



June Training Challenge—Mechanical CPR

High Performance CPR continues to be a focus of training throughout the county. This month we'd like to highlight mechanical CPR and what success looks like when applying a device. Some key factors include an application time of less than 10 seconds, minimizing disruption of manual compressions, and crew communication.



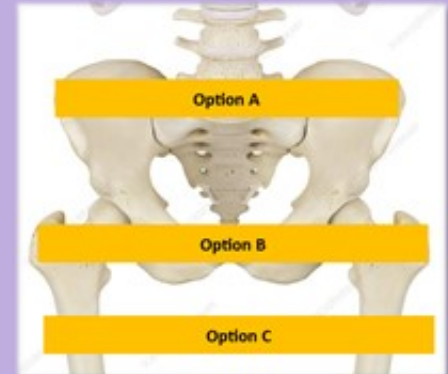
We are challenging crews to record themselves practicing this process for a chance to win a prize for each member involved! Videos can be submitted to the [Dane County EMS Facebook](#) page or by tagging our [Instagram](#) account.

For more information and a demonstration of possible options, you can watch this video: <https://youtu.be/Ufm0PZzaqkM>. Thank you to Eric Anderson for narrating and Fitch-Rona EMS for providing the Lucas device!

June Viz Quiz

You respond to a fall off a 25 foot ladder. Patient is awake and speaking with no airway concerns. They are in no respiratory distress and saturating well on room air. You find no evidence of external hemorrhage. Their only complaint is hip pain.

On exam, you find that they have pelvic instability. Which option depicts the optimal placement of the pelvic binder?



Submit your response at <https://www.surveymonkey.com/r/PFLSP7D> for a chance to win a prize. Congratulations to a member from Fitch-Rona EMS for winning the May Viz Quiz!

May Follow-Up

Hair Tourniquet Syndrome

- 95% caused by hair, but can be caused by other things such as fine thread or thin rubber bands
- Often involves distal appendages in the young: toes—43%, External Genitalia—33%, Fingers—24%
- Circumferential constriction can lead to pain and injury such as edema, infection, tissue necrosis, or even amputation
- Process can take hours, days, weeks, or months
 - May go undetected, especially in the very young—consider this in a fussy/crying infant!
 - Note that the swollen tissue can obscure the etiology
- Management:
 - Treat pain
 - Remove constricting band if possible
 - Recommend transport/evaluation because if not treated, can cause substantial injury





Case Study

Case: You're called for an 86 year-old male who fell and hit his head. Wife notes a brief episode of unresponsiveness. Notable history includes that he is anticoagulated with Coumadin for atrial fibrillation. He is alert, oriented x 4, states he feels just fine and does not want to be transported.

Determining whether or not a patient has decision-making capacity to consent or refuse medical treatment in the prehospital setting can be very difficult. If you are concerned that refusing transport or treatment is not in the best interest of the patient, consider utilizing online medical control early, as discussion with a physician can increase the likelihood of transport.¹

A person is deemed to have decision-making capacity and he/she has the ability to provide informed consent if it can be demonstrated that the patient:

- Understands the nature of the illness/injury or risk of injury/illness
- Understands the possible consequences of delaying treatment and/or refusing transport
- Given the risks and options, the patient voluntarily refuses or accepts treatment and/or transport
- The patient is able to communicate their choice

Source:

¹Hoyt BT and Norton RL. Online Medical Control and Initial Refusal of Care: Does it Help to Talk with the Patient? Academic Emergency Medicine. July 2001, Vol 8, No 7725

Dane County EMS was awarded a PulsePoint grant that was used to display banners at the Alliant Energy Center. Learn more about PulsePoint [here!](#)



EMS Week

We hope everyone had a great EMS week celebration this year. Special thank you to Culvers and to Meriter, SSM Health St. Mary's and UW Health for partnering to send all EMS personnel in Dane County a small treat to say thank you!

HPCPR – Case Vignette of the Month

You are paged to a 6-D-1, breathing problems – not alert. CAD notes indicated that patient was complaining of sudden onset shortness of breath. Law enforcement arrived on scene and found the patient unresponsive, pulseless. They initiated CPR and have delivered 1 shock via their AED. After your arrival, the patient remains in the same, shockable rhythm and has now been defibrillated 3 times thus far for persistent ventricular fibrillation.

- What strategies could you consider when dealing with refractory ventricular fibrillation and/or ventricular tachycardia?
- At what point should transport to an appropriate facility be considered?

Upcoming Events and Training

UW Health Emergency Trauma Symposium:

- 6/18, 8-11:30am
- 6/21, 4:30-8pm
- 6/25, 8-11:30am

Register at uwhealth.org/emssymposium

6/17, 6:30-8:30pm SSM Health Monthly Training - Atypical Sepsis

Register at bit.ly/ssmemstraining

6/26, 8am—DCEMS Driving Range

Register through your director or training director

7/5, 6-9pm—DCEMS CEVO Classroom

Register through your director or training director

If issues are encountered with hyperlinks, copy and paste URL into browser.