quarterly edition

ems insight

Winter 2012

Provided by emergency medical solutions, llc

New Year's Resolutions

Even though January 1st has come and gone, it's not too late to set some resolutions or goals for yourself, or your EMS agency, for the new year. While the traditional resolutions of "getting in shape" or "quitting smoking" are great personal goals, try to also think of some EMS goals for either yourself, or your EMS agency.

Increasing your personal/agency safety is an easy goal to accomplish. For instance, set a personal goal to always wear safety glasses on each call that you are on. On a larger scale, promote safety in your ambulance by decreasing (or eliminating) "projectiles" in both the patient compartment and the driver's compartment. This means putting the extra BP cuff in a drawer/cabinet, seat belting your EMS bags to the cot bench (or putting them all in a cabinet) and/or wearing your seat belt as much as possible while with your patient (yes, WE can also become projectiles!).

From an administrator's standpoint, maybe increasing communications should be your resolution. How many members know about your agency's local EMS committees? Have they ever seen the committee's minutes…do they know there's a website? Increase your agency's communications by posting various committee minutes at your regular meetings (or on a station bulletin board) and share what's happening around the area in EMS.

Heck, the whole purpose of this publication came about because of a lack of communication by EMS educators! Make your own quarterly publication for your EMS agency (or have someone who knows about Word and Publisher help you out!)…share your agency's information with its members, or even make a "public" version to share with the community!

In the end, set some goals for 2012…don't let complacency rule your agency and suggest some changes to make your members stronger, smarter, and safer (and yourself, too)!

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Quality EMS Education for BLS Providers

(ALS Providers Also Welcome!)

When:	Saturday, April 7, 2012	Where:	Townline Pub & Grill Green Bay (Suamico), WI 2544 Lineville Rd. Green Bay (Suamico), WI
Times:	**8AM** Registration, **9AM-5PM** Symposium		
Audience:	**All EMS Providers** (Primarily BLS Content)		
CME Hours:	**5 Hours** (Approximate)		
Registration Deadline:	Saturday, March 17, 2012		

www.titletownems.com

Topics:
Neonatal Resuscitation & Care
Patient Care Beyond the Ambulance
MVA Size-Up & Vehicle Safety for EMS
Medical Director Case Studies
Perfusion (A BLS Look at Cardiac Care)
** Topics may be subject to change. Updated topics will be posted online if changes are made. **

4.7.12

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Find event & registration information online at:

www.titletownems.com

learn responsibly

What To Do With "The New Guy"

One of the worst things that we can do (and commonly regularly do) is throw our new members right into the rotation starting on "day one."

This is a horrible idea…a dangerous idea…and a lazy idea!

Aside from the various policy & procedure aspects of EMS (let alone their differences in each EMS agency), there's a number of operational issues that new members need to be aware of before they're on the schedule as your new EMT or Paramedic.

Even in volunteer agencies, developing somewhat of a "recruit academy" is essential to providing a successful atmosphere for not only your new members, but to your organization as a whole! In smaller/volunteer agencies, much of this will simply have to take place over an extended period of time because of full-time jobs, personal schedules, etc. In larger/full-time agencies, the process for a full-time Paramedic should take at least one week! That's right, at least one week! All of this, of course, is not counting a "probationary" period to follow!

Considering how adults learn, much of this training/familiarization should be done in a small-group or individual one-on-one format. Simply having your new member start riding as an "extra" on their first day is a pretty lazy way to start them off…instead, (as a Director) meet with your new member(s) and establish a strong working relationship with them. Either personally take charge of their "academy," or assign one other person to complete this task (ie: Training Director, etc.).

Management

& Oversight

As many of us have already learned in our EMS career, there's a difference between "the book" and "the field" for many instances…as new members, they still need to learn "the book" in order to become comfortable enough to adapt to "the field." Simply assigning a new member to a crew on their first day is not the best method to accomplish this.

