UCONN Stroke Conference—June 9, 2022

UConn will once again be hosting our annual Emergency Care Stroke Conference. The date will be Thursday, June 9, 2022. It is a free academic conference with up to 8 Hours CME for EMS. The conference will be offered virtually to all outside attendees. Topics include: The Perfect EMS LVO Stroke Scale/EMS Stroke Care: The First Hour, Stroke Mimics, Tenecteplase vs. Alteplase, Management of Stroke: Lessons Learnt in the Skull Base, Cerebrovascular Microsurgery & Endovascular Era, Acute Stroke Imaging & CT Perfusion, Neuroprotection in the Reperfusion Era and Diagnosing and Treating Patients with Posterior Circulation Strokes.

Stay tuned for registration instructions.

Cardiac Arrest Save

UConn Health Firefighter/Paramedic Nicole Butler and Firefighter/EMT Jonathan Raiola responded on campus for a patient with difficulty breathing in their car. They placed the patient in the ambulance and the patient went into cardiac arrest. The crew, assisted by UCPD Sergeant Jacqueline Twiss and Sergeant Nicholas Catania, performed CPR and transported the patient to the UCONN JDH Emergency Department. The patient regained pulses in the ED and was discharged home with full neurological function eleven days later after receiving treatment for ESRD and cardiac disease. Great job all!

Sepsis

Sepsis is a systemic inflammatory response due to infection, often resulting in significant morbidity and mortality. Severe septic shock must be treated aggressively. Initiate up to two large-bore IVs. Rapidly administer normal saline or Lactated Ringers to maintain systolic blood pressure >90 mmHg OR MAP >65 mmHg in 500 mL boluses. Total volume should not exceed 4,000 mL. Please document the amount and rate of fluid given in your PCR as well as relaying that information to the ED staff on turnover.
Stroke Imaging shows area at risk (Green) providing indication for thrombectomy.

Pre and post thrombectomy images, showing restored blood flow.

Thrombectomy NIH 16—>4!
Granby EMS paramedic Alan Sklar and his partner Richard Bergen responded for a female who had fallen out of bed during the night and who was now unable to move her left arm, along with having facial droop and slurred speech. The EMS crew called in a prehospital STROKE ALERT to UConn John Dempsey Hospital. The patient went directly to CT. The patient had a last known well of the night prior and was out of the TPA window. Advanced imaging showed right MCA M1 segment occlusion & Cerebral Perfusion Study showed appropriate mismatch (brain at risk still able to be saved). The patient was then taken to the Hybrid OR as a Tier 2 Thrombectomy Alert. Dr. Abner Gershon performed a Mechanical Thrombectomy of the right MCA M1 segment clot, and a TICI 3 FULL reperfusion was established. The patient was transferred to the Neuro ICU. The patient did very well and was discharged five days later to a Rehab Facility with her NIHSS down from a 16 on admission to a 4 and should continue to improve with rehab!
EMS STEMI REPORT-RBBB with STEMI/Stent and CABGX2
Bristol EMS paramedic Scott LaMarre and his partners Scott Crittenden and Joseph Sinkiewicz responded for a patient with increasing dyspnea and chest pain. They did a 12-lead ECG which revealed a Right Bundle Branch Block (RBBB) with ST elevation in V2-V6. Unlike Left Bundle Branch Block (LBBB), a Right Bundle Branch Block does not obscure ST elevation. The crew called in a STEMI ALERT to UConn John Dempsey Hospital, which resulted in activation of the cardiac cath lab. In the lab, Dr. Michael Azrin and team found the patient had severe triple vessel disease as well as an occluded LAD (Left Anterior Descending Artery), which was successfully stented and cleared. To further support the patient’s blood pressure and intra-aortic balloon pump was placed. The patient later underwent coronary artery bypass graft surgery X 2. The patient is doing well, recovering in the ICU. Great work all!

EMS STEMI Report-LAD Occlusion
Canton EMS paramedic Tom Latosek and his partners Christopher Livesey and Kendell Bilts responded for a patient with substernal chest pain accompanied by vomiting. Latosek did a 12-lead ECG, which revealed ST elevation in the anterior leads. The crew called a STEMI ALERT and transported the patient to UConn John Dempsey Hospital, where in the cardiac cath lab, Dr. Immad Sadiq and team found the patient had an occluded Left Anterior Descending Artery (LAD), which was successfully stented and cleared. The patient did well post-procedure. Great job all! 55 Minute Door-to-Balloon/86 First Medical Contact to Balloon.

Great Job EMS!
The above are just two of the many recent STEMIs brought into UConn John Dempsey Hospital in 2022. To date 94% of the prehospital STEMIs we have received have come with prenotification, many with advance notification in the 20-30 minutes range. Each minute of prenotification, particularly on weekends and nights, can represent a minute of salvaged heart tissue. Cast a wide net in doing 12-Leads. Do a 12-lead at patient contact, when transporting and when arriving at hospital. Call in STEMI Alerts with Medical Control! Remember Early Notification Saves Lives!
Stroke Care
Dr. Sanjay Mittal

Pediatric Airway and Strider Emergencies:
Dr. Kathryn Schissler

Case Reviews:
Dr. Richard Kamin
Peter Canning, Paramedic, R.N.

Stroke/STEMI/Trauma Reviews
Peter Canning, Paramedic, R.N
Karl Schmidt, R.N, Trauma Coordinator
Jen Sposito Stroke Coordinator

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

ALL EMS RESPONDERS WELCOME
Online Virtual CME-CTOEMS-2022-230
May 18, 2022
8:30-11:30 A.M.
3rd Wednesday!

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

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.

For news, educational information, CME schedule and past copies of our newsletter Partners, check out our website at:
health.uconn.edu/ems