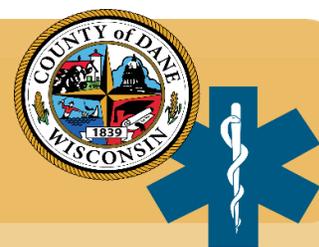


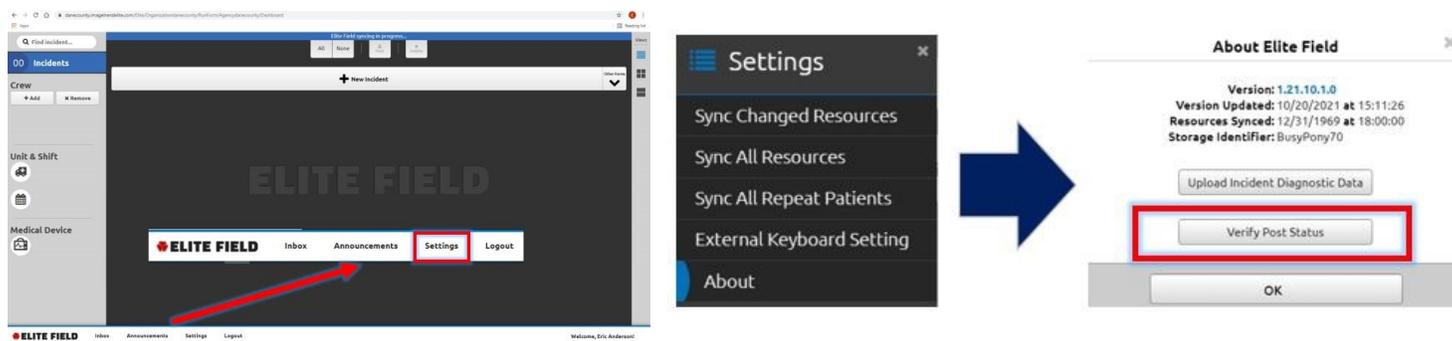
Dane County EMS Newsletter

November, 2021



Prevent the Dreaded Double Post from Elite Field!

Syncing the same incident twice from Elite Field will override any changes made in previously posted events. To prevent this potential override, be sure to do the following prior to logging yourself or other users out of Elite Field: Navigate in Elite Field from *Settings* -> *Verify Post Status*. This will ensure all incidents in Elite Field have successfully posted and could save some extra work from overrides.



November Viz Quiz

You are called to the scene of an active shooter event at an adult Thanksgiving pageant.

- Your first patient is noted to have a penetrating wound to the **RIGHT lower forearm** with brisk red bleeding - see 🩸
- Airway and breathing are intact.
- You decide to place a tourniquet. Where is the best place to place a tourniquet on your patient?



- A. 2 inches distal to wound to help save the hand by keeping blood pooled there
- B. 1 inch proximal to wound
- C. High and tight, as proximal to the wound as you can get
- D. Back in the bag. Patient is going to be tagged **"DECEASED"** so no interventions should be done.

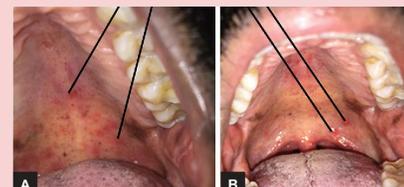
Submit your answers at <https://www.surveymonkey.com/r/CXGZGJK> for the chance to win a prize!

October Follow-Up

Answer: A. Viral

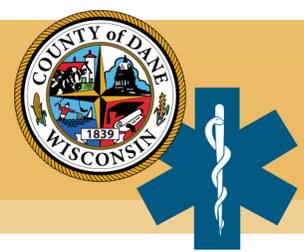
- The pictures of a rash on the patient's hands, feet, and mouth are characteristic of Hand Foot and Mouth disease, which is classically caused by a Coxsackievirus and is typically seen in children < 5 years old.
- The disease course usually presents with symptoms of a typical viral upper respiratory infection i.e. fever, sore throat, and generally not feeling well. Then they may develop the oral sores.
- Some patients will stop eating and/or drinking due to the sores in their mouth being so painful that they become dehydrated!
- These sores may also develop on their hands and feet, but don't need to be present in order to make the diagnosis.

