



**Emergency Medical Services**  
*Partners*

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**The AHA on Naloxone in Cardiac Arrest**

In a new paper, the American Heart Association writes: “naloxone does not have a likely benefit in patients with confirmed cardiac arrest who are receiving standard resuscitation, including assisted ventilation, and there are some reasons to suspect that this practice may cause harm by increasing cerebral metabolic demand at a time of hypoxemia and acidosis...If the patient is definitely pulseless and receiving standard resuscitation, including assisted ventilation, naloxone is unlikely to be beneficial. Because there is a theoretical basis for harm, standard resuscitation alone is indicated.”

The AHA document makes a distinction for lay people and for medical responders who are unable to determine if a suspected opioid overdose patient is pulseless. In these situations, they say, “Clearly, some patients present with respiratory arrest and faint or difficult-to-palpate pulses; these patients are likely to benefit from naloxone” and “Opioid antagonism... is always reasonable and should be delivered along with CPR when it is uncertain whether the patient is pulseless.”

**Bottom Line:** Paramedics should not deliver naloxone to patients in confirmed cardiac arrest. It will do no good, and may cause harm. Laypeople and BLS providers should deliver naloxone to patients whose pulses they cannot feel and who they have reason to believe might have pulses. The benefits here outweigh the harms.

Dezfulian, C., Orkin, A. M., Maron, B. A., Elmer, J., Girotra, S., ... Lavonas, E. J. (2021). Opioid-Associated Out-of-Hospital Cardiac Arrest: Distinctive Clinical Features and Implications for Health Care and Public Responses: A Scientific Statement From the American Heart Association. *Circulation*, 143(16). <https://doi.org/10.1161/cir.0000000000000958>

**Stroke: BE-FAST**

**B E F A S T**

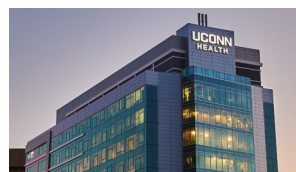
- Balance:** Does the person have a sudden loss of balance?
- Eyes:** Has the person lost vision in one or both eyes?
- Face:** Does the person's face look uneven?
- Arms:** Is one arm weak or numb?
- Speech:** Is the person's speech slurred? Does the person have trouble speaking or seem confused?
- Time:** Call 9-1-1 now!

The Cincinnati Stroke Scale has been the bedrock of EMS stroke assessment for over two decades. Patients with two signs have a 72% percent chance of having a stroke, those with all three signs are estimated to have an 85% chance of having a stroke. Yet it is important to note that those patients who score zero (0) on the Cincinnati Stroke Scale, may still be having a stroke. EMS professionals should also consider patients with sudden balance or vision problems, particularly if these patients have stroke risk factors. According to recent research, using BE FAST (Balance, Eyes, Face, Arm, Speech, Time), which adds Balance and Eyes to the Cincinnati scale, can increase the chance of positive stroke recognition to 95%. Add Balance and Eyes to your stroke assessment and don't forget to call in a **Stroke Alert** as soon as possible, preferably from the scene, after recognizing a possible stroke. In your patch don't forget to include blood glucose and last known well time.

Aroor S, Singh R, Goldstein LB. BE-FAST (Balance, Eyes, Face, Arm, Speech, Time): Reducing the Proportion of Strokes Missed Using the FAST Mnemonic. *Stroke*. 2017 Feb;48(2):479-481. doi: 10.1161/STROKEAHA.116.015169. Epub 2017 Jan 12. PMID: 28082668.



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Lifeline®**





## EMERGENCY STROKE CARE CONFERENCE

**SAVE THE DATE**  
**Thursday, June 10, 2021**  
 8 a.m. - 4 p.m.

**Register Today!**  
[h.uconn.edu/strokeconference](http://h.uconn.edu/strokeconference)

Free Academic Conference Virtual Conference

## UConn EMS CONTINUING EDUCATION 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>

## UConn EMS CONTINUING EDUCATION




**25 Patients:**  
**From Abdominal Pain to Ventricular Assist Devices;**  
**A Review of the State Protocols Through Case Studies**  
*Richard Kamin, M.D.*  
*Peter Canning, Paramedic, R.N.*

**(3 Hours CME)**  
 For Questions:  
 email Peter Canning at [canning@uchc.edu](mailto:canning@uchc.edu)


**ALL EMS RESPONDERS WELCOME**  
 Online Virtual CME  
 May 19, 2021  
 8:30-11:30 A.M.  
 3rd Wednesday!

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



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

Over 16,000 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.

## 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](http://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](mailto:canning@uchc.edu) or call (860) 679-3485.