Without writing an entire manual on the subject, here's a brief and quick outline of some of the topics that each "recruit academy" should entail:

- Agency/EMS system overview
- Local ED familiarization
- Streets/districts/mapping
- Radio/phone communications
- Ambulance operations & safety (and driving)
- Equipment orientation
- Protocol & medication familiarization
- Skills performance review/assessment *(that's right…make sure they actually know how to <u>do</u> some of their required skills!)*

Seeing all of this, as you can imagine, involves a lot of time and commitment not only on the behalf of the new member(s), but on the entire agency as well. The end result of a successful "recruit academy" or training program, moreover, is due in part to dedicated planning, purposeful involvement, and positive influence. Providing all of this to your new member(s) provides them with a successful path to follow to not only benefit themselves, but your agency as a whole.

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Stay Safe!

Get the "KED board"

While in a MVA setting, this might actually apply appropriately (or in a fall situation), but in most others, it would make no sense…unless it's your service's "safe word."

As a matter of personnel safety on a scene, each agency should have its own "safe word" that a crew member can say that indicates an unsafe or dangerous situation requiring immediate evacuation of the residence/scene, as well as notification for a law enforcement response. Thus, the "KED board."

As an example, telling your other crew members to "get the KED board" while on scene with an agitated patient, family members, or bystanders, is a simplistic way of telling them that you don't think that the scene is safe, and that you should leave immediately! While the "KED board" could be interchanged with a number of different terms, it's a relatively "safe" word to use because of its context…we all know that it would make no sense to actually get the KED board on about 99% of our calls! It also sounds less suspicious and "official" than the outdated "10-codes" and "code-3" terms of the past.

In such instances, clear guidelines should be set in place that directs crew members to immediately (and safely) leave the scene, return to the ambulance, drive away from the scene, and contact the dispatch center to send law enforcement. While the thoughts of patient neglect and abandonment may cross our minds, we're all well within our rights to leave an unsafe scene. Doing so, as you can imagine, requires descriptive and full documentation of the event by all members on scene (CYA to the fullest!).

Having a "safe word" in place is more effective (and safe) than trying to assemble your crew, leave the scene (while they're trying to figure out "why"), and decrease radio communications while in front of your patient. It's a great way to promote scene safety within your agency, and to promote personal safety for yourself!

Product Showcase

EMS Apps

As technology evolves, many of our paper reference guides become outdated and quite simply, overwhelmed!

While there's still a great need for some paper documents, charts, and reference guides (and a large under-use for that fact!), there's also been a significant growth in electronic applications for various cell phones, iPods, and other electronic devices.

To name a few, here's some that we've found to be beneficial in the every-day EMS setting:

- Pedi STAT ($2.99) – Excellent for Paramedics!
- Critical Care ACLS Guide ($5.99) – Great for Paramedics! (Informed Publishing has many great apps for all providers)
- Epocrates (FREE) – Great for all providers!
- WebMD (FREE) – Great for all providers!
- WISER (FREE) – Great HazMat guide for all providers!

Once again, these are just a few apps that we've found to be beneficial (and well worth their minimal costs!). As a word of wisdom when purchasing apps…if you need a chart to tell you how to do CPR, or how to follow an ACLS algorithm, then you don't need to buy an app…you need to go back to school!

Training Calendar

Date	Course/Event	City/Location	Time
February 11, 2012 *Saturday*	Small-Scale MCI Tabletop Exercise & MCI Operations	Madison, WI *The Great Dane Pub (Eastside)*	11am-4pm
February 18, 2012 *Saturday*	Small-Scale MCI Tabletop Exercise & MCI Operations	Green Bay (Suamico), WI *Townline Pub & Grill*	11am-4pm
February 25, 2012 *Saturday*	Basic & Advanced ECGs & the EMT Assessment	Wausau, WI *The Great Dane Pub*	11am-4pm
April 7, 2012 *Saturday*	Titletown EMS Symposium	Green Bay (Suamico), WI *Townline Pub & Grill*	8am (Register) 9am-5pm (Event)
May 12, 2012 *Saturday*	Basic & Advanced ECGs & the EMT Assessment	Green Bay (Suamico), WI *Townline Pub & Grill*	11am-4pm

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Training Center

Training Needs Assessment

A new licensure period is nearing, your service is wrapping up its current training calendar, and now you're looking for ideas for the next two years (and you're probably drawing some blanks, too!). Here's a great option to help you prepare your service for the next licensure period: develop a Training Needs Assessment.

