UCONN HEALTH

Emergency Medical Services Partners

November 2020, Issue 120

health.uconn.edu/ems

Overdose Deaths up 17% in CT in 2020

Data released from the state Department of Public Health shows overdose deaths through July are up 17% over the same time period last year. 2019 which ended with 1200 fatalities represented the previous high for overdose deaths. Deaths were up in each of the first seven months over 2019 numbers. Fentanyl was involved in 84% of the deaths. Carfentanil was present in only 2 of the deaths.

Connecticut EMS responders have reported over 3,500 overdose cases to the Connecticut Poison Control Center in 2020 through the SWORD mandate. The data is analyzed and shared with local health department to better help target prevention and harm reduction resources. Please remember to call in all suspected opioid overdoses to the CPCC at 1-800-222-1222 or (860) 679-3456.

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.

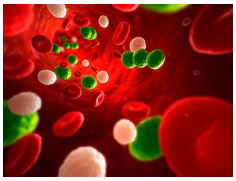
American Heart Association ACCREDITATION
Meets standards for
Heart Attack Receiving Center

Mission: Lifeline®

Sepsis Alerts!

We welcome **SEPSIS ALERTS** at **UConn John Dempsey Hospital.** Your prehospital notification allows our staff to rapidly assess and treat suspected sepsis patients.

Sepsis criteria includes <u>suspected **infection plus at least two**</u> of the following:



Temperature <96.8 F or >100.4 F
Heart Rate >90
RR > 20
BP <90 or MAP <65
New onset Altered Mental Status or Increasing Mental Status change
Serum Lactate level >4 mmol/L if available and trained
ETCO2 < or = 25 mmHg

Please be prepared to document for us your prehospital vitals and treatment. Please detail what fluid you administered (NS or LR) and the amount in ccs, and whether or not a vasopressor was administered, and if so, which medication and what dose.

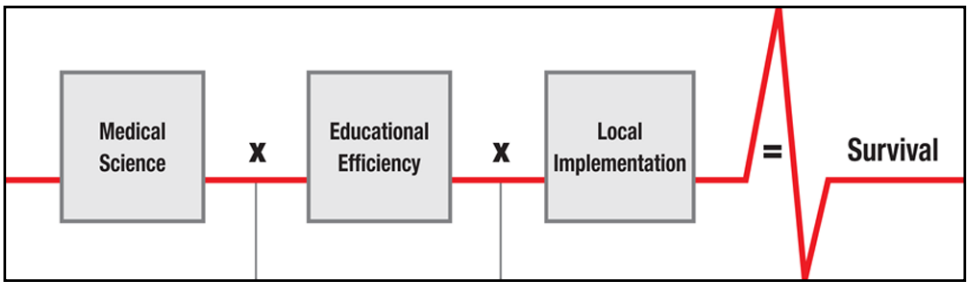
When calling ahead via CMED, please state you have a **SEPSIS ALERT**. Depending on patient condition, you will either be directed to the resuscitation room or a regular ED room.

Sepsis is a systemic inflammatory response that often results in significant morbidity and mortality. Please treat it aggressively.

PRIMARY STROKE CENTER CERTIFICATION
American Heart Association American Stroke Association CERTIFICATION
Primary Stroke Center

2020 American Heart Association Guidelines for CPR and ECC

2020 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care were unveiled on October 21, 2020. They reflect the latest global resuscitation science and treatment recommendations based on international consensus. Here are some of the highlights:



Adult Basic and ACLS

Good CPR remains the bedrock of resuscitation.

EMS should first attempt an intravenous access before intraosseous. While IO access has become increasingly popular, its efficacy compared to IV is considered uncertain. IO access should only be attempted if IV attempts fail or are not feasible.

Epinephrine should be administered as early as possible in cardiac arrest patients with non shockable rhythms.

Epinephrine should be delayed in cardiac arrest patients with shockable rhythms. It is permissible after initial defibrillation attempts have failed. This is later clarified to mean after the third shock.

CPR should always come first in suspected opioid overdoses found in cardiac arrest.

Double sequential defibrillation is permitted but it's usefulness is not considered established.

Pediatric Basic and Advanced Life Support

Pediatrics with an advanced airway should be ventilated at higher rates than previously done. One breath every 2 to 3 seconds or 20-30 breaths a minute is ideal. Be careful on the volume of each breath.

Pedis should be intubated with cuffed ET tubs where available. No longer are uncuffed tubes recommended.

Neonatal

Healthy newborns should be placed skin to skin on their mothers to improve breastfeeding.

Infants with meconium should be intubated if there is evidence of airway obstruction. Suction only if airway obstruction is present after positive-pressure ventilation.

The umbilical vein is the preferred vascular access for infants. IO access is an alternative if umbilical access is not feasible.

