

PulsePoint Responder Documentation

With great power comes great documentation! Did you know that you can document a PulsePoint Responder providing CPR prior to your arrival to the scene? Within Elite, you can document this specific situation in the Cardiac Arrest tab (see pictures). This is an area to pay close attention to with the expansion of Verified Responder Pro within Dane County. Are you interested in applying to become a Dane County PulsePoint Verified Responder? Contact your EMS Chief for more info!



Cardiac Arrest Info

CPR Care Provided Prior to EMS: No Yes

Who Provided CPR Prior to EMS (select all that apply):

- Family Member
- First Responder (Fire, Law, EMS)
- Healthcare Professional (Non-EMS)
- Lay Person (Non-Family)
- PulsePoint Responder
- Other EMS Professional (not part of dispatched response)

August Viz Quiz

You are called to a home where a 35 year old woman awoke with a “tingling feeling” on her lips and tongue. She felt a lump in her throat but denies any difficulty breathing. She has never experience any prior similar symptoms. There is no rash. The patient denies any new medications or new foods. She has no prior known allergies. What medication is known to cause this with CHRONIC usage?

1. Metoprolol
2. Lisinopril
3. Diltiazem
4. Furosemide



Submit your answers at <https://www.surveymonkey.com/r/WXHYDDF> for the chance to win a prize!

May Viz Quiz Follow-Up

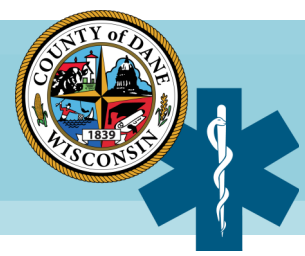
Your clinical findings can help determine what type of drug a patient has overdosed on. See below for the drug and its associated findings:

- | | |
|-------------------------------|---|
| 1. Diphenhydramine (Benadryl) | D. Dry skin, midrange pupils slow to react, confusion |
| 2. Tramadol (Ultram) | A. Pinpoint pupils, respiratory rate = 8 |
| 3. Amitriptyline (Elavil) | B. Dilated pupils, very wide QRS complex |
| 4. Methylphenidate (Ritalin) | C. Sweating, dilated pupils |

Congratulations to Julia from Madison Fire Department for winning the May Viz Quiz!

Dane County EMS Newsletter

August, 2022



Case Study

Case: You are called to a city park for a 32 year old man who is having trouble breathing. When you arrive at the park, several people bring you to a man who is obviously in respiratory distress. Family reports that they were having a picnic when the patient became suddenly short of breath. The patient has difficulty speaking and has stridor. He is noted to be allergic to tree nuts. The patient is able to tell you he feels itching all over and his throat is closing. Vitals are: BP 90/60, HR 120, RR 32, SpO2 93%. While your partner looks for IV access, you reach for the 1:1000 epi and draw up 0.3mg epinephrine to administer SQ. Medications at your disposal include: Epinephrine SQ, albuterol nebulizers, methylprednisolone IV, and famotidine 20mg IV. What are your options if the patient remains unstable? What differentiates an allergic reaction from anaphylaxis?

Allergic reactions are a common presenting complaint, but true anaphylaxis is less common. It is thought to occur as high as 5% of allergic reaction cases. Reactions are equally common between men and women, and across ethnic groups. Peak incidence is in the summer, and death rates are rising in the US. Anaphylaxis is a hypersensitivity allergic response that involves a release of mast cells, histamines, cytokines and (sometimes) IGE. This sudden release can cause bronchospasm, smooth muscle spasm, mucosal edema (think angioedema), inflammation and increased capillary permeability. Note a rash is not a necessary symptom or finding for the diagnosis of anaphylaxis, though it is often present in allergic reactions.

If your patient becomes hypotensive, use the hypotension pathway. Consider IV fluid bolus and push-dose epinephrine. Be prepared to intubate if there is no response to initial treatment. Keep in mind that the meds given each have a different onset of action. The SQ epi has an onset of 30-60 seconds, Benadryl 5 minutes, nebulizers 3-5 minutes, and steroids 6 hours. Time counts! This is truly a presenting complaint where the care YOU provide and how quickly you provide it makes a difference.

Giving Back to the Community

In May we celebrated EMS Week with a special event that included a raffle in which three winners were selected to donate \$500 each to a non-profit organization or charity of their choice. Due to the generosity of the area hospitals, these winners were able to donate to The Wounded Warrior Project, Stoughton Area Resource Team, and CampHERO. We encourage anyone who's able to donate to these wonderful organizations, or find others in your local communities!

Case Vignette of the Month

You are called to the Ironman course for a runner who collapsed on course. On scene, you find a thin, athletic 35 year old man who is sitting up surrounded by strangers. They report the patient was running and just fell over. The patient appears thin, pale, and is awake but slow to respond. You check a glucose, which is 70. Vitals are BP 80/palp, HR 110, RR 20, SpO2 99%. When you assist the patient to stand, he becomes lethargic and requires help getting onto the stretcher. In the ambulance, you check a temperature and it is 105.0 F. You identify the patient as having heat stroke. Mortality from heat stroke is influenced by how quickly treatment is initiated.

Discussion points:

What defines heat stroke and how does it differ from other heat-related illnesses? (Heat exhaustion, heat rash, heat cramps)

What interventions can help the patient during the pre-hospital setting?

Are there any other diagnoses to consider?

Kudos!

Healthcare personnel provide exceptional patient care every day. Whether it's using critical thinking, managing incidents, or going above and beyond to provide for a patient, we want to recognize those moments. Share these stories with us at [this link](#) for a member, crew, or agency to be recognized in a future newsletter.

Upcoming Events and Training

11/9 and 11/10, 8am-4:30pm - Crisis Intervention Partner (CIP) Training

- Understanding Mental Illness
- Elderly, including dementia
- Trauma-Informed Care
- Developmental Disabilities and Autism Spectrum Disorder
- Lived Experience Panel, and more

Email jhyatt@namidanecounty.org to register