



Emergency Medical Services *Partners*

October 2014, Issue 53

uconnems.uhc.edu

Canton Cardiac Arrest Save



A high school student collapsed in the school cafeteria. He received immediate CPR and early defibrillation. **Canton Ambulance** personnel (John Bunnell, David Kemp and Alyssa Lockwood) and **UCONN Fire Department** paramedics responded immediately. The patient was seizing on their arrival. UCONN paramedic Tom Paranzino gave the patient Versed and Ativan to control the seizure and then intubated the patient with rapid sequence induction. The patient walked out of the Connecticut Children's Hospital three days later with an internal defibrillator and full neurological functions. From first responders to paramedics, great job by our life-saving EMS system!



TPA Resolves Stroke!

American Medical Response



paramedic Richard Bergen and his partner Michael McCarty responded in Avon for a 67 year old female with sudden onset of dysphagia, headache, confusion and right-sided weakness. Bergen did the Cincinnati Stroke Scale, checked a blood sugar and called in a **Stroke Alert** to **John Dempsey Hospital**. The patient was taken directly to CAT scan. The scan was negative for bleeding and the decision was made to give the patient TPA to dissolve the clot in the patient's brain. The patient's symptoms began to resolve soon after starting the treatment. After observation in the ICU, the patient was moved to a step down floor, then discharged to short term rehab with no lingering deficits after receiving stroke education, blood thinning maintenance medication, as well as antihypertensive and cholesterol lowering medication. Post medication scans showed no ischemia. This case was an excellent example of teamwork from EMS to the ED to the in-Hospital staff.

Bottom line: The timely administration of TPA spared the patient from ischemia and led to an excellent outcome. Great job all!

Ebola Awareness/EMS Assessment/Hospital Notification

With the recent case of Ebola in Texas, we need to be prepared for possible cases here:

EMS patient assessment criteria for isolation/hospital notification are likely to be:

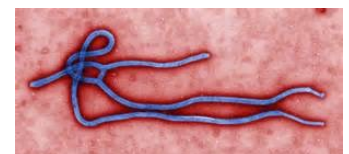
1. Fever, headache, joint and muscle aches, weakness, fatigue, diarrhea, vomiting, stomach pain and lack of appetite, and in some cases bleeding.

AND

2. Travel to West Africa (Guinea, Liberia, Sierra Leone, Senegal, Nigeria or other countries where Ebola transmission has been reported by WHO) within 21 days (3 weeks) of symptom onset.

If both criteria are met, then the patient should be isolated and STANDARD, CONTACT, and DROPLET precautions followed during further assessment, treatment, and transport. **IMMEDIATELY Report**

Suspected Ebola Case(s) to Receiving Facility. —Source: CDC



STEMI Kudos

Local paramedics continue to do an outstanding job with their STEMI Care, particularly with early recognition and notification of STEMI patients.

14 Minute D2B: UCONN Fire Department paramedic Brian Little and **American Medical Response** paramedic David Cleary and AEMT Paul Decarolis had a 14 minute D2B for their patient with a 95% occluded LAD thanks to early notification.



25 Minute Early Notification: Bristol EMS Paramedic P.J Roche gave us 25 minutes early notification in the middle of the night, ensuring our cath lab team were notified and heading into the cath lab to prepare for the arrival of his patient who had a 100% occluded RCA. D2B 43 Minutes.



19 Minute D2B/46 Minute FMC: Simsbury Ambulance paramedics Tom Bascetta and Kristin Fillian and EMT Cheryl Burkett through quick recognition and early notification had a 46 Minute patient side to cath lab balloon inflation time for their patient with a 99% occluded RCA.



18 Minute Early Notification: Bristol EMS paramedic Clinton Chaput and his partner Nicholas DeLuca for their 18 minute early notification in the middle of the night leading to a 45 minute D2B for their patient with a 99% occluded RCA.

15 Minute Early Notification: Simsbury paramedic Kristin Fillian and her partner EMT Andy Buckle gave early notification on a Saturday morning. Unable to transmit, the cath lab was activated solely based on Fillian's patch. 41 Minute D2B.

All patients had excellent outcomes thanks to the EMS -JDH STEMI team!

EMS Linen Notice

We appreciate how hard EMS works and the need to have fresh linen on the ambulances. If you drop your used linens here, please help yourself to fresh linen from our EMS linen closet. But please **exchange only on a one-for-one basis**. We have been experiencing significant losses lately, but do not wish to change our open exchange policy. Thanks for your help and cooperation with this.



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



October Morning EMS CME



Spinal Motion Restriction: Ready At Last
Richard Kamin, M.D

Hydrogen Cyanide Poisoning
Dr. Amanda Medoro

Patient Decontamination
UConn FD TBA

Ebola: The Latest You Need to Know
Peter Canning, Paramedic, R.N

Case Reviews:
Richard Kamin, M.D.

STEMI and Stroke Reviews:
Peter Canning, Jen Spositio

Research Review:
A Randomized Trial of Protocol-Based Care for Early Septic Shock:
New England Journal of Medicine, April 2014
Peter Canning, Paramedic, R.N.

October 15, 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



October 15, 2014
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.