UCONN HEALTH

Emergency Medical Services Partners



March 2021, Issue 124

health.uconn.edu/ems

UCONN Virtual CMEs Resume March 17

Our monthly EMS CMEs will resume Wednesday March 17, 2021 via WEbex from 8:30-11:30 A.M. Those



who attend can receive a certificate good for 3 hours CME. We will be joined this month by UConn's Infectious Disease expert, Dr. David Banach, who will answer questions about vaccines and the new COVID variants. If there are any particular questions you would like to ask him, please email those questions to Peter Canning at <u>canning@uchc.edu</u> or speak up during the session. Other topics for March will include Penetrating Trauma, Trauma Destination, Case Reviews, Research Corner, Stroke and STEMI reviews. Use the following link for our monthly CMEs:

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

The same link works every month. We hold monthly CMEs every month except January, February, July and August. Hope to see you on the 17th!

Visitor Restrictions Eased for ED

Effective March 2, 2021 patients in our emergency department are allowed **one adult visitor** or an additional number as permitted/requested by care team.





Mission: Lifeline

Trauma Levels of Care

There are four levels of trauma care: Level I and Level II centers take care of the most severely injured patients. Level III centers generally treat moderately injured patients, but have the capability of treating



severely injured patients before transferring them to a Level I or II center.

Level IV is for rural hospitals.

Only 12 of Connecticut's 29 Acute Care Hospitals have trauma designations. Saint Francis Medical Center, Hartford Hospital, Connecticut Children's Hospital (CCMC) are level I centers. **UConn John Dempsey is currently seeking designation as a Level III Center.**

State law requires EMS to transport certain injured patients directly to a Level I or Level II trauma center. These patients can be accepted at UConn JDH if they are too unstable to safely reach a Level I or II center. Other less severely injured patients can be transported to non-Level I or II centers with guidance from medical control.

When EMS patches to JDH with these case, it is important to ask for medical control when you initially request the path. Failure to ask for medical control will cause the triage nurse to pause the call while an MD is brought to the phone.

UCONN, which has extensive neurological services, will routinely accept patients on blood thinners who fall and strike their head.





Thrombectomy!



American Medical Response paramedic Jack Gartley and his EMT partner Joshua Hall prenotified UConn Health John Dempsey Emergency Department with a STROKE ALERT for a man who had altered mental status, facial droop, right sided weakness, and was unable to speak. A Tier 1 stroke alert was initiated prior to the patient's arrival. The

stroke team ED team met the patient and EMS crew in CT scan where advanced imaging demonstrated a left M1 occlusion and RAPID Perfusion showed appropriate mismatch in the left cerebral hemisphere (brain at risk to be saved). Because the patient was on Pradaxa, he was ineligible for tPA. The decision was made to bring the patient to the Hybrid OR for a Thrombectomy. Dr Ketan Bulsara performed the procedure and was able to get near reperfusion (TICI 2b) of the brain. The patient then transferred to the Neuro ICU. The patient has demonstrated great improvement during his rehabilitation thanks to the great work of our EMS/JDH stroke team partnership. Great team work all!





Post– Procedure blockage

EMS STROKE ALERTS

Key Questions/Interventions/ Documentation.



Please include the following in your radio patches and documentation:

- 1. Last Known Time Without Symptoms
- 2. Cincinnati Stroke Scale
- 3. Blood Glucose Tested
- 4. Acute Stroke Alert Called to Hospital*

*Remember: Early Notification Saves Lives!

STEMI!



Bristol EMS paramedic Scott Bullard and his partner Ashley Wagoner responded for a patient with crushing substernal chest pain. Bullard did an immediate 12-Lead ECG that revealed inferior- ST elevation with reciprocal change. He



called in a **STEMI Alert** to UConn John Dempsey Hospital, activating the cardiac cath lab prior to the patient's arrival. In the lab, the cardiology team found the patient had an occluded Right Coronary Artery (RCA), which was successfully cleared and stented, restoring perfusion. 51 **D2B/84 FMC**





responded for a patient with sudden onset of severe substernal chest pressure radiating down his left arm. Stewart did an immediate 12-Lead ECG that revealed inferior-lateral ST elevation with reciprocal change. She called in a possible **STEMI Alert** to UConn John Dempsey Hospital, activating the cardiac cath lab prior to the

patient's arrival. The Cardiology team found the patient had an occluded Left Circumflex Artery (LCX), which was successfully cleared and stented, restoring perfusion. **62 D2B/87 FMC**.



 American Medical Response paramedic Benjamin Kegler and his partner Lauren Anderson responded for a patient with an aching sensation in her back. A rapid 12-lead ECG revealed the patient

was having an inferior myocardial infarction. Kegler called in a **STEMI Alert**, activating the cardiac cath lab. In the lab, the patient was found to have occluded

right coronary artery, which was successfully cleared and stented, restoring perfusion. 61 D2B/85 FMC. Great job all!



