A Nor-Cal EMS Webcast
Nor-Cal EMS Medical Advisory Committee
Run Review September 2014

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NOR-CAL EMS MEDICAL ADVISORY COMMITTEE RUN REVIEW, NOVEMBER 2014

Presented by:
Dr. Eric Rudnick, MD, FACEP, FAAEM,
Medical Director for Nor-Cal EMS.
Recorded live in front of an audience during the patient care record run review at the monthly Medical Advisory Committee meeting by Engineer Bill Bogenreif

CASE #1

- Call Type : Fall in a 91 year old female
- PSAP: 19:38
- Enroute: 19:38
- At Scene: 19:43
- At Patient: 19:45
- Depart: 20:02
- Arrive Destination: 20:08
- Patient Released: 20:24

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CASE #1

- Primary Impression: Trauma
- Chief Complaint: Right hip pain x 2 hours
- NKDA
- Medications: Synthroid
- Hypothyroidism

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CASE #1

- 19:45 Mental Status: Normal for patient, confused, oriented – person, oriented – place, oriented – events
- Neuro: Normal, speech normal
- Eyes: Reactive
- Chest/lungs: Normal assessment, clear and equal breath sounds
- Abdomen: normal, non-tender
- Cervical, Thoracic, Lumbar: Normal, no pain or deformities
- All extremities: Normal, positive C.M.S.

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CASE #1

- 19:45 Vital signs
- GCS 14
- 19:58 163/81 (right arm), HR 97, RR 18, SpO2 98% room air, pain 10
- 19:45 Stroke scale: Speech: normal, Arm drift: normal, Facial droop: normal

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CASE #1

- 19:45 ALS assessment
- 19:46 spinal assessment – no deficits
- 19:58 cardiac monitor
- 20:03 Venous access – extremity 18 guage

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CASE #1

- 20:03 Normal saline 20 gauge lock/flush
- 20:05 Morphine sulfate 5 mg IV

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CASE #1

- Arrived to find an a/o x 3, GCS 14, 91 year old female sitting upright in a chair at home c/o right hip pain and right arm pain.
- Patient states she was walking through her house when she tripped and fell onto her right side and hit her head.
- Patient denies any LOC and is able to recall the entire event.
- Patient denies any chest pain, SOB, blurred vision, headache, dizziness, N/V, abdominal pain, or recent illness.
- Patient denies feeling weak.
- Patient is unable to recall the year or month.

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CASE #1

- Per family, patient normally knows the year and month.
- Patient transported to closest trauma center due to possible head injury.
- Patient denies any change in pain after administration.

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CASE #1 REVIEW

- Care appropriate?
- What went well?
- What could have been improved?
- Recommended changes to protocols?

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CASE #2

- Call type: Abdominal pain in a 6 year old male
- PSAP 18:52
- Enroute: 18:53
- At scene: 19:01
- At patient 19:05
- Depart: 19:15
- Arrive destination: 19:36
- Patient released: 19:50

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CASE #2

- Primary impression Behavioral/ Psychiatric
- Chief complaint: Chest discomfort X 10 minutes
- NKDA
- Medications: none
- PMH none

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CASE #2

- 20:20 Physical Examination
- Mental status: Normal for patient A X O 4
- Neuro: Normal
- Chest/lungs: Normal assessment, Breath sounds clear and equal
- LUQ: Normal, non-tender LLQ: Normal, non-tender
- RUQ: Normal, non-tender, RLQ: Normal, non-tender
- Back: Normal

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CASE #2

- 19:05 GCS 15
- 19:12 temperature 37 C
- 19:13: 90/69 Right arm, HR 120, RR 24, SpO2 100%
- 19:18: HR 132
- 19:19 HR 131, RR 11
- 19:23 140/97, HR 125, SpO2 100%

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CASE #2

- Responded code 2 for report of a male complaining of abdominal pain.
- First on scene and performed an assessment and obtained vital signs.
- Patient complains of chest discomfort and a “funny feeling” in his hands and fingers.
- Patient’s family states that the patient has been yawning and that the patient states he can not yawn and “get the air out”.
- Patient was AXO4, GCS 15, skin signs pink, warm, and dry.
- Family denies that the patient has been ill recently.

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CASE #2

- Patients Mother denies to her knowledge the patient consuming and alcohol or medications.
- Upon loading the patient into the ambulance an assessment was performed and vitals signs were monitored en route to the hospital.
- Patients lungs sounds were clear and equal bilaterally.
- Patients pupils were PERL.
- No signs of an allergic reaction on the patients body; no hives or discoloration of skin color.
- Patients Mother denies any similar episodes in the past.

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CASE #2

- Care appropriate?
- What went well?
- What could have been improved?
- Recommended changes to protocols?

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CASE #3

- Call type: unknown 20 year old female
- PSAP: 18:59
- Enroute: 18:59
- At scene: 19:06
- Depart: 19:31
- Arrive Destination: 19:44
- Patient Released: 19:56

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CASE #3

- Primary Impression: pain
- Chief complaint: Neck pain secondary to vehicle accident x 44 minutes.
- Allergies: Sulfa
- Medications: none
- PMH: none
- Vehicular injury indicator: space intrusion greater 1 foot
- Estimated speed: 55 + mph

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CASE #3

- 19:07 Physical examination
- Mental status: normal mental status for patient, AxO4
- Neuro: normal
- Eyes: reactive
- Neck: normal
- Chest/lungs: normal assessment, Clear and Equal bilaterally
- LUQ, LLQ, RUQ, RLQ normal, soft and non-tender
- Thoracic: normal, no pain or deformities

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CASE #3

- 19:07 Extremities: normal
- Head/Face: Pain/Tenderness
- Cervical: Pain
- Lumbar: Pain

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CASE #3

- 19:07 GCS 15
- 19:26 152/91 right arm, HR 93, RR 18, SpO2 98 % room air
- 19:33 Blood glucose 135
- 19:40 163/75, HR 75, RR 18
- 19:26 Monitor: normal sinus rhythm
- 19:32 Venous access – Saline lock 18 gauge
- 19:33 glucose Analysis

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CASE #3

- Dispatched to a vehicle and found 20 year old female, in the third row of the vehicle she was in, on freeway, with Fire assessing her, who was involved in a motor vehicle accident.
- The patient is the restrained passenger, in the third row on the right side, of SUV, with air bag deployment, with 1 foot intrusion into the passenger compartment from the rear of the SUV, that was stopped on the freeway, and rear ended by a vehicle going 50 to 70 mph.
- Patient placed in a c-collar and placed in manual spinal precautions.
- Patient extracted out of the SUV and placed in spinal precautions.

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CASE #3

- Patient carried onto stretcher via backboard and loaded into the ambulance.
- Patient complains of midline neck pain, lower back pain, and right face pain.
- Patient denies dizziness, headache, nausea, vomiting, numbness, and tingling.
- Patient transported to Trauma Center code 2 trauma.
- En route patient vital signs monitored, 18 gauge IV saline lock given right AC, and blood sugar checked 135.

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CASE #3

- Patient denies chest pain, shortness of breath, dizziness, and headache.

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CASE # 3

- Care appropriate?
- What went well?
- What could have been improved?
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CASE #4

- Call Type: Seizure/Convulsions 2 year old male
- PSAP: 09:38
- Enroute: 09:39
- At scene: 09:49
- At patient: 09:51
- Depart: 10:01
- Arrive destination: 10:12
- Patient released: 10:24

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CASE #4

- Chief complaint: seizure x 2 minutes
- NKDA
- Medications: none
- PMH: Seizure disorder, fetal alcohol syndrome, SZ (first time last week without dx)

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CASE #4

- Mental status: normal for patient, Oriented – person, Oriented- place, Oriented- time, Oriented- events
- Neuro:normal
- Eyes: reactive
- Skin: normal
- Head/face: normal
- Neck: normal
- Chest/lungs: normal chest assessment, Clear and equal bilaterally

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CASE #4

- 10:00
- LUQ, LLQ, RUQ, RLQ: normal, soft, non-tender
- Cervical: normal, non-tender
- Thoracic: normal, non-tender
- Lumbar: normal, non-tender
- Extremities: RU, LU, RL, LL: all normal
- 10:05
- Chest/Lungs: normal chest assessment, clear and equal breath sounds

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CASE #4

- 09:51 GCS 15
- 09:58: blood sugar: 109
- 10:00 temperature: 37 C
- 10:02: 99/75 left arm, HR 142, RR 28 SpO2 100 % room air
- 10:09 115/84 HR 118, RR 26, SpO2 100 % room air
- Monitor: sinus tachycardia
- 00:00 Fire Responder, prior to arrival: oxygen by mask 15 lpm

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CASE #4

- Arrived on scene private residence, to find 2 year old male sitting in foster mother's lap, in no apparent distress, with Fire at side.
- Patient AxO to baseline.
- Per guardian, he was sitting on the couch, and was about to fall asleep, when he was witnessed to have a full body tonic-clonic seizure lasting approximately 1 minute, followed by focal bilateral arm activity x 1 minute.
- He had a straight stare the entire time and remained pink, warm and dry the entire time.

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CASE #4

- Per foster Mother, this was his second seizure in two weeks.
- Last week, he had his first known seizure, and was at hospital X.
- He did not receive a dx at that time.
- He had not had any accidents, injuries, or medical procedures.
- He had not been suffering from fever, cough, cold, nausea, vomiting, or diarrhea in the past several weeks.
- Patient was afebrile, BGL WNL.
- Transported to hospital X code 2.

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