This doesn't need to be a ten-page document with hundreds of questions; or even a complicated and specific document that only a Director would have the data to complete…it can be short and simple!

When planning ahead for the next two years, look back at your current training calendar for comparison. Ask your members if the format was acceptable…maybe your monthly two-hour training session should be split between two different topics (such as one hour of adult trauma and one hour of operations), rather than two solid hours of adult medical emergencies? In addition, did you find your service having to "add in" more topics or time? If so, maybe your next calendar should have more "open" days available to accommodate such changes?

Looking at your required topics (ie: trauma, pediatric medical, OB, etc.), ask your members what they want to learn about or focus more attention toward for the next sessions. If you haven't discussed seizures recently, then add it into one of your upcoming "medical emergencies" nights!

In the end, your Training Needs Assessment can easily be consolidated onto one sheet of paper. As an option, have one section asking questions about your training format, and the other section leaving open space for content suggestions for each required topic. As with all surveys, design your questions to encourage more than a "yes" or "no" response, as these replies are rarely of any help! The objective is for your members to actually write in a response…no multiple choice, no "A-B-C-D-E" questions; keep it in a simple fill-in-the-blank format.

As Instructors, Trainers, and Directors, we all have our own ideas and "visions" for our training programs; just don't forget that if our "visions" don't match those of the students, then sooner or later there won't be any students!

Rx Profile

Metformin

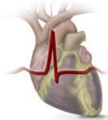
Generic Name: Metformin (met FOR min)
Trade Name: Fortamet, Glucophage, Glucophage XR, Glumetza, Riomet

Class: Antihyperglycemic (oral)
Actions: Oral antihyperglycemic that improves glucose tolerance in type-II diabetics. Decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization. Does not produce hypoglycemia or hyperinsulinemia.
Indications: Type-II diabetes

Contra-indications: Renal disease or dysfunction, hypersensitivity, acute or chronic metabolic acidosis (including DKA) (with or without coma)
Side Effects/Adverse Reactions: Diarrhea, nausea & vomiting, flatulence, upset stomach

Additional Notes: Often a white/off-white color tablet/capsule in either a round or oval shape with a "Z" on one side and one of the following numbers on the other side: 20, 63, 69, 70, 71.

Information obtained from: www.drugs.com/pro/metformin



Education Topic

Cardiogenic Shock

Shock, in general, is commonly seen as a failure of either the "pipes, pump, or fluid." Cardiogenic shock, as a more specific form, is defined as condition where a suddenly weakened heart isn't able to pump enough blood to meet the body's needs; thus, a failure of the "pump."

One of the most common causes associated with cardiogenic shock is an acute myocardial infarction (AMI or heart attack). As the heart's muscle becomes infarcted (loses blood/oxygen flow), it causes its contractile ability to decrease, therefore, leading to a decrease in systole (and later diastole). On its severe end, cardiogenic shock can occur (which is life threatening…just like a heart attack, but with greater mortality). Not all heart attacks, however, digress into cardiogenic shock; only about 7% of heart attack patients develop this condition.

Common EMS treatment options involve volume replacement with Normal Saline (because of hypotension) and the administration of inotropes (such as Dopamine and Epinephrine) to increase cardiac contractile force. In severe cases leading to symptomatic bradycardia, initiation of external pacing may be required in order to sustain enough cardiac activity until more permanent actions can be taken. In-hospital options may also include the installation of ventricular assist devices (VADs).

Information obtained from: http://www.nhlbi.nih.gov/health/health-topics/topics/shock/

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