CPR Training

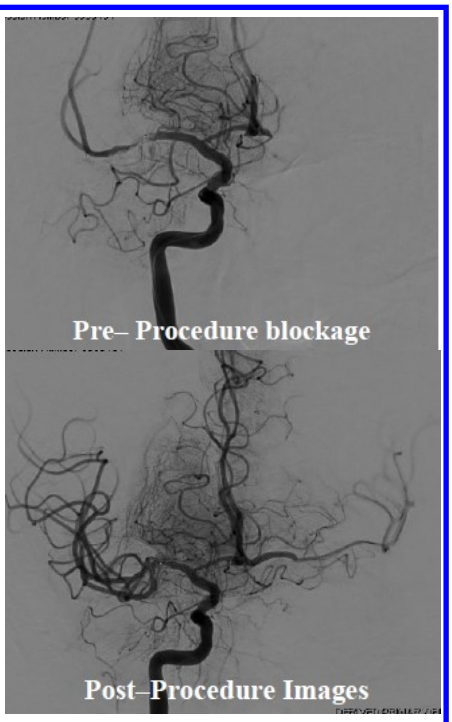
Short booster sessions are recommended over a period of time to keep rescuers sharp.

The full documents can be accessed here:

https://professional.heart.org/en/science-news/2020-aha-guidelines-for-cpr-and-ecc

Connecticut EMS responders should continue to follow their state protocols and local sponsor hospital direction.

STROKE ALERTS-THROMBECTOMY



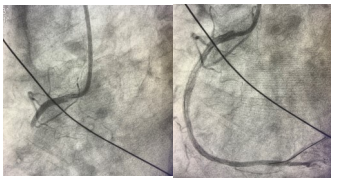
Bristol EMS Alan Green, Patti Lizotte, and Denise Shea called in a STROKE ALERT to UConn Health John Dempsey Emergency Department for a patient with left sided weakness, dysarthria, extinction, visual changes and facial droop (NIH stroke scale 11). The patient was taken directly to CT scan which revealed a hyperdense right MCA. RAPID Perfusion showed additional brain at risk so the decision was made to undertake thrombectomy. A stent was deployed and interarterial TPA was slowly infused into the right MCA. Following the interventions collateral flow into the MCA was noted and filling improved.

American Medical Response MR paramedic Wendall Cote and his partner Ildi Koni called in a **STROKE ALERT** to UConn Health John Dempsey Emergency Department for a patient with left sided paralysis, dysarthria, extinction, facial droop and a gaze (NIH stroke scale 13). The patient was taken directly to CT scan where the images demonstrated a complete cutoff/occlusion of the proximal right M1. TPA was initiated and the patient was taken to the OR for a clot aspiration and a mechanical thrombectomy resulting in increased blood flow in the brain.

Great job, EMS! Remember while tPA can only be given up to 3-4.5 hours after stroke onset, thanks to rapid perfusion imaging and mechanical thrombectomy, our stroke window has been extended to 24 hours. Please call in STROKE ALERTS ASAP, and transport rapidly, but safely.

STEMI Care

Bristol EMS paramedic Evan Geltman, his partner Thomas Makin and EMT student Mario Oliviera responded for a patient with severe dyspnea and chest pain radiating into her back. Geltman did an immediate 12-lead ECG and then called in a **STEMI ALERT** to **UConn John Dempsey Hospital** where the ED MD activated the cardiac cath lab prior to EMS arrival. In the lab, the cath lab team found the patient had an occluded Left Anterior Descending Artery (LAD) which they successfully stented and cleared. **47 Minute Door-to-Balloon, 83 Minute First Medical Contact-to-Balloon.**



American Medial Response paramedic George Previs, his partner Adam Barney and a paramedic student responded for a patient pale, ashen, with chest pain and shortness of breath. The crew did an immediate 12-lead ECG and then called in a **STEMI ALERT** to **UConn John Dempsey Hospital** activating the cardiac cath lab. The patient had an occluded Right Coronary Artery (RCA) which was successfully stented and cleared. **51 Minute Door-to-Balloon, 78 Minute First Medical Contact-to-Balloon.**

Simsbury paramedic Samuel Dybdahl and his partner Greg Hayes responded for a diaphoretic patient who awoke with severe non-radiating chest pain. The crew did an immediate 12 -lead ECG and then called in a **STEMI ALERT** to **UConn John Dempsey Hospital,** activating the cath lab. In the lab, the patient went into ventricular tachycardia and required three defibrillations. The cath lab team found the patient had an occluded Left Anterior Descending Artery (LAD) which they successfully stented and cleared. **73 Minute Door-to-Balloon, 118 Minute First Medical Contact-to-Balloon.**

Great job EMS! All patients did well. Remember call in **STEMI ALERTs** from the scene and **ask for medical control** so we can activate the cardiac cath lab prior to your arrival. Keep up the great work!

Virtual CME-November 18, 2020

Please join us for our monthly CME on Wednesday, November 18, 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. **Last month we had 112 participants!**

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

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

UConn EMS CONTINUING EDUCATION
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

AHA 2020 CPR and ECC Update
Dr. Richard Kamin
Peter Canning, Paramedic, R.N.

Vascular Emergencies
Dr. Kwame Amankwah
Chief of Vascular and Endovascular Surgery
UConn Health

Geriatric Emergencies
Dr. Julius Aguas

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
November 18, 2020 8:30-11:30 A.M.
3rd Wednesday!

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.