



Dane Elite – Did You Know? Situation Tools

Situation tools provide a helpful interface to keep track of medications and interventions during a cardiac arrest to take some of the time off of documenting from memory after the call. By opening the cardiac arrest situation tool (see below), you can pass off the documentation tablet to any one of your first response partners to help keep track of the event. For example, if you defibrillate the patient, you can call out “defibrillation” for the documenter to click on the tablet. This will create a procedure on the run sheet with a date/time stamp. Give the situation tools a try!



Do you know providers who have given outstanding pediatric care in the last year? WI EMSC Advisory Committee is soliciting nominations for the 2021 Pediatric Champion of the Year Award. This award is granted to an EMS crew or station that has displayed outstanding care for a child in a medical emergency or trauma event, demonstrated exceptional effort in influencing the development of pediatric training or quality improvement programs, or worked toward creating injury prevention efforts. The deadline for nominations is April 16th. You can nominate them at <https://www.surveymonkey.com/r/2021PedsChamp>.

Viz Quiz



- You respond to the community park for blunt trauma to the face. In the spirit of March Madness, the patient states he was “accidentally” elbowed in the face when he was going for a dunk to show his friends his “really amazing hops” that he’s had since his high school varsity season 15 years ago.
- During transport the patient notes that he is having some double vision and you notice that when he looks up the eye that was punched cannot look up.
- Patient did not lose consciousness. Is not on blood thinners. Is not having a headache or having other neurologic symptoms. Pupils are PERRL. Patient is able to move the eye in all other directions, but not up. The start of a black eye is forming and patient is tender to palpation around the orbit with no facial instability noted. No blood or CSF noted from ears or nose. No tenderness or deformity to bridge of nose. No evidence of Battle Signs. No other injuries are noted on the body.
- What injury does this patient have?

Submit your response at <https://www.surveymonkey.com/r/XR57NG6> for a chance to win a prize.

March Follow-Up

- This was a picture of a Lichtenberg figure which is pathognomonic (a.k.a. a tell-tale sign) of a lightning strike injury.
- In a mass casualty incident it is recommended to attend to patients in cardiac arrest first in a lightning strike.^{1, 2}
- The most appropriate next step is to start compressions and perform a full resuscitation per protocol



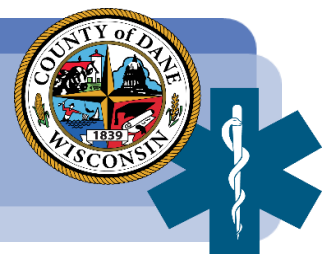
Sources:

1. Cone, D. (2015) Emergency Medical Services: Clinical Practice and Systems Oversight. Vol 1. John Wiley and Sons Ltd. pg. 246
2. <https://www.emsworld.com/article/10321223/beyond-basics-lightning-strike-injuries>

Congratulations to Marissa from Mount Horeb Fire/EMS for winning the March Viz Quiz!

Dane County EMS Newsletter

April, 2021



Case Study

Cases: 86yoF fall from standing with isolated left hip pain. 8yoM fell from skateboard with deformity of wrist. 35yoF restrained driver in high-speed crash with evidence of bilateral femur fractures. 22yoM football player with knee injury. What resources or options do we have available to help treat painful extremity injuries?

Acute pain can impact respiratory function, increase metabolic demand, impair wound healing, suppress immunity, and reduce mobility. Because pain is a multidimensional, emotional, and sensory experience, a patient's response can vary widely based on physiologic, psychologic, and contextual factors. For example, even though many patients will have an elevated heart rate in the setting of pain, a patient that has a normal heart rate does not mean that they are not feeling pain. A good goal of pain management should be to a tolerable pain level that allows the patient to function; "zero pain" is often unrealistic. Pain management have changed significantly over the last decade, in

large part due to the opioid crisis in the United States, with increasing focus on non-opioid treatment strategies. Though pain is no longer hyped as an additional vital sign – it is important to monitor closely and can be an important factor in caring for your patients.

- Non-pharmacologic, cognitive strategies: Mindfulness, distraction, music
- Non-pharmacologic physical strategies: positioning, immobilization, temperature therapy (heat and/or cold), aromatherapy
- Pharmacologic options within scope in Wisconsin: acetaminophen, ibuprofen, naproxen, ketorolac, ketamine, lidocaine, fentanyl, morphine, hydromorphone

Consider: What protocol(s) would you reference when treating these patients? Reach out to your training officer to learn more about an associated protocol quiz to help you test yourself on Dane County EMS protocols!

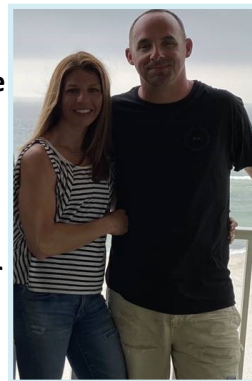
Source: https://www.facs.org/-/media/files/quality-programs/trauma/tqip/acute_pain_guidelines.ashx

Open Mic

Meet Kipp Smith! He has been a communicator at Dane County Public Safety Communications for 12 years!

Three fun things he would like to share about himself:

- I've rocked out at a Jonas Brothers Concert
- I'm so good at building IKEA furniture that I consider myself a Master Carpenter
- I'm fluent in Pirate, Arrr!

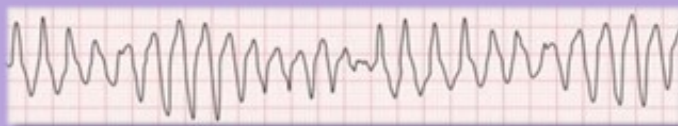


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HPCPR – Case Vignette of the Month

You are paged to a 26-D-1, sick person – not alert. CAD notes indicate that the patient has a history of alcoholism and was found unresponsive by family. Upon arrival your patient is minimally responsive to painful stimuli. He is breathing at a regular rate. You secure him to the cot, move to the ambulance, and initiate transport. Approximately 3 minutes after departure your monitor alarms and you observe this rhythm:



How does the location of this patient impact your initiation of high-performance CPR? What are your priorities in caring for this patient? Is defibrillation appropriate for this presenting rhythm?

Upcoming Events and Training

4/15, 6:30pm SSM Health Monthly Training: Neurological Emergencies

Register at bit.ly/ssmemstraining

4/21, 2:00pm DCEMS Simulation Hours

Register at bit.ly/dcemssim

4/21, 6:00pm UW Health Sepsis Education

Register at uwhealth.org/sepsis-education

5/6, 6:00pm DCEMS CEVO IV Lecture

Register through your Director or Training Director