

Nor-Cal EMS Medical Advisory Committee Run Review, September 2016

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EMS. Recorded Live on September 6th,
2016 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



Case #1

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



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.



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



Case #1

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



Case #1

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



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.



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.



Case #1 Review

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



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



Case #2

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



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, RLO: Normal, non-tender
- ◆ Back: Normal



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%



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.



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.



Case #2 Review

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



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



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



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



Case #3

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



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



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.



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.



Case #3

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



Case #3 Review

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



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



Case #4

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



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



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



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



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.



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.



Case #4 Review

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



Test Question 1 Review

- ◆ Approximately 50 to 75% of patients don't arrive in the Emergency Department in time to receive IV tPA.
- ◆ True
- ◆ False



Test Question 2 Review

- ◆ Large Vessel Occlusion (LVO) care has been revolutionized stroke care in 2015.
- ◆ True
- ◆ False



Test Question 3 Review

- ◆ RACE is another stroke evaluation tool for stroke evaluation.
- ◆ True
- ◆ False



Test Question 4 Review

- ◆ RACE is not based on an abbreviated version of the NIHSS.
 - ◆ True
 - ◆ False



Test Question 5 Review

- ◆ A patient of a RACE score of 4 or higher has a high likelihood of a LVO.
- ◆ True
- ◆ False



Thank You!

Thank you for attending the Nor-Cal EMS
MAC Run Review September 6th, 2016.

