



Emergency Medical Services *Partners*

October 2020, Issue 119

health.uconn.edu/ems

COVID Cases Increasing in Connecticut

After a lull this summer, COVID cases are increasing. We urge you all to stay vigilant. Wear your PPE, and decontaminate your ambulance and equipment after each patient encounter. We don't know yet what the winter will bring, but we want make certain we are all protecting our patients, our families and ourselves in this difficult time. Please make certain to do a safe COVID screen for each of your patients and relay the results to our hospital in your radio patch.



Consider wearing a face shield along with your mask for all patient encounters.

Wear an N95 for all aerosolizing procedures and for all patients with positive screens.

Please stay safe.

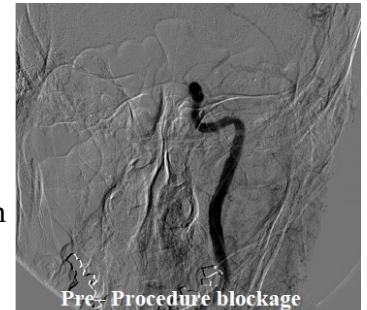
EMS Stroke Symposium

UConn John Dempsey Hospital will be hosting its **4th Annual EMS Stroke Care Symposium**. Due to the COVID Pandemic, the symposium, like our monthly CMEs, will be hosted virtually via Web Ex. The date is Wednesday December 2, 2021 from 8:30-11:30 A.M.. The symposium will be taught by the doctors on our Stroke team. Topics will be announced next month. 3 Hours CME will be given.

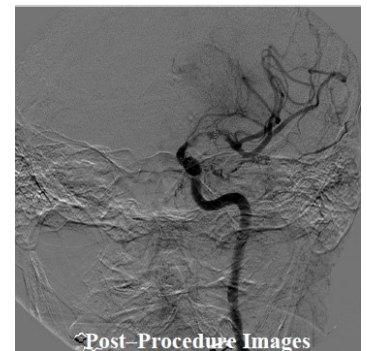


Thrombectomy!

Burlington EMS prenotified **UConn Health John Dempsey Emergency Department** with a Stroke Alert for a patient with altered mental status, severe aphasia and dysarthria, right sided sensory loss and right neglect (NIHSS 11). The patient was brought directly to CT scan. While the patient was ruled out for rtPA, advance imaging showed a left ICA occlusion and an intracranial left proximal MCA occlusion with RAPID Perfusion showed there was still significant brain at risk that could be saved with rapid intervention. The patient underwent mechanical thrombectomy, intra-arterial stent deployment, and intra-arterial TPA infusion, reestablishing blood flow to the brain! Her NIHSS has improved from an 11 to a 3! The patient continues to improve thanks to our stroke team, of which our EMS partners are key members. Stroke Recognition, Early Notification and Safe Rapid Transport are the hallmarks of EMS stroke care and they proved crucial in this time-sensitive case! Great job all!



Pre-Procedure blockage

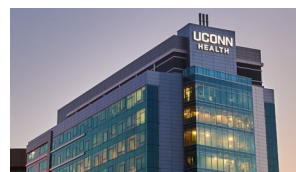


Post-Procedure Images



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

**Mission:
Lifeline®**



**PRIMARY STROKE
CENTER CERTIFICATION**



American Heart Association
CERTIFICATION
Meets standards for
Primary Stroke Center

State Protocol Update Version 2020.2

The Connecticut Office of Emergency Medical Services has released their latest update to the state EMS treatment protocols. Here are some of the highlights:

Cardiac Arrest: Passive Oxygenation Cardio Cerebral Resuscitation (CCR) would only be used for witnessed, sudden cardiac arrest of suspected cardiac etiology. All others should receive bag-valve-mask resuscitation.

Prophylactic Cefazolin for Open Fracture or Major Open Wounds: For open extremity fracture (indicated by visible bone), amputation proximal to the hand or foot, or major soft tissue injury such as exposed tendon, exposed bone, large, deep tissue laceration or avulsion, evisceration, major open crush injury, or large visibly contaminated wounds (NOT to include isolated stab or gunshot wounds, routine "road rash" or minor abrasions), Patients with weight greater than or equal to 39kg, Cefazolin 2G IV/IO over 1-2 minutes; Patient weight less than 39kg, Cefazolin 50 mg/kg IV/IO over 1-2 minutes; round dose to nearest 100 mg. Note: Reconstitute 1G per 10 cc Sterile Water for injection (preferred) or Normal Saline. ****Time of administration is particularly important and MUST be documented clearly on the PCR and verbally reported to receiving facility upon transfer of care.**

Bilevel Positive Airway Pressure- BiPAP is now permissible as an alternative to CPAP for those with the proper equipment.

