



**Emergency Medical Services**  
*Partners*

September 2018, Issue 100

health.uconn.edu/ems

**Dateline August 2010**

This is the first edition of the UConn Health Center EMS newsletter "Partners." We recognize that care for our patients begins in the field. From 911 dispatcher to ED MD, from first responder to ICU nurse, from Paramedic to cardiologist, team work, up-to-date training, education and evidenced-based medicine will lead to the best outcomes for our patients and communities. We will use this newsletter letter to highlight EMS best practices and keep you up-to-date about EMS activities at the Health Center.

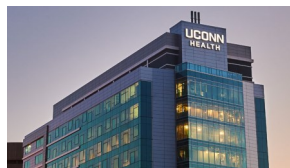


We're proud to be partners with you!

Richard Kamin, MD Peter Canning, Paramedic, R.N.  
EMS Medical Director EMS Coordinator

**Dateline: September 2018**

It has truly been and continues to be a pleasure working in partnership with our EMS providers. Much of our success can be attributed to the quality of care EMS is providing in the field. Your ability to recognize STEMI and stroke and to treat all critical medical emergencies rapidly and skillfully leads to better outcomes and loved family members able to return home with better health.



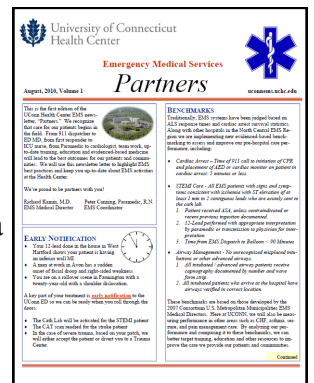
We look forward to working with you as EMS and health care continue to evolve and improve!

Best,

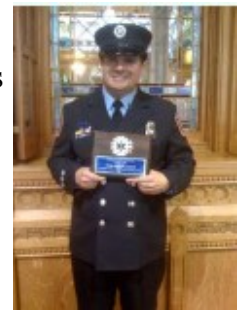
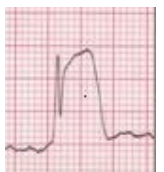
Rich and Peter

**100th Edition of Partners**

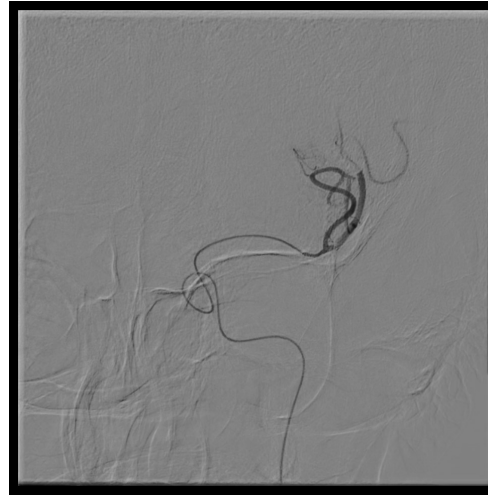
The September 2018 issue of **Partners** marks our 100th edition of **UConn John Dempsey Hospital's EMS** newsletter. Much has changed in the last eight years. We have a brand new hospital. UConn John Dempsey's STEMI Center has become a premier heart attack receiving center, winning 4 consecutive Mission: Lifeline Gold Awards, the most of any hospital in the state. We are a high-performing primary stroke center now providing state of the art endovascular interventions. We are also in the process of becoming a Level III trauma center.



Our first edition featured an article on EMS benchmarks for cardiac arrest, STEMI and airway management. We emphasized the importance of early notification for stroke, STEMI and trauma patients and announced we would soon be accepting transmissions of 12-Lead ECGs. We reported on great cardiac arrest saves by **Canton EMS, UConn Health Center Fire Department** paramedics and **Bristol EMS**. We also featured longtime UConn medic Victor Morrone for receiving a career achievement award at the state capitol. While our UConn medics are largely confined to responding on our campus today, we are very proud of the high quality of all the EMS services that bring patients into our hospital.



