



Emergency Medical Services

Partners

September 2012, Issue 27

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Alcohol Withdrawal

You are called to a local business for vomiting early on a Monday morning. You find a 50-year-old man in a business suit who is agitated and confused. He is diaphoretic and has trembling hands. His co-workers, who found him this way when they arrived to work, say they have never seen him like this. His blood pressure is 150/100, heart rate is 120, respiratory rate of 24 with a saturation of 97% on room air. His temperature is 101.3. He admits to a history of drinking, but vehemently denies drinking anything for the last twenty-four hours.



On secondary survey, you find the patient has bitten his tongue and is incontinent. There are no other signs of trauma. You check the patient's blood sugar and find it is 80. You suspect the patient is in alcohol withdrawal and has recently suffered a seizure.

You establish an IV and start running in fluid, and then give the patient 2 milligrams of Ativan SIVP and contact medical control for an additional 2 mgs. You also give the patient 4 mgs of Zofran for his nausea and hook him up to your 12-lead ECG, which shows sinus tachycardia.



In the Emergency Department, the patient exhibits hallucinations and delirium. He receives additional Ativan over the next four hours before being admitted to the ICU, where he will spend the next three days on an Ativan drip until he recovers from the withdrawal episode.

Alcohol Abuse

According to the Institute of Medicine 18 million Americans suffer from alcohol abuse. Years ago, many "intoxicated" people were thrown in the back of a paddy wagon and hauled to jail to "sleep it off." Today, they end up on EMS stretchers. The "just a drunk" approach no longer holds sway. Patients receive a full medical evaluation. Responders are trained to consider an array of differential diagnoses in these patients from trauma (possible head bleeds) to diabetes to alcohol withdrawal.

Facts About Alcohol Withdrawal

1. One of the most common causes of admission to the John Dempsey Hospital Intensive Care Unit is acute alcohol withdrawal.
2. Physical tremor or merely the sensation of feeling shaky can be the first sign of withdrawal.
3. Withdrawal symptoms are caused by a catecholamine storm as the continual presence of alcohol and sedative effects has rewired the body's ability to respond to abrupt withdrawal.
4. Patients can still be intoxicated and be in withdrawal. A recent patient in delirium tremens had a blood alcohol of 245. He had merely cut his drinking in half, instigating the withdrawal.
5. Many patients in withdrawal are hyperthermic.
6. Always check a blood sugar on alcoholic patients as many suffer from hypoglycemia.

Delirium Tremens

Delirium Tremens, also known as the DTs, is the most extreme form of withdrawal characterized by acute confusion, hallucination, and tremors. Untreated, its mortality can be as high as 35%. Prehospital treatment includes Benzodiazepines and fluid replenishment.

September Featured Speaker

On September 5, Major Christopher Cavanna will be addressing our evening CME at 7:00 P.M. in Keller Auditorium. A member of the 14th Civil Support Team, Major Cavanna is an expert on weapons of mass destruction. He has an extensive background in the field and also served as a chief Medical Officer in Iraq. We are very fortunate to have him available to address our group meeting. We hope to see many of you there. Major Cavanna will be reprising his presentation at our November 21 morning CME.



Care Kudos

Each month we cite members of the EMS community for outstanding care given to critical patients — those suffering STEMI's, cardiac arrests, major trauma and other serious injuries and illnesses. This month we want to stop and praise all of you, not just for the major calls, but for the daily calls. We notice the care you give, the comforting words, the human touch, the reassurance to patient and family members as you help them navigate through their difficult time. You may not have the opportunity to truly save a life every day, but you do have the opportunity to make a difference in people's lives every day, and you do make a difference. Thank you for the care you give your patients and the compassion you show.



Paramedic Skills Sessions—October 24, 2012

9:00 A.M. and 11:00 A.M. Sessions

Contact Peter Canning at canning@uchc.edu to reserve your spot.
Space is limited

**John Dempsey Hospital
EMS Conference
Date To Be Announced
Coming Spring 2013**

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

September Evening EMS CME Weapons of Mass Destruction Chemical, Biological, Radiological and Nuclear Threats

Major Christopher A Cavanna, PAC
Civil Support Team
Wednesday, September 5, 2012
7:00 P.M.
Keller Auditorium

September Morning EMS CME

The Alcoholic Patient Dr. Alexis Rodriguez

Journal Review:
Cardiac Arrest Survival is Rare without Prehospital Return of Spontaneous Circulation
Prehospital Emergency Care—July 2012
Case Reviews:
Richard Kamin, M.D.
Wednesday, September 19, 2012
8:30 A.M. Keller Auditorium

John Dempsey Hospital EMS CME 2012

Morning (8:30 A.M.)

September 19, 2012 (Wednesday)
November 21, 2012 (Wednesday)
December 19, 2012 (Wednesday)

Evening (7:00 P.M.)

September 5, 2012 (Wednesday)
December 5, 2012 (Wednesday)

Held in Keller Auditorium. Coffee, juice and bagels will be available provided free prior to all morning CMEs and pizza and soft drinks before the evening CMEs. All EMS Responders and general public are welcome!

Enter main door, take escalator down one floor. Daytime parking in main lot at top of hill is now limited to visitors and patients. If you are unable to find parking, please park in lower lots and take shuttle bus. For the evening CME, there is plenty of parking at the top of the hill. 3 Hours CME are offered. One additional hour will be given for reading journal article and completing short quiz.

Note: Due to construction, Fire and EMS vehicles should not park at non-ED entrances during the day when attending EMS sessions.

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.