic chest pain, accompanied by nausea. They did a 12-lead ECG and rapidly transported him to John Dempsey Hospital, giving him aspirin, nitro, Zofran and oxygen by cannula while en route. While the initial 12-lead at **John Dempsey Hospital** was nondiagnostic, the second second 12-lead done 15 minutes after the first revealed the evolving STEMI, and the cath lab was quickly activated. The patient was discovered to have a totally occluded Left Anterior Descending Artery (LAD). Dr. Juyong Lee performed a mechanical thrombectomy and placed a stent in the artery, successfully restoring perfusion to the heart and immediately ceasing the patient's pain. The patient was discharged home two days later, doing very well. **72 Minute Door-to-Balloon time. 59 Minute Diagnostic 12-lead-to-Balloon Time. 109 Minute EMS First-Contact-to-Balloon time.**

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Bristol EMS paramedic Brian LaForge and his partner Jonathan Torres responded to a patient with a history of pancreatitis and 10 of 10 abdominal discomfort, who was pale, cool, and diaphoretic. A 12-lead ECG revealed ST elevation in the inferior leads with reciprocal change in the lateral. The crew called in a STEMI alert, gave the patient ASA and Zofran and transported her to **John Dempsey Hospital**. Cardiology was put on notice of the arrival of a possible STEMI and the cath lab was fully activated on patient arrival. In the cath lab, a critical stenosis of 99% in the proximal RCA was discovered. Below the region was a perilous moving thrombus, which was removed with a pronto device. The artery was successfully cleared and stented, restoring perfusion. The patient did well and is now back home. **64 Minute Door-to-Balloon time. 101 Minute EMS First-Contact-to-Balloon time.**

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

2013 EMS CME SCHEDULE

Morning

November 20, 2013 (Wednesday)
December 18, 2013 (Wednesday)
8:30-11:30 A.M.

Evening

December 11, 2013 (Wednesday)
7:00 P.M.-9:00 P.M.

Morning CMES will be held at East Farms Fire Department, 94 South Road, Farmington.

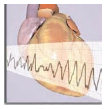
Our quarterly evening CMEs are held in Keller Auditorium in the Main Health Center Building

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 :
Peter Canning at canning@uchc.edu

STEMI: Beyond the Basics Webinar



For those looking to brush up their 12-lead interpretation skills, check out this free webinar:

http://www.emsworld.com/webinar/10747611/stemi-recognition-beyond-the-basics

Taught by Tom Bouthillet, editor-in-chief of the ems12lead.com

Regional Paramedic Skills

October 30, 2013
4:00-6:00 P.M., 6:30-8:30 P.M.
Contact Peter Canning at
canning@uchc.edu to reserve your slot
Sessions are almost full!

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.