## Stent-Assisted Revascularization



EMS providers from **West Hartford Fire Department** Station 2 (Gregory Hill, Neal Sinatro, Lawrence Irvine, Kevin Fo) and **American Medical Response** (Bryan Goldman & Taurean Tindal) called a prehospital **STROKE ALERT** into **UConn Health John Dampsey Hospital** for their incoming patient with right facial droop, weakness, and severe language dysfunction. On arrival they went directly to CT scan. The patient met **TPA criteria**. **The clot-busting drug was given**



**within 38 minutes** on arrival, beating the **recommended 60 minute window**. STAT CTA & RAPID CT Perfusion scan showed an M1 occlusion in the left MCA, and a large area of brain threatened but not yet infarcted. The UConn Stroke team performed a stent assisted revascularization, resulting in a **TICI 0** turning into a **TICI 2B** flow post procedure. The combined effort of all led to rapid opening of the blood vessel and thus gave the patient her best opportunity for a great outcome.

## Thrombectomy

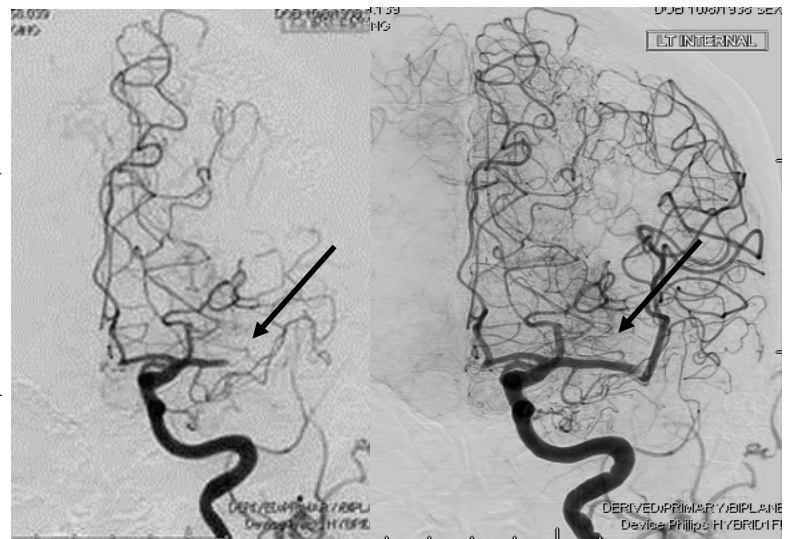


**Canton EMS** paramedic John Bunnell and his partners Ray Wheeler and Jaelle Hersey called in a prehospital **STROKE ALERT** to **UConn Health John Dampsey Hospital** for a patient with facial

droop, weakness, visual changes and severe language dysfunction. A **STROKE ALERT** was initiated and ED team headed for Neuro-imaging. The STAT CTA & RAPID CT Perfusion scan showed left distal M1/proximal M2 segment occlusion with good collateral flow to the left MCA distribution only, **TICI 0** flow. The stroke team performed a mechanical

thrombectomy & achieved **TICI 0** to a **TICI 2B** flow post procedure. The patients

NIH Stroke Scale went from 19 (on arrival) to a 4. Her facial droop and aphasia resolved. The patient has regained her strength and been discharged home doing great!





**August STEMI Kudos**  
**American Medical Response**  
paramedic Rick Fortier and his  
partners Steve Grohs and  
Lindsay Ryan



**22 Minute Door-to-Balloon Time. 48 First  
Medical Contact-to-Balloon.**

\*\*\*

**Bristol EMS** paramedic  
Michael Gajdosik and his  
partner Gregory  
Adamowicz



**33 Minute Door- to-Balloon. 71 First Medical  
Contact**

\*\*\*

**Simsbury EMS** paramedic Shannon  
Harvill and her partners Andrew  
Albert and Meghan Kayan  
**79 Minute Door- to-Balloon. 112  
First Medical Contact** (Note: time  
delays due to consent issues and  
clinical decision making in ED and cath lab) .



### **Featured Providers:**

**American Medical  
Response** crew of  
Samuel Purcell &  
Brittany Thibault  
did a great job on a  
stroke patient late  
in July that was  
featured in our  
August. newsletter.



### **Featured Provider:**

Shannon Harvill,  
**Simsbury EMS** paramedic  
and Saint Francis ED  
nurse, always does a great  
job on patients from  
STEMI and stroke to hip  
fracture. She is a great role  
model in professionalism  
for those new to the field.

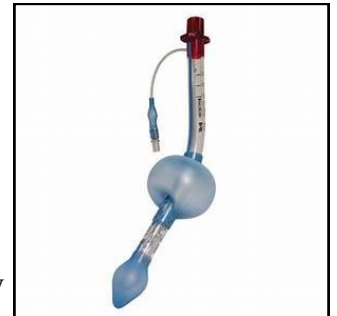


### **Research Corner: Airways in Cardiac Arrest**

*“EMS personnel and physicians involved with protocol development for EMS systems in the United States, United Kingdom, and similar settings with limited exposure to advanced airway management should reconsider the routine use of endotracheal intubation as the first-line strategy for airway management in out-of-hospital cardiac arrest.”*

This is the conclusion of an editorial in the August 28, 2018 *Journal of the American Medical Association* based on a review of two new randomized controlled airway studies.

In the first study, the Pragmatic Airway Resuscitation Trial (PART), researchers found initial insertion of a laryngeal tube (King-LT) in victims of cardiac arrest “was associated with a significantly greater 72-hour survival compared with a strategy of initial endotracheal intubation.”

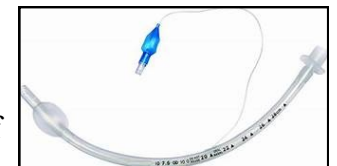


The second study, AIRWAYS-2, did not find a statistical difference between using a supraglottic airway (i-gel) and endotracheal intubation.



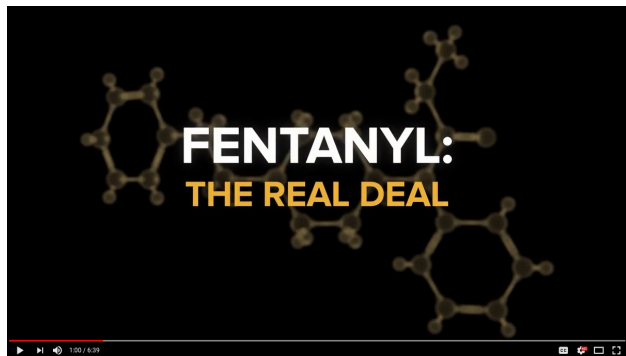
These were both high quality studies conducted at many sites in the United States (PART) and Great Britain (AIRWAYS-2).

Here in Connecticut, we no longer consider the endotracheal tube as the gold standard for airway management. Supraglottic airways can be either the primary or backup airway based on the circumstances of each call.



The important airway goals are safely securing the airway in a timely fashion, avoiding interruptions in chest compressions, and limiting attempts. Remember in cardiac arrest, the only two interventions proven to improve mortality are quality chest compressions and timely defibrillation.

## Fentanyl Safety Recommendations for Public Health and Safety Responders



<https://www.youtube.com/watch?v=6Yc9ISaSKIs>

*“Misinformation and inconsistent recommendations regarding fentanyl have resulted in confusion in the first responder community.”*

Watch the new Justice department video that sets the record straight.

**Bottom line:** Toughing Fentanyl will not kill you. If you get it on your hands, wash it off with soap. Wears gloves. If there is powder in the air, wear a mask. Avoid touching your eyes or nose. Naloxone should only be administered to those with signs and symptoms of hypoventilation and decreased responsiveness. Do not administer for exposure alone.

### UConn EMS CME 2018



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](http://health.uconn.edu/ems)

## UConn EMS CME 2018 September 19, 2019

### UConn EMS CONTINUING EDUCATION

#### K2, Synthetic Cannaboids and other Designer Drugs

Jessica Aviles, M.D.

#### The Perfect MedCon Patch

Richard Kamin, M.D.

#### Epinephrine in Cardiac Arrest: The Latest Research

Richard Kamin, M.D.

#### Case Reviews

Richard Kamin, M.D.

#### UConn Trauma Report

Mike Nicholson, UConn Trauma Coordinator

#### STEMI and Stroke Review

Peter Canning, Paramedic, R.N.

#### Fentanyl and Responder Safety

Peter Canning, Paramedic, R.N.

**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.

### CONTACT US:

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



Contact EMS Coordinator Peter Canning at  
[canning@uchc.edu](mailto:canning@uchc.edu) or call (860) 679-3485.