Congratulations to Evelyn from Brooklyn Fire & EMS for winning the October Viz Quiz!



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Case Study

Case: You are paged out for a 6D3, Breathing Problems, for a 4 month old boy. History obtained upon arrival on scene is that he is an otherwise healthy 4 month old, bom at term, without any complications who has had 3-4 days of cough and nasal congestion. No measured fevers. Today, he has been having increased difficulty breast feeding, seems to be breathing faster, and has been sleeping most of the day. On your exam, he is alert but tachypneic with a heart rate of 175 and pulse ox of 88% on room air.

Respiratory syncytial virus (RSV) is a common cause of respiratory tract infections in children, with peak season being November through April in the USA. Each year in the US, it is estimated nearly 60,000 children younger than five years old are hospitalized due to RSV with the greatest risk being in premature infants, those younger than 6 months old, those with chronic lung or cardiac disease, or those with weakened immune systems. Virtually all children will have had RSV by the time they are two years old, but fortunately, most of the time RSV will only cause a mild, cold-like illness. However, around 2% of kids less than 6 months old who get RSV will require hospitalization for airway and breathing support, secondary to bronchiolitis (inflammation of the smaller airways of the lung) and/or pneumonia.

It should be noted that although kids will typically show symptoms of RSV such as runny nose and cough, infant less than 6 months old may only have irritability, decreased activity or appetite, or apnea. Fevers may not always be present.

The treatment is primarily supportive, with main strategies of hydration and oxygenation. Children with bronchiolitis can become dehydrated secondary to their increased respiratory rate, fever, and poor feeding caused by difficulty breathing and nasal secretions. Oxygen saturation goal would be greater than 90%. A single trial of bronchodilator is reasonable but in general is not recommended or helpful and only should be continued if child has prompt favorable response. Steroids and antibiotics are not indicated and over the counter decongestants have not been found to be beneficial (and should NOT be used in children <2 years old). Nasal suctioning, particularly before eating, can be helpful. There is currently no vaccine available. Transmission is primarily direct person-to-person via large droplets or via fomite contact (can last up to 6 hours on certain surfaces!) so hand washing and surface cleaning is critical.

<https://www.cdc.gov/rsv/high-risk/infant-young-children.html> ; <https://www.aafp.org/afp/2011/0115/p141.html#afp20110115pl41-b6> ; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4170875/>

Protocol Quiz

Want to test your Dane County EMS Protocol knowledge? The newsletter will feature a different topic each month for members to test their familiarity with protocols. This month's topic is General Pediatric care. Take the quiz [here!](#) For more information on this topic or for correct answers, reach out to our office or your agency's training director.

Sign up for Dane County Emergency Notifications



Dane County EMS hosted a Train the Trainer session for HPCPR. Thank you to all our instructors and attendees!

HPCPR – Case Vignette of the Month

Case Study: You are paged to a 24D6, Pregnancy/Childbirth with CAD noting that mother was 38 weeks along, just delivered baby at home with support of midwife via vaginal delivery. Mother is stable, but infant was cyanotic and not breathing upon delivery. Midwife is currently doing compressions on infant.

Discussion:

- How does the patient being a neonate impact your management of suspected cardiac arrest?
- What are your priorities in caring for this patient?
- What resources do you need to support caring for the neonate?

Upcoming Events and Training

11/18, 6:30-8:30pm - SSM Health Monthly Training: To Err is Human: Cognitive Bias and Stress in EMS

Register at <http://bit.ly/ssmemstraining>

11/20, 8am - DCEMS EVOC Driving Range
Register through your director or training director

11/30, 6-7pm - UW Health, Burn Treatments
Register at uwhealth.org/burneducation

If issues are encountered with hyperlinks, copy and paste URL into browser.

Thank you for reading! For questions, comments, or feedback you can contact the DCEMS office at dcems@countyofdane.com or by calling 335-8228. All other staff contact information can be found at em.countyofdane.com/EMS/contactus.