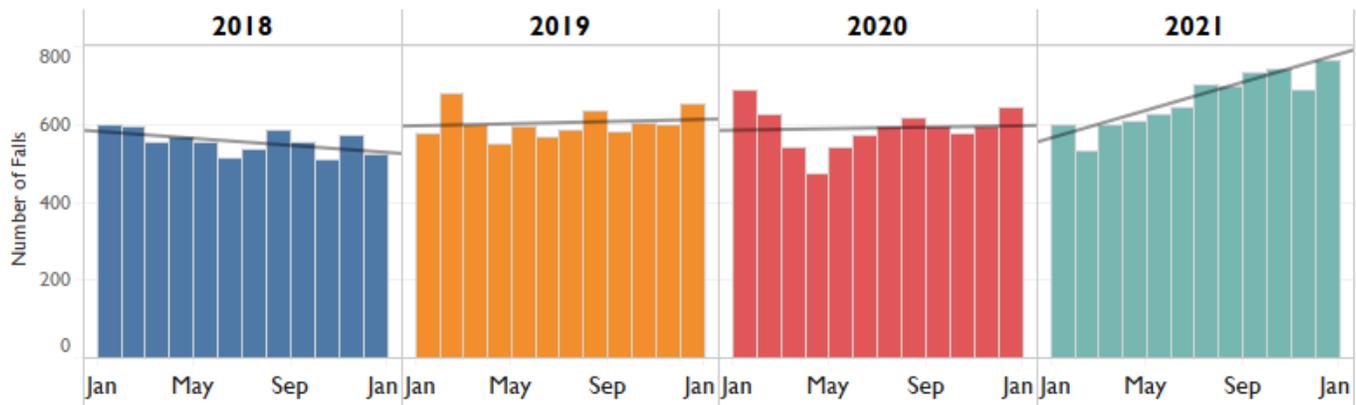




## Data Highlight

EMS agencies in Dane County have been responding to increasing volumes of fall-related injuries when compared to previous years (12% higher for 2021 compared to 2020). This increase was especially noticeable for the second half of 2021 as shown in the associated graphic. There is not a specific incident location that exceeds another based on previous data, however female patients age 80-89 have experienced the largest increase.

**Volume of EMS Responses for Falls by Year and Month**



## January Viz Quiz

Assessment descriptions can be difficult when you may not have seen it in real life and have only read the definition in a textbook. Match the description (numbers) with the correct picture (letters)!

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. Contusion  | 2. Hematoma  | 3. Abrasion  | 4. Laceration  | 5. Avulsion  | 6. Deformity   | 7. Puncture Wound (2 right answers)  | 8. Sucking Chest Wound   |
| A.  | B.  | C.  | D.  | E.  | F.  | G.  | H.  |

Submit your answers at <https://www.surveymonkey.com/r/55C5VKJ> for the chance to win a prize!

## December Viz Quiz Follow-Up

*Answer: C. Trench foot*

- A lot of times hypothermia and its spectrum is thought of as a pathology of austere or very rural areas i.e. hiker stranded on a mountain or a wilderness outing gone wrong. But cold injuries often occur in urban environments as well!
- In people who are struggling with homelessness, inadequate footwear when there's snow on the ground can lead to a type of non-freezing cold injury (trench foot) that parallels immersion injuries due to the continuous exposure of wet, cold socks.
- Most commonly seen in the acute setting are patients complaining of numbness (a.k.a. paresthesias) to feet, and due to vasoconstrictive effects their feet may appear white.
- The treatment is as simple as rewarming gradually and preventing re-exposure to the cold and dampness. If not treated serious, complications such as infection due to skin breakdown or issues with the nerves can occur.

