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 angiography & stent, mechanical Thrombectomy using both aspiration devices and stent-retrievers and 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-cranie 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 at-risk area from permanent injury.

Pre-Procedure Occlusion—no 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.
26 Minute Door-to-Balloon. 57 Minute First Medical Contact-to-Balloon Time.

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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

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.

Posterior STEMI Kudos
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: