



Emergency Medical Services *Partners*

June 2019, Issue 108

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Rectal Thermometers for EMS

A new protocol requiring EMS to carry rectal thermometers has generated much discussion and some consternation among EMS providers. Dr. Richard Kamin will address the life and organ saving use of this device/protocol on the scene of exertional heat illness calls in the UConn EMS CME on Wednesday June 19, 2019 at 400 Farmington Avenue.



See page 2 for “ Why do you want me (EMS) to perform a rectal temperature? (EHS Protocol) — a document produced by CEMSMAC).

New ED Automatic Door Exit

EMS providers please note to exit the ED doors at UConn John Dempsey Hospital, there is now a red **Exit** button on the wall by the EMS room. Please push this button to activate the exit doors. This is to prevent patients from escaping. We have also moved the outside keypad to the right hand side of the doors to make it easier for crews with patients to enter the ED. Key pad code is either 2588 or 0911. Thanks.



UConn John Dempsey Hospital Accredited AHA Heart Attack Receiving Center

UConn John Dempsey Hospital has been recognized by the American Heart Association for its continued excellence in heart attack patient care with the new **AHA Mission: Lifeline Heart Attack Receiving Center Accreditation**.



**American Heart Association
ACCREDITATION**
Meets standards for
Heart Attack Receiving Center

**Mission:
Lifeline®**

UConn John Dempsey Hospital has always been among the fastest in the nation for heart attack care, known in the medical field as “door-to-balloon” time. The median door-to-balloon time for treating a STEMI heart attack patient at UConn Health is 54 minutes, and only 47 minutes when the patient arrives by ambulance. Thanks to the hospital’s strong relationship with Emergency Medical Services (EMS), 84% of the time the STEMI care team has been activated before the patient even reaches the hospital doors.

UConn John Dempsey Hospital also received the **Gold Plus Mission: Lifeline STEMI Receiving Center** award, its fifth gold level honor from the AHA for heart attack care. Both awards are a tribute to the phenomenal job done by our areas EMS providers. Keep up the great work! And remember **Early Notification Saves Lives!**



Why do you want me (EMS) to perform a rectal temperature? (EHS Protocol)

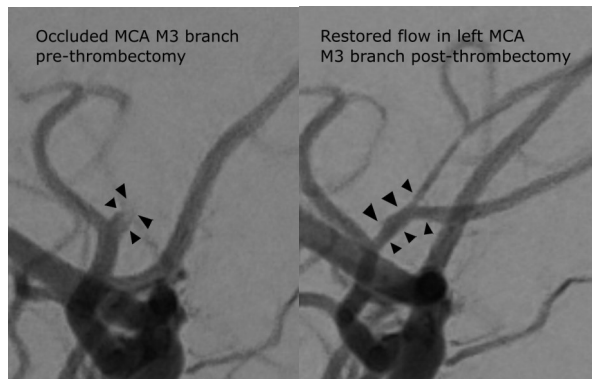
In conjunction with our new Exertional heat illness protocol, we have made thermometers capable of taking a rectal temperature (Trec) part of the 2019 minimum equipment list. The “ask” is perform a rectal temperature (Trec) on patients suspect of having an exertional heat illness (EHS) as defined in the protocol, NOT everyone with a suspected fever or as a routine vital sign. Our committee worked with subject matter experts at the Korey Stringer Institute (KSI) and reviewed the robust literature supporting Trec as the only acceptable or accurate means of obtaining an accurate temperature for this disease process (EHS). Here are 10 important “why” answers that we need EMS to understand and help us use to overcome the stigma of performing this simple and lifesaving vital sign.