Source: [https://www.uptodate.com/contents/nonfreezing-cold-water-trench-foot-and-warm-water-immersion-injuries?search=trench%20foot&source=search\\_result&selectedTitle=1~5&usage\\_type=default&display\\_rank=1#H2670438252](https://www.uptodate.com/contents/nonfreezing-cold-water-trench-foot-and-warm-water-immersion-injuries?search=trench%20foot&source=search_result&selectedTitle=1~5&usage_type=default&display_rank=1#H2670438252)

**Congratulations to Katonia from Madison Fire for winning the December Viz Quiz!**

# Dane County EMS Newsletter

January, 2022



## Case Study

**Case:** You are called out for a 45 year-old male who fell from a tree stand while hunting. In order to reach him you have to walk a quarter mile into the woods through snow. He is complaining of isolated right leg pain, and upon your initial assessment you note an obvious severe distal deformity to the right ankle. He denies any other injury. You cut off his boot, and further assessment demonstrates that the patient has diminished sensation to the right foot; it is cold and pale in appearance, and has no palpable pulse. Given that it will take a while to get him to the ambulance and ED, there's evidence of compromised neurovascular function, and to support pain management - the decision is made to attempt reduction of the ankle.

EMS providers should start by checking for distal circulation, sensation, and motor function. In the setting of compromised neurovascular function, it may be reasonable to attempt to reduce the extremity in the field to improve circulation and pain. The decision to attempt a reduction may depend on specific setting, extrication needs, proximity to ED, as well as other factors. To perform a reduction of a fracture, stabilize above and below the injury followed by applying gentle traction to the distal extremity in the direction it is facing. While maintaining traction, move the distal extremity back toward its anatomical position. You should stop immediately if there is resistance or a significant increase in pain. After reduction, recheck and document distal circulation, sensation, and motor function before applying splint. Aggressive pain management is indicated, if possible, to help relax the patient during an attempt to reduce and realign a displaced fracture. Realignment may be uncomfortable for the patient, but it is frequently associated with a considerable reduction in pain. If an attempt is unsuccessful, splint in position and consider contacting OLMC for further recommendations while initiating transport.

Powell RA, Weir AJ. EMS Bone Immobilization. [Updated 2021 Aug 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507778/>

## Spotlight

Eric Anderson, Dr. Kacey Kronenfeld and Dr. Michael Mancera were named to the Citizen CPR Foundation's 40 under 40 Class of 2021! The announcement coincided with the national Cardiac Arrest Survival Summit held in December. Every year, more than 300K people experience an out-of-hospital cardiac arrest in the U.S – the majority do not survive. The "40 under 40" program recognizes individuals around the globe who have made significant contributions to sudden cardiac arrest training, response, and survival. We have THREE outstanding leaders right here in Dane County. Thank you to each of you for your commitment to EMS and the patients of Dane County!



Sign up for Dane  
County  
Emergency  
Notifications

## HPCPR – Case Vignette of the Month

**Case Study:** You are paged to a 19D-1 Heart Problems/AICD, Not alert. Per CAD, wife called for her 65 year-old husband because his life vest was shocking him. Upon your arrival, his wife tells you that he has a history of prior heart attack and heart failure. He was recently hospitalized for pneumonia and discharged home last week with a life vest that he is supposed to wear at all times. He was sitting in his recliner drinking coffee, when he told his wife he wasn't feeling very well. He looked pale and, shortly after, the vest shocked him. He has not been responsive since. Your initial assessment demonstrates he is not breathing and has no palpable pulse.

### Discussion:

- What is a life vest? What triggers are there to cause it to "shock" the patient?
- How does the patient having a life vest impact your management of his suspected cardiac arrest?
- What additional considerations are there in regards to where you work the arrest, disposition/termination criteria or overall management of the cardiac arrest?

**PulsePoint**

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SAVE A LIFE.**



### Active Shooter Incident Management

#### ASIM - Basic

Increase the effectiveness, coordination and resource integration between Law Enforcement, Fire, and EMS during critical incidents.

**Date:** Thursday, March 3rd, 6-10pm

**Location:** Verona Fire, 101 Lincoln St.

**Register at:** <https://www.surveymonkey.com/r/ASIM>

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