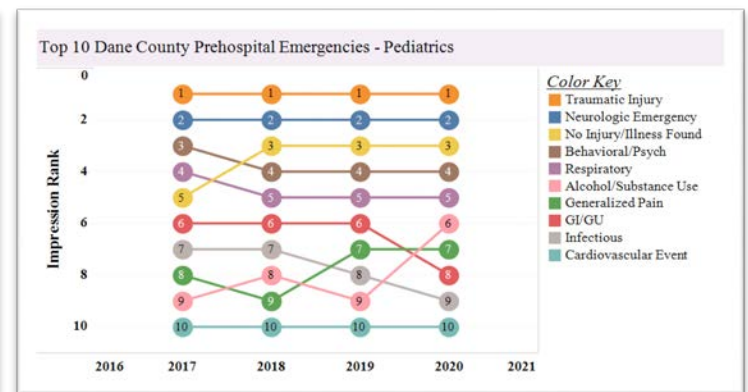
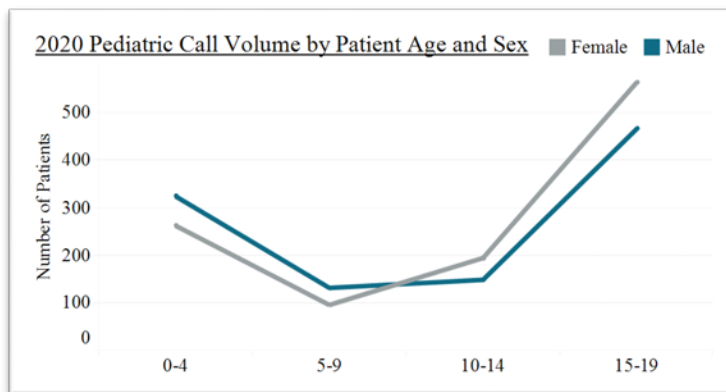




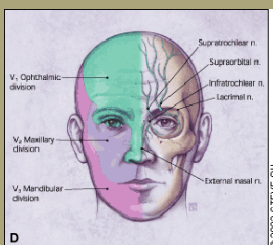
Data Update

In 2020, just under 9% of EMS call volume has been for a patient aged 19 years or under. The majority of pediatric patients (51%) are female, however patients aged 9 and under are primarily male. The two most common provider impressions for pediatrics have stayed consistent with traumatic injury as the top complaint, and neurologic emergencies (altered mental status, seizure, BRUE, etc.) as the second most common. Since 2017, many of the remaining common provider impressions have shifted in their overall share of total run volume.



Viz Quiz

- 32 year old female just got off of a flight and her husband noted asymmetric pupils.
- No history of similar.
- Denies any recent illness or injury. Denies any other symptoms. No significant findings on exam.
- What is the diagnosis? What is the most appropriate field management?



August Follow-Up

- **Hutchinson's sign** is skin lesions located at the tip or side of the nose caused by reactivation of latent Herpes zoster virus. This finding is a strong predictor of **Herpes zoster ophthalmicus (HZO)**. Dermatologic manifestations of HZO typically involve a painful, unilateral rash in the distribution of the ophthalmic branch of the trigeminal nerve.
- Many patients with HZO will describe an influenza-like prodrome of fever and malaise which may include headache, eye pain, tearing, redness or decreased vision. This can result in significant vision loss.
- VZV spreads through direct contact with fluid from the rash blisters. A person with active shingles can spread the virus when the rash is in the blister-phase, but is not infectious before the blisters appear or once the rash crusts.
 - To reduce the spread you can cover the rash, avoid touching it, and wash your hands often.
 - Pregnant providers who have NOT had the chickenpox or chickenpox vaccine or those with weakened immune systems, such as people receiving immunosuppressive medications or undergoing chemotherapy, organ transplant recipients, and people with human immunodeficiency virus (HIV) infection should avoid contact.



Dane County EMS Newsletter

November, 2020



Ask the Doc

By Dr. Kacey Kronenfeld and Dr. John Aguilar

Case: 53 old male who fell from tree stand while hunting - found to have a dislocated/fractured left ankle. When should I splint in place versus consider attempting to reduce the injury in the field?

Fractures and dislocations are commonly encountered injuries in the prehospital environment. Given that these injuries may be in the setting of multisystem trauma, recognition and prioritization of scene safety and then initial stabilization of ABCs should take precedent over extremity fractures – with caveat of exsanguinating external hemorrhage (consider the PHTLS algorithm).

There is some controversy over whether or not EMS providers should attempt reduction to realign bone fractures. The current teaching is that the injury should be splinted in the position the patient is found, unless there is apparent neurovascular compromise. In this case, EMS providers should consider one attempt to try to reposition and realign the extremity, and then splint it in place. If their attempt is unsuccessful, they should return to splinting in the initial position found and transport to appropriate destination. By doing this, EMS providers control pain, reduce motion, prevent further soft tissue injury, and promote the tamponade effect of muscles on any injured blood vessels. The decision to reduce may also be situational,

such as wilderness settings or prolonged extrication, and should be based on standing protocols under the oversight of a medical director. As with any intervention or skill, initial and continuing education is critical.

To perform the reduction, stabilize above and below the injury, followed by applying gentle traction to the distal extremity in the direction it is facing. While maintaining traction, move the distal extremity back toward its anatomical position. Stop immediately if there is resistance, a significant increase in pain, or when the correct anatomical position is obtained. Recheck distal circulation, sensation, and motor function. Apply an effective splint to maintain anatomical position and to protect the extremity from further damage.

Aggressive pain management is indicated, if possible, to help relax the patient during an attempt to reduce and realign a displaced fracture. Realignment is uncomfortable for the patient. However, it is frequently associated with a considerable reduction in pain. For this reason, realignment should not be delayed if the administration of pain medication is not readily available.

Powell RA, Weir AJ. EMS Bone Immobilization. [Updated 2020 Sep 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507778/>

Have a question you want answered or just an idea for a topic? Email us at dcems@countyofdane.com!

Spotlight

In anticipation of the flu season, the SSM Sun Prairie Emergency Center has opened a drive-through respiratory clinic in Bay 2 of the South Garage beginning October 23rd. It will be active Monday-Friday from 8am-4pm. Patients will be directed to enter from the main driveway then guided to exit the bay and return back to the main driveway. This will not affect patient transport. Please be aware of any patients entering or exiting the drive-through respiratory clinic when transporting.

Upcoming Events and Training

11/5, 6-7 pm: UW Health - STEMI in the COVID-19 Era

Register at uwhealth.org/STEMICOVID

11/19, 6:30-8:30 pm: SSM Health EMS Monthly Training "Tactical Yet Fluffy"

Register at <http://bit.ly/ssmemstraining>

11/21, 8-11 am: DCEMS EVOC Driving Range

Register through your Director or Training Director

Open Mic

- Meet Jake Main, he has been with Dane County Communications Center for about 2 ½ years.
- Prior to Dane County, Jake worked at the Salt Lake City Airport as a dispatcher and as a firefighter/paramedic.
- Enjoys remodeling his house, kayaking, and watching football. Likes to travel and has been to over 30 states and 4 different countries.



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.