1. EMS, EDs continue to miss exertional heat illness, and people suffer the consequences of multisystem organ damage, failure, even death. – Due to lack of proper response, diagnosis, and intervention timing (ie rapid whole body cooling).
2. Despite high profile deaths and morbidity every year, we continue to miss these cases because we do not make the diagnosis in time. Rectal temp rules in exertional heat stroke (EHS) and also aids in the consideration/refocusing on other possible other diagnoses with mental status changes like hypoglycemia, hyponatremia, heat exhaustion, exertional sickling, concussion, cardiogenic shock.
3. Oral, axillary, tympanic, skin (temporal), aural, infrared temperatures are invalid and erroneous by enough degrees to completely miss the diagnosis (102 vs 107!) in exercising individuals There is no other way to get this critical vital sign properly.
4. This diagnosis happens to and harms “our” people: Fire, EMS, Police, Lineman, Tree service workers, Construction workers, our family athletes (kids and adults), at gyms, martial arts studios, at drug/rave dance parties, not to mention organized sporting events like 10K events, ½ marathons, and marathons.
5. A patient fitting the diagnostic criteria of suspected activity and altered mental status will not even remember or care about having a temperature taken.
6. Making the diagnosis of exertional heat illness will change your scene time (stay and cool if under way, priority transport if not possible with no scene delay), hospital notification criteria, hospital arrival pre planning.
7. Diagnosis of exertional heat illness is just as time sensitive as MI or Stroke: Organ damage and morbidity/mortality spikes after only 30 minutes, requiring immediate and rapid whole-body cooling within 30 minutes of collapse.
8. You can and will literally save lives with a thermometer and phone/radio.
9. As long as a Trec has been taken and ice, water, and a tub/vessel to put the patient in is present, patients can be diagnosed and treated on the site of a marathon don't even go to the hospital most of the time, with no long -term effects. On the contrary, those that enter the standard EMS and ED response strategy have a >50% chance of organ damage, failure, need for surgeries, transplants, or death.
10. This is a diagnosis you need to make, a treatment course you need to initiate, an area of expertise that you own, and a life that you will save.

Successful TPA and Thrombectomy in 30 year old

A prehospital **STROKE ALERT** was called by **Bristol EMS** paramedic Rachel Guillemette and her partner Jonathan Trudeau to **UConn Health John Dempsey Hospital Stroke Center** for a 30 year old patient presenting with right weakness/numbness, slurred speech, and a significant facial droop. The ED team and Neurology team met the patient at the door and traveled to CT scan. TPA was mixed and given within 48 minutes of arrival, below the goal Door to Needle time of <60 minutes. Advanced CTA/CTP imaging showed an occlusion/clot in the left MCA M2/M3 segment with appropriate mismatch (brain at risk that could be saved). A Tier 2 Thrombectomy alert was initiated. Dr. Abner Gershon performed thrombectomy, restoring blood flow to a **TICI 2b** post procedure! This patient was transferred to the Neuro ICU to for 24 hours of crucial Neurocritical care. The patient did very well, her weakness resolved and she was transferred to our Intermediate Stroke Unit the next day. Neurology is closely following the needs of this patient. In addition, rehab has been initiated. This patient's facial droop and slurred speech have dramatically improved & with continued therapy should only continue to improve. Great job by all!



SWORD Reporting Picks up Cluster of Crack/Cocaine/Opioid Overdoses

Thanks to local EMS providers calling in suspected opioid overdoses to the **Connecticut Poison Control Center**, local health and public safety agencies were able to quickly muster a response to alert communities to possible danger from contaminated crack/cocaine. Early on Saturday June 1, 2019, **American Medical Response** crews began responding to a series of overdoses where patients were found with pinpoint pupils and agonal respirations. The patients responded to naloxone, but insisted they had only smoked crack or used cocaine. The Connecticut Poison Control Center contacted the state **Department of Public Health** to begin investigating. AMR Supervisor John Spenser put out a notice to all crews to be on notice and to remember to report all cases to Poison Control as mandated by the SWORD Directive. As the cases continued to come in, including double overdoses in West Hartford and Granby, and several fatalities in Hartford, local harm reduction workers began distributing fentanyl test strips to users and spreading the word for users to not use alone and have naloxone available. The **Connecticut Office of Emergency Medical Services (OEMS)** helped coordinate the state's response and **Hartford Public Health Department** and the **Hartford Police Department** took steps to help bring the crisis under control. The investigation into the cluster continues, EMS should remain vigilant and remember to report all possible opioid overdoses to the Poison Control Center by calling 1-800-222-1222. Great job by Cassandra Smith, Jane Gordon, Cyrus Thomas-Walker, Kate Coupe, Matt Trafford and many others for their calls. Keep up the great work!

CT EMS

Statewide Opioid Reporting Directive

- Call CT Poison Control after any call where the patient is suspected of opioid use, causing decreased responsiveness, respiratory depression or death.
- Call whether naloxone was administered or not.