Cricothyrotomy - Percutaneous (Pediatric)- This procedure is now permitted for pediatrics under 12 if unable to adequately oxygenate/ventilate by other means.

Fever (101.5oF/38.5oC) – Adult: - For temperature >101.5°F (38.5°C) or, if temperature is not available and patient feels clinically febrile: If no acetaminophen was taken in last 4 hours: Consider administering acetaminophen 500 – 1,000 mg PO OR Consider administering acetaminophen 1 gram IV/IO over 15 minutes if contraindication to PO medications (altered mental status, difficulty swallowing, etc.), If acetaminophen was taken within the last 4 hours: Consider administering ibuprofen 400 mg PO.

Needle Decompression—New sheet describing proper way to perform procedure.

Termination of Resuscitation Checklist— Paramedics may consider terminating resuscitation **on standing order** if all of the following are met: High quality CPR for at least 20 minutes, Effective ventilation, ETCO2 <10mmHg, IV/IO access with clinically appropriate fluid bolus, Medications administered as indicated, Hs & Ts considered and treated as appropriate, Not a VAD patient, No environmental hypothermia, Clinical death exam - IMMEDIATELY prior to termination of resuscitation/presumption of death, perform assessment of at least 30 seconds for pulse, respiration, heart tones and ECG observation, Unresponsive/no motor effort, Apnea with no agonal breaths, Absence of palpable pulses at carotid, radial, and femoral sites, Absence of heart sounds, Unresponsive pupils, Poor ECG activity (asystole or wide and slow PEA <20), All on scene agree with termination of resuscitation and presumption of death. In all other circumstances, Direct Medical Oversight must be consulted for possible orders to terminate resuscitation.

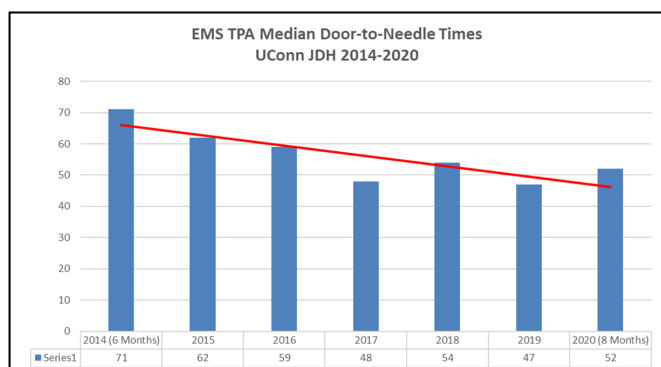
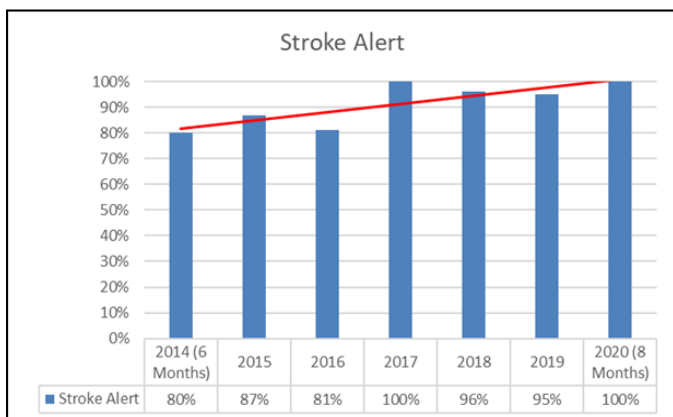
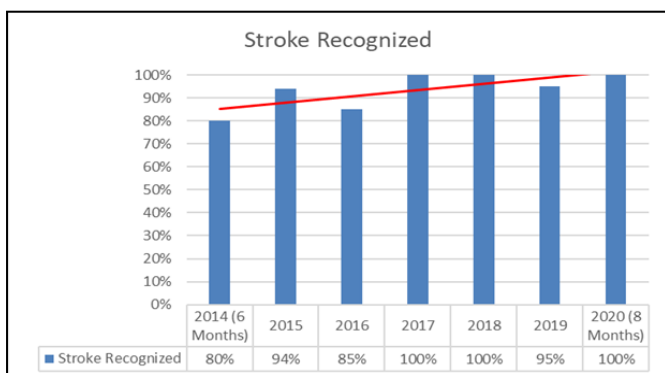
Protocols and Revision Summary are available at:

<https://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/Statewide-EMS-Protocols>



