Dane County EMS Newsletter

March, 2021

Documenting Pediatric Weights

The run form in Dane Elite requires a weight in either pounds or kilograms for patients younger than 18 years old. When documenting the estimated body weight under pounds or kilograms, the run form will calculate the other unit automatically. In the example shown here, a patient reported to weigh 75 pounds can be entered as such, and the system will translate this to 34kg automatically. When documenting pediatric weights, be sure to pay close attention to which unit you are entering the data into. In the same example, if the weight were documented as 75kg, this will dramatically increase the documented weight in pounds.

If you are interested in receiving more information on pediatric care, subscribe to the quarterly newsletter from Children's Health Alliance of Wisconsin at https://www.chawisconsin.org/news/newsletter-signup/

Viz Quiz

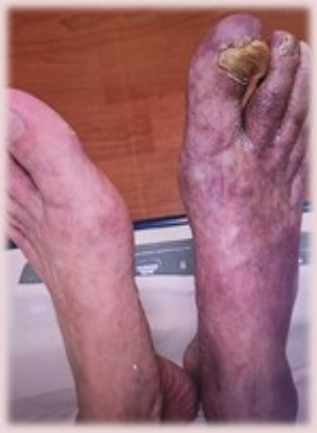
- You are the 3rd EMS unit to arrive for a mass casualty incident on a soccer field of a bleacher collapse during a thunderstorm. The CAD notes that there was a loud bang prior to the bleachers collapsing with multiple reported patients injured.
- Triage is just being completed by crews on scene and the scene is deemed safe. You are assigned by incident command to start patient care. As you approach the casualty collection point the first patient you find is triaged as "BLACK"
- You note that they are pulseless and that their shirt is open, You find the following across their chest and arm:

- During your quick assessment adequate resources have arrived to take care of the other injured patients. What is the most appropriate next step in patient care for this patient? Leave them or work them?

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

February Follow-Up

- This was a picture of an ischemic leg (a.k.a. a "dead leg" or a leg not getting enough blood flow).
- These patients typically have a history of other arterial thromboembolic disease i.e. heart attacks, strokes, having had surgery on their carotid arteries
- They commonly present with pain to the limb (sometimes crampy in nature), feeling cold in that limb, numbness, and blue/purple/dusky colored skin due to inadequate blood flow.
- On exam it is important to document your pulse, motor, and sensory findings like with any musculoskeletal complaint. You will also see a delayed capillary refill. Sometimes you can try and figure out how far up the leg the blood clot may be by checking more proximal pulses (i.e. popliteal or femoral pulses) if you can't find pulses in the foot.



- Sometimes vascular surgeons are able to salvage the limb by restoring blood flow through a surgical procedure. Other times even with restoration of blood flow the damage is too extensive to save the limb and an amputation has to occur.

Congratulations to Amy from Waunakee EMS for winning the February Viz Quiz prize!

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Case Study

By Dr. Kacey Kronenfeld and Dr. John Aguilar

***Case**: 6 year-old African American female who was playing outside with her brother and says she stepped on something sharp. Her mother reports that as she was checking out her foot, her daughter started to feel dizzy, complained of abdominal pain, and vomited multiple times. Mother denies any significant past medical history, medications, allergies, nor history of similar. Upon your assessment, you notice an area of redness and mild swelling on the bottom of her right foot. She is alert but looks unwell, is diaphoretic with a rapid pulse. You quickly take a set of vitals: BP 65/38, HR 142, RR 34, SpO2 98% on room air, afebrile. As you go to listen to her lungs, you note a rash starting to spread across her chest and back.*

Anaphylaxis represents a severe systemic allergic reaction and is a medical emergency that requires immediate treatment. If medical treatment is delayed, death may occur from cardiovascular collapse, airway obstruction, or both. However, the diagnosis can sometimes be challenging to make! Beyond reviewing your diagnostic criteria for anaphylaxis consider:

- Signs and symptoms can be nonspecific and the patterns of target organ involvement are variable, and may differ among individuals as well as among episodes in the same individual
- Signs and symptoms of skin/mucosal involvement are absent or unrecognized in up to 10% of all episodes, especially if an individual cannot describe symptoms or is not undressed/fully examined.
- Hypotension may go undetected if measured very early in the course of an episode (when compensated by reflex tachycardia), if BP is measured after epinephrine administration, or if an inappropriately sized BP cuff is used.
- In patients that have not experienced anaphylaxis before, they may not report symptoms fully or focus on one prominent symptom unless specifically asked (e.g. patient presenting with vomiting may not report that the episode was preceded by diffuse itching).
- The above factors may be compounded in patients with neurological, psychiatric, or psychologic medical issues or those who take medications or substances that potentially impair cognition or judgement or may independently cause some of the same nonspecific symptoms.

Sources: Campbell RL, Kelso JM. Anaphylaxis: Acute diagnosis. UpToDate. Accessed February, 25, 2021 ;
Ellis AK, Day JH. Diagnosis and management of anaphylaxis. CMAJ. 2003 Aug 19;169(4):307-11. PMID: 12925426; PMCID: PMC180656.

Open Mic

Meet Peter Miller! Peter celebrated his 12th year working for DCPSC on March 2nd! Some things about him he'd like to share:

* I was born and raised in Dane County. I grew up living next door to my grandparents' farm between Oregon and McFarland, in the Town of Dunn. My mom worked at a private Lutheran school in Stoughton, so my brothers and I all went there through 5th grade (the highest grade the school provided), and then went to middle school and high school in Oregon.
* I started with Dane County 911 as a telecommunicator (dispatcher), but in 2016 I was able to take a temporary role in their Tech division, which became permanent in 2018. I do miss some aspects of dispatching (especially dispatching County Fire and EMS), but I really enjoy what I'm doing now and being able to support our dispatchers and user agencies by addressing their technical needs.
* I currently live in the village of McFarland with my wonderful wife, Crystal. I've served on the McFarland Fire Department since 2007, so that was my first experience working in Public Safety. I like knowing that I'm giving back to my community, and I hope I'm able to continue helping our residents stay safe for many years to come.

HPCPR – Case Vignette of the Month

To keep High Performance CPR in the forefront of our minds, we are introducing a new segment! A case vignette will be shared in the newsletter, and a supplemental document will be provided to your agency's training director for more in-depth analysis and training. Here's the first!

Case

You are paged out for a 9E PNB for a 68 year-old female. Husband called 911 and reported his wife was showering when he heard a noise. He found her in the shower, not responsive and not breathing. The telecommunicator initiated dispatcher assisted CPR prior to your arrival.

How might this situation impact your planning and role designation prior to arrival? How might the location impact your implementation of high-performance CPR? What are your priorities in caring for this patient?

Upcoming Events and Training

3/18, 6:30pm SSM Health Monthly Training: Pediatric Seizures
Register at bit.ly/ssmemstraining

3/22, 6:00pm UW Health: Treating Burns
Register at uwhealth.org/burneducation

3/27, 8:00am DCEMS Driving Range
Register through your Director or Training Director

4/1, 6:00pm DCEMS Simulation Hours
Register at bit.ly/dcemssim

Thank you for reading! For questions, comments, or feedback you can contact the DCEMS office at dcems@countyofdane.com or by calling 335-8228. All other staff contact information can be found at em.countyofdane.com/EMS/contactus.