

Emergency Medical Services *Partners*



March 2022, Issue 130

health.uconn.edu/ems

UConn Named AHA Certified Thrombectomy Center

The UConn Health Stroke Center has attained advanced certification by The Joint Commission as an **Advanced Thrombectomy-Capable Stroke Center**. This means that the UConn Health Stroke Center provides the next generation of stroke care and has met The Joint Commission's high standards in providing stroke care. UConn is 1 of 4 hospitals in CT to reach the elite status above a Primary Stroke Center.

A thrombectomy is a type of minimally invasive surgery that removes a blood clot from an artery. In the case of a stroke, a cerebral thrombectomy removes the clot from an artery in the brain.

The UConn Health Stroke Center underwent a rigorous, unannounced onsite review. During the visit, a team of Joint Commission reviewers evaluated compliance with related certification standards. Joint Commission standards are developed in consultation with health care experts and providers, measurement experts, and patients. The reviewers also conducted onsite observations and interviews.

"We congratulate UConn Health for this outstanding achievement," says Nancy Brown, chief executive officer, the American Stroke Association. "This certification reflects its commitment to providing the highest quality of care for stroke patients."



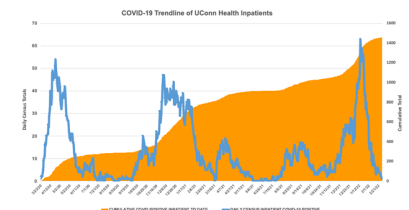
New Visitor Policy

Due to decline of COVID cases in Connecticut, our new ED visitor policy is as follows:

Emergency Department (ED): One adult visitor per patient during ED visit, 24/7. The visitor may exit, re-enter, and swap with one other designated adult visitor at the discretion of the clinical care team (for a total of two). The time and duration of the visit may be limited at the discretion of the clinical care team.

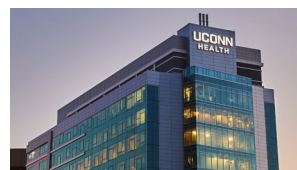
COVID Watch

COVID cases have declined dramatically in recent weeks, offering hope for an end to the pandemic. In the meantime, please continue to be vigilant, mask yourself and your patients while at work, wear proper PPE. Stay safe.



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

**Mission:
Lifeline®**



**PRIMARY STROKE
CENTER CERTIFICATION**
American Heart Association
American Stroke Association
CERTIFICATION
Meets standards for
Primary Stroke Center

Elderly Trauma

Older Americans, our fastest growing population group in the United States, are more likely to experience trauma and to have worse outcomes after a trauma.

Here are some of the reasons our elderly are at higher risk:

- Increased Fall Risk (due to balance and syncope)
- More prone to head injury
- May forget injury (chronic confusion)
- Decreased pain sensation
- Osteoporosis (Fragile bones and lack of mass)
- Narrow Spinal canal
- Decreased ventilation capacity
- Decreased cardiovascular and respiratory reserves
- Diminished kidneys (can't respond to hypotension)
- Medications (Beta Blockers) may mask signs of shock
- Many on Blood thinners
- Increased risk of hypothermia



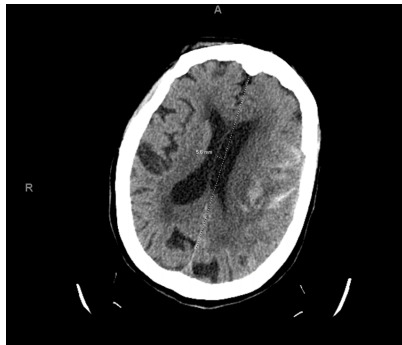
Under-triaging may be the single most important modifiable factor associated with mortality and morbidity in our trauma systems. Extra consideration should be given to adults aged 55 and over when considering where to triage them following traumatic injury. When transporting to **UConn John Dempsey Hospital**, please be sure to call in a **TRAUMA ALERT** or **HEAD INJURY ALERT** if applicable.

Trauma Case of the Month

EMS recently responded to an elderly patient who sustained a low fall with a blow to the head and side of her face.

The patient, who was not on blood thinners, presented as nonverbal (different from her norm) but was able to follow commands.

While the patient's initial vital signs were not extraordinary, (BP-142/82, P-82, RR-16, SAT – 98%, BGL-108), EMS recognizing the patient's possible injury severity called in a **TRAUMA ALERT** to **UConn John Dempsey Hospital**.



Shortly after the patient began vomiting and their blood pressure rose to over 200 systolic. On arrival, the patient was rushed to the CT scan, which showed a large left cerebral hemisphere hematoma centered in the left frontal lobe. A small amount of adjacent subarachnoid hemorrhage was also present. Even a fall from standing with a head strike can have devastating consequences for an elderly patient. This risk is even greater for those patients on blood thinners.

HEAD INJURY ALERT

In addition to a standard trauma alert, **UConn John Dempsey Hospital** utilizes a trauma activation category: **HEAD INJURY ALERT**.

The criteria for the **HEAD INJURY ALERT** includes:

Fall from < 20 feet within the past 24 hours
*On anticoagulation or antiplatelet medication**
GCS of 14 – 15
Evidence of isolated head injury.