When do I start reporting?
Region 3 on 4/1/19
Regions 1, 2, 4, 5, by 6/1/19

SWORD

Call Poison Control (PC) @ 1-800-222-1222, say "I need to speak with CT PC. I have a call for CT SWORD", give your name, service name, and ambulance number. Answer the following:

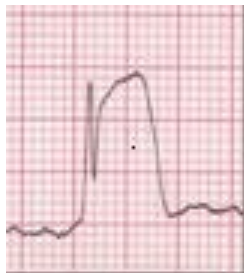
- | | |
|--|--|
| ① Patient Name | ⑦ Disposition (transport, refusal, dead, pt not found) |
| ② Patient Age (DOB if possible) | ⑧ Naloxone given (Y or N), if yes:
a. delivery method (IN/IM/IV) and dose
b. who gave first dose (citizen, PD, FD, EMT, EMT-P)
c. side effects noted? (Y or N) (emesis, agitation, other) |
| ③ Patient Gender | ⑨ Describe bag stamp picture and/or name
-send pic to poisoncontrol@uchc.edu if possible;
case # in subject line |
| ④ Incident address and type (pt. home, public area, unknown, etc.) | ⑩ Brief description of call |
| ⑤ Opioid used (heroin, fentanyl, pill, unknown) | |
| ⑥ Route (IV, IN, PO, smoked, unknown) | |

Thank you for your participation!



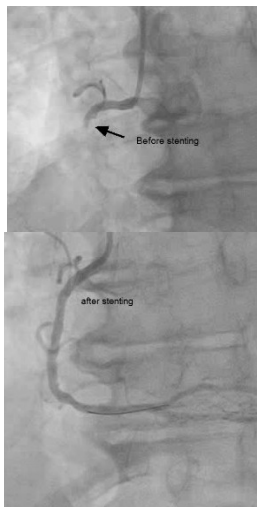
STEMI Kudos

New Britain EMS paramedic Daniel Jackson and his partner Magdalena Ratajczak responded for a man with 10 of 10 chest pain radiating into his jaw and left arm. Jackson performed an immediate 12-lead ECG which revealed the man was having an ST elevation myocardial infarction (STEMI). He contacted **UConn John Dempsey Hospital** from the scene with a **STEMI ALERT**. Because of this, the cath lab was activated 17 minutes before arrival of the patient. In the lab, the team discovered a 100% occlusion of the patient's Right Coronary Artery (RCA), which was successfully cleared and stented, restoring perfusion. **53 Minute Door-to-Balloon, 80 Minute First Medical Contact-to-Balloon.**



West Hartford Fire

Department paramedic Kristin Fillian along with the crew from Station 2 and **American Medical Response** paramedic Katie McGray and her partner Sam Savelli responded for a man who developed chest pain while walking his dog early in the morning. Fillian performed an immediate 12-lead ECG which revealed the man was having an ST elevation myocardial infarction (STEMI). She contacted **UConn John Dempsey Hospital** from the scene with a **STEMI ALERT**. Dr. Genevieve O'Connell activated the cath lab based on Fillian's radio patch. In the lab, Dr. the team discovered a 100% occlusion of the patient's Right Coronary Artery (RCA), which was successfully cleared and stented, restoring perfusion. **50 Minute Door-to-Balloon, 67 Minute First Medical Contact-to-Balloon.**



UConn EMS CONTINUING EDUCATION 2019



June 19, 2019
July, August – No CME
September 19, 2019
October 17, 2019
November 21, 2019
December 19, 2019



8:30-11:30 A.M.

Cell and Genome Building
400 Farmington Avenue, Farmington, CT

3 Hours CME
ALL EMS RESPONDERS WELCOME

UConn EMS CONTINUING EDUCATION

Why do you want me (EMS) to perform a rectal temperature?

Richard Kamin, M.D.

**ECMO: Extracorporeal Membrane Oxygenation:
Prehospital Role and Understanding**

Sagar Dave, M.D.



Case Reviews

Richard Kamin, M.D.

Opioid Reporting Project: Update

Peter Canning, Paramedic, R.N.

Stroke, STEMI and Trauma Reports

June 19, 2019 8:30-11:30 A.M.

Cell and Genome Building
400 Farmington Avenue, Farmington, CT
No RSVP Necessary

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.

UConn Health JDH EMS Website

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

health.uconn.edu/ems