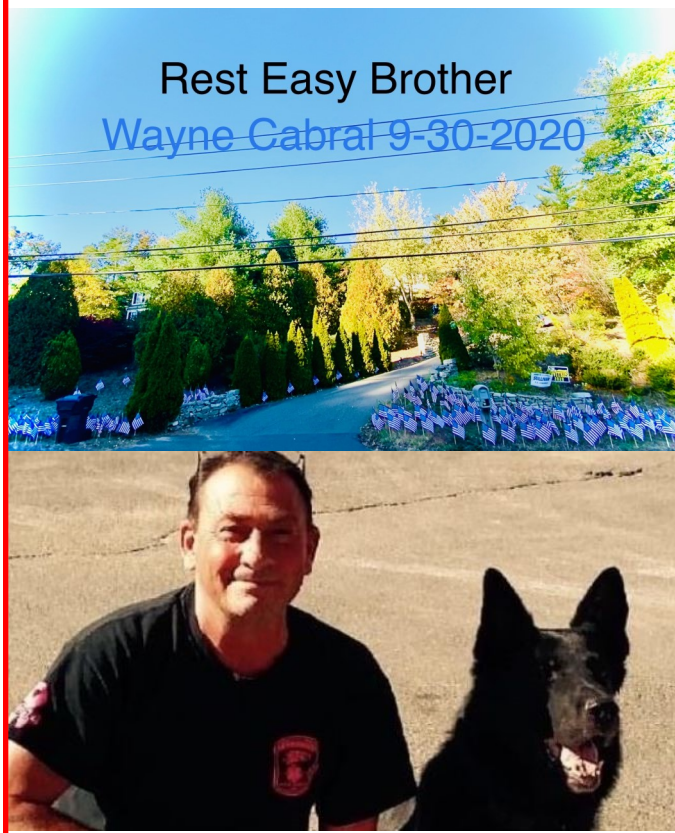
UConn JDH Stroke Data Shows EMS Saving Lives

Our latest analysis of our stroke data shows EMS increasingly demonstrating their excellence in recognizing stroke, and rapidly transporting their patients to our stroke center with prehospital stroke alerts, resulting in the patient going directly to CT Scan, enabling rapid infusion of tPA in those patient meeting criteria. Our median door-to-needle time for EMS patients this year is 52 minutes and we have had a case as low as 21 minutes! The below graphs are for EMS patients who received tPA at **UConn John Dempsey Hospital**. Great work EMS! You are true life savers!



Wayne Cabral, Paramedic

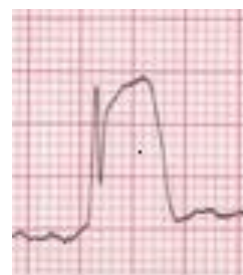
Wayne worked among us for over two decades. AMR, Simsbury, Granby, Windsor and Windsor Locks EMS. He was one of the good guys.



STEMI ALERTS and COVID-19

Due to the COVID epidemic we are continuing to suspend our direct to the cath lab STEMI procedure to both conduct a second COVID screen as well as to conduct additional evaluation of the patient to determine the safest course to treat each individual patient — PCI, lytics, or medically.

Please continue to call in **STEMI Alerts** with as much prenotification as possible so we can have all our resources ready to accept and treat the patient in the safest manner to ensure favorable outcomes. Thanks for the great work you do!



Virtual CME-October 21, 2020

Please join us for our monthly CME on Wednesday, October 21, 2020 at 8:30 A.M. until 11:30 A.M. Our CMEs are held via Webex. CME certificates for three hours are available on request after the CME.

Meeting link:

<https://uconn-cmr.webex.com/uconn-cmr/j.php?MTID=m916b5a3cf93a7d9c98d2570e49cbb29f>

Meeting number: 120 987 7270

Password: AfFD9pSXF86

Host key: 749126

Join by phone

+1-415-655-0002 US Toll

Note: Link is good for all monthly CMEs

UConn EMS CONTINUING EDUCATION 2020



October 21, 2020
November 18, 2020
December 16, 2020



8:30-11:30 A.M. (Wednesdays)
All CMEs for the remainder of 2020
will be virtual CMEs.

3 Hours CME
ALL EMS RESPONDERS WELCOME

UConn EMS CONTINUING EDUCATION



State Protocol Update

Dr. Richard Kamin
Peter Canning, Paramedic, R.N.



OBGYN Emergencies

Dr. Alec Freling

Pediatric Emergencies

Dr. Abubakarr Bangura

Case Reviews

Dr. Richard Kamin
Peter Canning, Paramedic, R.N.

Stroke, STEMI, Trauma Review

(3 Hours CME)

For Questions:
email Peter Canning at canning@uchc.edu

ALL EMS RESPONDERS WELCOME

Online Virtual CME

October 21, 2020 8:30-11:30 A.M.
3rd Wednesday!

UConn EMS CONTINUING EDUCATION 2020

ANNUAL EMS STROKE SYMPOSIUM



Virtual CME

Topics to be Announced

**Taught by UCONN
JDH Stroke Team**



Wednesday
December 2, 2020
8:30-11:30 A.M.

3 Hours CME
ALL EMS RESPONDERS WELCOME

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

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.