EMS should use the words “**HEAD INJURY ALERT**” in your CMED radio patch when bringing these patients to **UConn John Dempsey Hospital**.

* Activation is not required for aspirin.

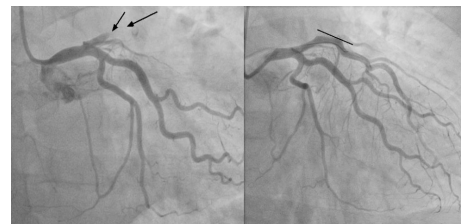
Medical Control for Trauma Destination

Whenever in doubt about proper patient destination for trauma patients, do not hesitate to contact medical control for patient acceptance or destination guidance.



STEMI Kudos

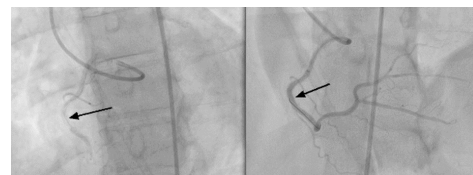
Canton EMS paramedic Brien LaForge and his partner Cody Lemieux responded for a patient with sudden chest pain with diaphoresis while attending a sporting event. They did a 12-lead ECG which revealed ST elevation in the anterior leads. They called in a STEMI ALERT to **UConn John Dempsey Hospital**, which resulted in activation of the cardiac cath lab. The patient had an occluded Left Anterior Descending Artery (LAD), which was successfully stented and cleared. **48 Minutes Door-to-Balloon/92 Minute First Medical Contact-to-Balloon.**



American Medical Response paramedic Mathew Nardoza and his partner Matthew Kresel responded for a patient with sudden chest pain discomfort radiating into his left shoulder and jaw that woke him from his sleep. They did a 12-lead ECG which revealed ST elevation in the inferior leads. They called in a **STEMI ALERT** to **UConn John Dempsey Hospital**, which resulted in activation of the cardiac cath lab. The patient had an occluded Right Coronary Artery (RCA), which was successfully stented and cleared.

63 Minutes Door-to-Balloon/90 Minute First Medical Contact-to-Balloon.

American Medical Response paramedic Keith Dauplaise and his partner Sean Connelly responded for a patient with sudden substernal chest pain radiating into his left jaw that came on while shoveling snow. They did a 12-lead ECG which they transmitted to **UConn John Dempsey Hospital**, which resulted in activation of the cardiac cath lab. The patient went into ventricular fibrillation in the ED and was successfully defibrillated X 1 and taken to the lab where the team found the patient had an occluded Right Coronary Artery (RCA), which was successfully stented and cleared. **45 Minutes Door-to-Balloon/74 First Medical Contact-to-Balloon.**
Great job all!



STEMI Reminder

Apply Defib pads to any patient having a STEMI and do not detach the patient from the monitor in the ED until the patient has been attached to the ED's monitor. STEMI patients are at high risk for sudden VT/VF.



24 Hour Stroke Window

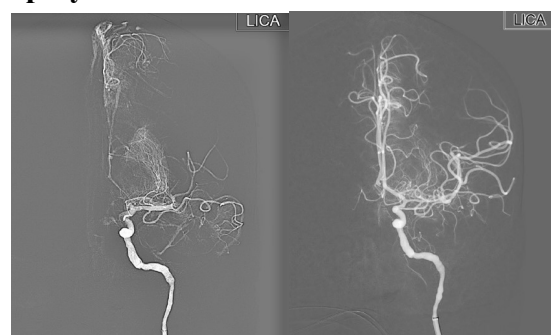
Stroke is a time sensitive disease. Here at the **UConn John Dempsey Hospital**, our stroke window is **24 hours.**



While TPA can only be given within 3 hours and up to 4.5 hours for a select group of patients, thrombectomy (with positive imaging) can be performed up to 24 hours after last known well time (LKWT). All suspected strokes within 24 hours of LKWT should be transported priority one to save brain. The sooner a patient gets TPA and/or thrombectomy, the better statistically their outcome will be. In other words, two hours is better than two and a half hours. Seventeen hours is better than eighteen hours.

Thrombectomy

Before and after images from thrombectomy patient brought in to **UConn John Dempsey** by **Bristol EMS** showing improved cerebral perfusion post procedure for patient who was beyond the tPA window.





UConn EMS CONTINUING EDUCATION 2022



State Protocol Update

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



The Ketamine and Restraint Controversy

Dr. Alec Freling

Case Reviews

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

Stroke, STEMI, Trauma Review

CT SWORD Update: Latest Trends

Peter Canning, Paramedic, R.N.

(3 Hours CME)
CTOEMS-2022-230

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

ALL EMS RESPONDERS WELCOME

Online Virtual CME

March 16, 2022 8:30-11:30 A.M.
3rd Wednesday!

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



UConn EMS CONTINUING EDUCATION 2022



March 16, 2022

April 20, 2022

May 18, 2022

June 15, 2022

September 21, 2022

October 19, 2022

November 16, 2022

December 21, 2022

(3 Hours CME)
CTOEMS-2022-230

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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