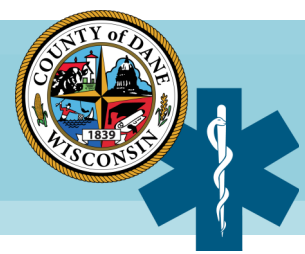


Dane County EMS Newsletter

February, 2023



Case Study

Case: You are called to a parking lot near your station for an unresponsive patient. A bystander noticed someone lying on the ground, moaning, minimally responsive. What you observe as you approach the patient is a roughly 55 year-old man who looks vaguely familiar to your colleague from past transports. It is early February and he is wearing a shirt, a tattered jacket, and jeans. He does not appear to have gloves or a hat. The patient opens his eyes to a vigorous stimulation, has slight movement of all 4 extremities but is only able to grunt. As you begin your assessment, there does not appear to be any blood or vomit around the patient.

What do you do first? Do you consider this a trauma or a medical? Which protocol do you follow?

Certainly, the patient has altered mental status, so you choose to follow that pathway until other findings dictate otherwise. First task, check a blood glucose. It is 350. Next, you place a cervical collar and load the patient onto a stretcher using cervical spinal precautions. Once in the back of your ambulance, you start to undress the patient to place him on the monitor and obtain a 12-lead ECG as your partner searches for IV access. As you do this, he is cool to touch in his extremities and has a long 4-5 second capillary refill. BP 89/50, HR 60, SPO2 – poor tracing, no reading. Temp 27.5c (81F).

Hypothermia is divided into 3 categories: Mild (T 90-95), Moderate (T 82-90) and Severe (T<82). This patient's severe hypothermia is life-threatening. All vital signs are depressed, as is the patient's mental status. Step one in the protocol is to remove the patient from the cold environment. Next, be sure to check blood glucose and EKG. Start an IV. Active rewarming measures: Warm IV fluids, warm blankets if you have them. Passive rewarming: Remove any wet or damaged clothing, cover entire body as much as you can. Also note that death rates from hypothermia are 4 times higher in rural areas. Alcoholism is a factor in 10-25% of cases. Death rates are 0.4 per 100,000 people. Stay warm!!

Case Vignette of the Month

You are called to a grocery for a pulseless non-breathing patient. When you arrive on-scene, a bystander is performing appropriate hands-only CPR. The patient is apneic, cyanotic and unresponsive.

Do you immediately take over CPR, or do you apply your monitor and charge it up while the bystander continues?

Once you have analyzed the rhythm and determine it is ventricular fibrillation, a shock is delivered and CPR is immediately resumed. What things can your crew do during the next round of CPR to minimize the time spent withholding CPR?

If ROSC is achieved, what is your next task? EKG? Transport? Cooling?

Should you stop CPR to place an airway during the resuscitation?

If you are curious about how each of your services answers these questions and how Dane County performs as a whole, these were addressed at our first annual Cardiac Care Symposium on February 1st. If you were unable to attend, feel free to reach out to your chief or directly to the Medical Advisors and we can share data and even come to your station to give refreshers and updates on high-quality CPR.

SSM ED - Ambulance Entrance

Please do not flip the switch located above the ambulance bay doors to leave the facility. You must use the key pad located on the wall to open the doors. This system has been put in place to ensure the safety of all patients within our emergency department.

Any questions – please direct them to Stephanie Lehmann at Stephanie.e.lehmann@ssmhealth.com

Cardiac Care Symposium

On February 1st Dane County EMS hosted the Cardiac Care Symposium. This amazing training showed the advancements made in cardiac care at all points of patient contact. Seeing the positive patient outcomes certainly re-energizes our commitment to this important initiative! Thank you to all who presented and to MPD for letting us use their training center. If you missed it, you can watch the full training [here!](#)