EMS SWORD Data

EMS responders in Connecticut have reported over 8,000 suspected opioid overdoses since the SWORD program went statewide in June of 2019. The data is being used in many ways from providing early warning of strong batches to in depth study of who and where people are overdosing. Here is an example of recent research on the side effects of different naloxone doses.

Using SWORD data we examined the rate of side effects from single dose naloxone administration for suspected opioid overdose in Hartford, Connecticut for the period of June 1, 2019 to December 31, 2019.

Results:

A total of 239 suspected nonfatal overdoses in the city of Hartford were reported to the Connecticut Poison Control Center during the study period of 7 months in which only a single dose of naloxone was administered. Of these 239 overdoses, 179 received the dose by the intranasal (IN) route, 40 by the intravenous route (IV) and 20 by the intramuscular (IM) route. 30.5% of patients suffered adverse side effects (nausea, vomiting, agitation, and other withdrawal symptoms); 17.5% had side effects when the dose was given IV; 30% had side effects when given IN; and 33.5% had side effects when given IN. 20.5% of those who received 2 mg IN (7 of 34) had side effects versus 38.1% who received 4 mg IN (53 of 139). 6

patients who received doses of 0.5 mg (1) and 1 mg (5) via the intranasal route suffered no adverse effects. **Conclusions:**

33.5% of suspected opioid overdose patients suffered adverse effects after receiving a single dose of naloxone. **Patients receiving 4 mg IN were nearly twice as likely as those receiving 2 mg IN to suffer adverse effects.** EMS services who respond to the scene of an opioid overdose, should consider the potential for side effects when determining the route of naloxone administration. For those services who only administer naloxone via the intranasal route, consideration should be given to using the 2 mg dose instead of the 4 mg dose provided rescuers are able to ventilate the patient with a bag-valve mask while waiting for the naloxone to take effect.

COVID-19 in Decline

COVID cases plummeted in February. This has been attributed to increased vigilance with mask wearing and social distancing as well as the effect of vaccinations, particularly among the elderly. Recently at UConn none of our admitted COVID patients were over the age of 60. While the drop is cause for celebration, it is not cause for relaxation. There is still concern about possible variants that may be either more transmissible, cause more serious illness or be less susceptible to

current vaccines. Please keep your guard up, wear your masks, social distance when possible, and get vaccinated. The chart below shows UConn Health COVID-19 hospitalizations from last March to March 1, 2021 and EMS transports to our ED since December 1, 2020 (those admitted and those discharged from the ED).



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PARKINSON'S DISEASE VIRTUAL SYMPOSIUM

DATE AND TIME: Saturday, March 27, 2021 8:00 a.m. - 12:00 p.m.

PARTICIPANTS Healthcare professionals

LOCATION Virtual Symposium

CONTACT INFORMATION Jennifer Pickert, BSN RN, EMTP | parkinsons@uchc.edu | 860.679.4888 Registration: h.uconn.edu/Parkinsons

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Parkinson's Symposium good for 4 hours EMS CME

UConn EMS CONTINUING EDUCATION



COVID-19 Update David Banach, MD



Penetrating Trauma TBA, MD

Case Reviews/Research Review Dr. Richard Kamin/Peter Canning, Paramedic, R.N.

Stroke, STEMI Review

(3 Hours CME) For Questions: email Peter Canning at <u>canning@uchc.edu</u>

ALL EMS RESPONDERS WELCOME Online Virtual CME March 17, 2020 8:30-11:30 A.M. 3rd Wednesday!

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

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 2021



March 17, 2021 April 14, 2021 May 19, 2021 June 16, 2021 September 15, 2021 October 20, 2021 November 17, 2021 December 15, 2021



8:30-11:30 A.M. (Wednesdays) All CMEs until further notice will be virtual CMES.

3 Hours CME ALL EMS RESPONDERS WELCOME

Use this link:

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

Refresh2021- Free ON Demand CAPCE Approved NREMT Refresher for All EMS Levels

Over 12,000 EMS professionals nationwide have already signed up for this online on demand refresher being offered free to EMS by some of the nation's top EMS educators in thanks for EMS service during this difficult year of COVID.



Free. Online. On Demand. @Refresh2021 EMT/Paramedic Refresher NREMT's NCCP Program 30 National Hours

Sign up at:

https://www.prodigyems.com/ refresh2021

Highly recommended. Available only until March 31, 2021.

CONTACT US:

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

Contact EMS Coordinator Peter Canning at <u>canning@uchc.edu</u> or call (860) 679-3485.

