

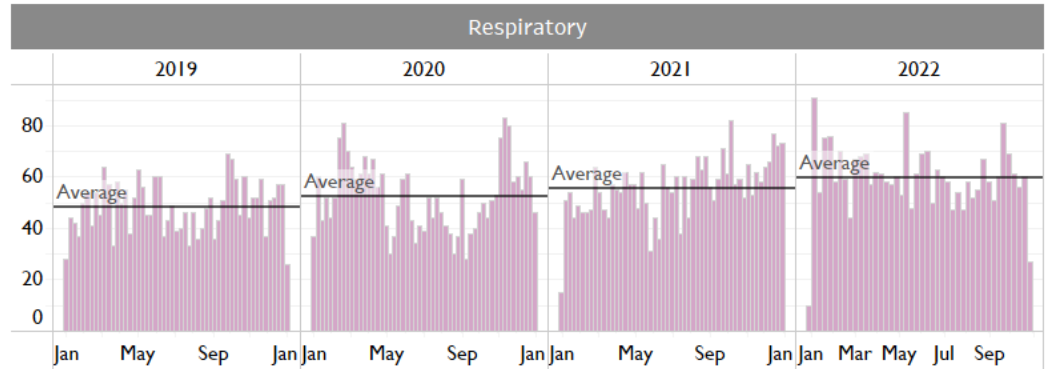
Dane County EMS Newsletter

November, 2022



Surge in RSV

There certainly hasn't been a shortage of respiratory emergencies in the past two years. On top of COVID and the flu season ramping up, Respiratory Syncytial Virus (RSV) is surging in Wisconsin and pediatric hospital bed capacity is very low in the state. Looking at our EMS calls for respiratory emergencies, a steady increase has been seen each year.



November Viz Quiz

Case: Patient presents with a painful rash that does not itch. It started 3 days ago. Patient had some chills over the past few days and noted some painful lumps in his axilla. The only other area of the body with a rash is in his groin, but not on his penis. His common vaccinations are up to date. What is it?

- a. Chicken pox
- b. Shingles
- c. Monkeypox
- d. Syphilis
- e. Eczema



Submit your answers at <https://www.surveymonkey.com/r/KKQNXM3> for the chance to win a prize!

October Viz Quiz Follow-Up

Group these natural and synthetic opioids into VERY SHORT duration of action (1 hour or less), SHORT duration of actions (1-6 hours) or LONG duration of action (>6 hours).

Answer:

- VERY SHORT: Morphine, Codeine, Hydromorphone, Buprenorphine, Hydrocodone, Oxycodone, Fentanyl
- SHORT: Heroin
- LONG: Methadone



Image sources: [x][x][x][x][x][x][x][x][x][x]

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Case Study

Case: You are called out for a pregnant woman with shortness of breath. Upon arrival on scene, a worried husband answers the door. He leads you to his wife, who is seated in a chair and looks uncomfortable. She is a 36 y/o female, about 32 weeks pregnant, first pregnancy. She states that her pregnancy was “going well” per her OB. Since her last visit a week ago, she has developed a gradual-onset headache with occasional blurred vision. Today, she started to feel shortness of breath with lying down or with exertion. The patient denies any chest pain, and further denies a fever or cough. She tested negative for Covid on a home antigen test this morning. She talked with her OB, who told her to get to the hospital. Your initial vitals are: BP of 162/114, HR 99 bpm, SpO2 93%, Respiratory rate of 24. The patient is awake and alert with a negative BE-FAST stroke assessment. Her lungs sound “wet” with slight crackles at the bases. As you load the patient onto your stretcher, your partner observes ankle edema. During transport, you obtain and transmit an EKG, establish an IV, and administer O2 by nasal cannula to ease the work of breathing.

Initial questions: What is going on here? Should we give IV fluids? How much do we need to worry about the blood pressure?

Teaching points: There are 3 major causes of hypertension in the third trimester of pregnancy: Preexisting hypertension, Gestational hypertension, and preeclampsia. Preeclampsia differs from other types of hypertension in that it involves severe features (think end-organ damage.)

In this patient’s case, she has peripheral edema, SOB and a HA. This should increase your concern for the severity of illness.

Depending on level of service, interventions for EMS include: IV, O2 as needed, blood glucose level, Magnesium sulfate 4gms IV/IO over 10 min IF patient seizes, IV fluids for Hypotension or if delivering.

Preeclampsia can lead to eclampsia. Signs and symptoms would be the same as this patient but who has now escalated to having a seizure. Magnesium sulfate is safe and is a first-line prophylaxis against seizures as well as treatment for a seizure.

Preeclampsia is one of the top 4 leading causes of maternal death, averaging 6.4 deaths/10,000 cases.

Case Vignette of the Month

Case: You are called to a residential home for a man who fell down. On arrival, there is a 65 y/o male who is lying on the ground in his back yard. He was on a ladder cleaning leaves from his gutter when he “missed a step” and fell about 6-8 feet to the ground. The patient thinks he landed predominantly on his feet, then fell backwards. He is unsure if he hit his head. The patient is mostly concerned with pain and numbness in his left foot. As you place the patient on the stretcher, you notice the left foot and ankle are deviated laterally and obviously deformed. The patient is wearing jeans and work boots. Blood is evident on his socks and jeans.

- Do you remove the shoe?
- What do you do if the foot is cool and pulseless?
- How does your pre-hospital treatment differ if there is a laceration or if you see bone sticking out?
- What sort of stabilization and dressings can you provide?
- Do you know what your DCEMS protocols say? (Hint: page 77)

Dane County EMS Peer Support Team

The Dane County EMS Association-sponsored peer support education has started and completed its first course. The goal of this project is to have at least one peer support trained member on each department throughout the county. Seven of our peers have completed the very first round of education and are now available as Peer Support Team Members to anyone in Public Safety. Healthy Minds will host another Peer Support Team Member education session in early 2023. Please watch for an announcement or reach out to Eric Lang (elang@deergroveems.com) to express your interest.

Upcoming Events and Training

11/15, 6-7pm - UW Health Stroke Education Night

Register [Here](#)

11/17, 6:30-8:30 - SSM Health, Beyond the Back of the Ambulance: Building Relationships in the Community

12/1, 8am-4pm - South Central Regional Trauma Advisory Council (SCRTAC) Conference

There is a conference fee of \$50 that includes breakfast, lunch, snacks, and drinks. CE/CEUs can be earned through EEDS. Register [Here](#)

12/12, 6-7pm - UW Health Frostbite Education

Register [Here](#)

Thank you for reading! For questions, comments, or feedback you can contact the DCEMS office at dcems@countyofdane.com or by calling 608-335-8228. All other staff contact information can be found at em.countyofdane.com/EMS/contactus.