

# Emergency Medical Services Partners



health.uconn.edu/ems

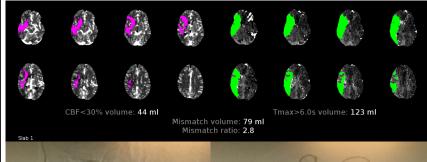
July 2018, Issue 98

## UConn John Dempsey State of the Art Stroke Care in Action

American Medical Response paramedic Marisa Carriveau and her partner Scott Sprong brought a patient to UConn Health John Dempsey Hospital with sudden left sided paralysis. They radioed in with last known well time, Cincinnati Stroke score and blood sugar. The patient received stat Neuro-imaging. The CTA & RAPID CT Perfusion scan showed complete occlusion of the carotid artery in the neck extending all the way up to occlusion of the brain vessels. There was *no* blood flow getting into

the brain from the right carotid artery. A "Stroke Thrombectomy Alert" was called. Neurosurgeon/ Interventionalist Dr. Ketan Bulsara completed a right cervical internal carotid artery angio & stent, mechanical Thrombectomy using both aspiration devices and stent-retrievers and infusion Intraarterial TPA. The TICI blood flow went from a TICI 0 to a TICI 2A! As expected due to the core

infarct, the patient had some brain swelling and went for a hemi-crani the next day. The patient is alert and oriented and continuing to improve each day. This case highlights the use of highly advanced technology/techniques that are available at *very few centers* that allowed us as a multidisciplinary team to save the brain at risk for further injury. We pride ourselves on our multidisciplinary collaborative efforts through the entire continuum of patient care with our focus always being on optimizing patient outcome. Great job by the UConn JDH EMS/Hospital partnership!





#### **Advanced Imaging**

**RAPID CT Perfusion** scan showing damaged area (fuchsia) versus further area at risk (green) A mismatch between damaged and at-risk area is an indication for thrombectomy to save the atrisk area from permanent injury.

Pre-Procedure Occlusion-<u>no</u> flow Post-Procedure restoration of flow

#### UConn Neurosurgery

Dr. Ketan Bulsara leads the UConn JDH neurosurgical staff. We have a wealth of knowledge and experience in treating skull based



injuries, neurological disorders, complex tumors, aneurysms, brain hemorrhages, hemorrhagic stroke and ischemic stroke. We have the ability to care for stroke patients in need of endovascular large vessel clot retrieval as well as trauma patients with severe brain bleeds.



#### June STEMI Kudos

**Simsbury EMS** paramedic Karin Stewart and her partner Lindsay Capowich.

54 Minute Door- to-Balloon. 84 Minute First Medical Contact-to-Balloon Time.

Simsbury Ambulance paramedic Shannon Harvill and her partner Michael Delehanty.

36 Minute Door- to-Balloon. 65 Minute First Medical Contact-to-Balloon Time.

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**Bristol EMS** paramedic Tyler Barth and his partner Samantha Staubitz. Bristol HOSPITAL Emergency Medical Services

26 Minute Door- to-Balloon. 57 Minute First Medical Contact-to-Balloon Time.

American Medical Response paramedic Keith Slater and his partner Lindsay Ryan. 62 Minute Door- to-Balloon.



92 Minute First Medical Contact-to-Balloon Time.

American Medical Response paramedic Wendell Cote and his partner Michael Messenger.

73 Minute Door- to-Balloon. 107 Minute First Medical Contact-to-Balloon Time.



#### UConn EMS CME 2018

July, August – No CME September 19, 2018 October 17, 2018 November 21, 2018 December 19, 2018



8:30-11:30 A.M.

Cell and Genome Building 400 Farmington Avenue, Farmington, CT

3 Hours CME ALL EMS RESPONDERS WELCOME Bagels and Coffee provided.

#### UConn Health EMS Website

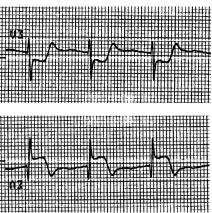
For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our website at:

health.uconn.edu/ems

### **Posterior STEMIs**

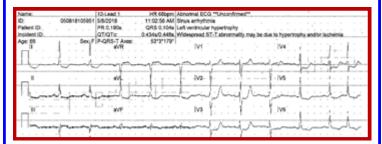
A Posterior MI is characterized by ST depression in Leads

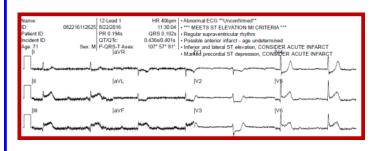
V1, V2, or V3. (If the 12-lead is held upside down, and looked at in the mirror or turned over and held up to the light, it will appear to be ST elevation as illustrated here. With lead V3. The posterior wall is supplied in most people by the right coronary artery. Posterior MIs can be seen alone or in



conjunction with inferior or lateral MIs. Never hesitate to call in a **STEMI Alert** with posterior MI. Below are three examples. Pay attention to the pattern of V1-V3:







#### CONTACT US:

Any questions or suggestions about EMS? Look- ing for patient follow-up?

Contact EMS Coordinator Peter Canning at <u>canning@uchc.edu</u> or call (860) 679-3485.