



Verde Valley Medical Center
Northern Arizona Healthcare

Prehospital Care Department

UPDATES

December 2013

12/17/13 CPR Instructor Renewal Classes for 1st Quarter 2014 are under "What's New"

12/1/13 VVMC Run Reviews for 2014:

January 21st Tuesday 1900 Conference Room B and C

February 19th Wednesday 0830 Conference Room B and C

March 18th Tuesday 1900 Conference Room B and C

April 16th Wednesday 0830 Conference Room B and C

May 20th Tuesday 1900 Conference Room B and C

June 18th Wednesday 0830 Conference Room B and C

July 15th Tuesday 1900 Conference Room B and C

August 20th Wednesday 0830 Conference Room B and C

September 16th Tuesday 1900 Conference Room B and C

October 22nd Wednesday 0830 Conference Room B and C

November 18th Tuesday 1900 Conference Room B and C

December 17th Wednesday 0830 Conference Room B and C

October 2013

10/25/13 New Anticoagulants & Antiplatelets: There are many new anticoagulants and antiplatelets on the market. I attached a list of Brand/Generic name of some of these medications that you may encounter when caring for patients. Several trauma facilities utilize a guideline for trauma activation on GLF patients 60y/o and on anticoag/platelets. Review the list as a tool for possible higher risk patients and trauma activation. Tish Arwine, RN, BSN, Prehospital/Trauma Coordinator, Verde Valley Medical Center, 269 S Candy Lane , Cottonwood, AZ 86326, arwinet@nahealth.com, 928 639 6178.

Anti Coagulants

Brand Name	Generic Name
Eliquis	Apixaban
Xarelto	Rivaroxaban
Pradaxa	Dabigatran
Arixtra	Fondapainux
Lovenox	Enopaparin

Anti Platelets

Brand Name	Generic Name
Aggrenox	ASA/Dipyridamole
Agrylin	Anagrelide
Plavix	Clopidogrel
Pletal	Cilostazol
Brilinta	Ticagrelor
Effient	Prasugrel

September 2013

9/18/13 Rosetta use: Please remind providers that we cannot use the cell phone to transmit EKG's with the Rosetta. We still have providers that feel that if it comes through it works. The EKG looks different on our radio then what you have on the monitor when the cell phone is used. The physician cannot accurately

interpret the EKG. We showed at the recent run review the difference in the two EKG strips. The only approved diagnostic way to transmit is through a land line, EMSCOM, or Satellite phone. Also remember the EMS provider can request activation of the cath lab with a clear interpretation of the ST-Elevation in 2 consecutive leads. Please let me know if you have questions. Tish Arwine, RN, BSN, Prehospital/Trauma Coordinator, Verde Valley Medical Center, 269 S Candy Lane, Cottonwood, AZ 86326, 928 639 6178, arwinet@nahealth.com

CLARKDALE FIRE, COTTONWOOD FIRE, VERDE VALLEY AMBULANCE and VERDE VALLEY FIRE: You can transmit your 12 Lead EKG via Image Trend Field Bridge by following these directions:

As of 6/29/13 Sending 12 Lead EKG's via Image Trend Field Bridge: We are now able to send 12 Lead EKG's to VVMC ER via Field Bridge.

Sending 12 Lead EKG's via Field Bridge

Sending 12 Lead:

Open a new incident

Enter the following:

- | | |
|-----------------|--|
| Dispatch: | Enter VVMC under Base Contacted |
| Patient Info: | Enter Name & Age of Patient |
| EKG Import: | Import EKG to Field Bridge via Bluetooth or cable |
| Response Times: | Select Arrive Dest. Select Circle with a check. This will give you the current time. (If this step is not completed, the report will not show up at VVMC ER) |

Then save report

Then Post the report

Then call VVMC and tell them you sent a 12 Lead via Image Trend Dash Board and give them the patients name.

Later you will need to complete your report, change the Arrive Dest. to what is on your dispatch report. Then save and post the report again.

9/4/13 Trauma Conference: Attached is flier for an upcoming trauma conference that we will be hosting at VVMC in Conference room B and C. This conference usually costs over \$400 for physicians and about \$200 for other providers. There is also the additional costs of travel. We are going to offering this conference at **VVMC** as a webinar free of charge to our providers on November 7 & 8, 2013. I will have limited seating based off occupancy restrictions in the two rooms. Please call prehospital office to register so I can confirm your seat. This is a great conference! Tish Arwine, RN, BSN, Prehospital/Trauma Coordinator, Verde Valley Medical Center, 269 S Candy Lane, Cottonwood, AZ 86326, 928 639 6178, arwinet@nahealth.com. Conference flyer is under www.verdevalleyems.org/ What's New.

August 2013

8/8/13 Home Oxygen & Walkers: Reminder: If the patient is on home O2 or has a walker please have the crews bring that with them on transport. These creates a problem in getting them back home if these are not brought in. It requires us usually contacting a medical supply company and having them bring one in (logistical nightmare), Thanks, Tish Arwine, RN, BSN, Prehospital/Trauma Coordinator, Verde Valley Medical Center.

July 2013

July 17, 2013 Prehospital Care Agenda and Minutes:

Prehospital Care Agenda

July 16, 2013

Old Business

Supraglottic devices: The Status of Supraglottic devices per agency as follows:

VVAC: purchased all I-Gels. Training has occurred but still need to provide attestation documentation that education has been provided. Also a roster needs to be sent.

VVFD: will use I-Gels as well as maintaining Kings airways and combi-tubes. Still need to complete training and provide necessary documents.

SFD: Purchased LMA's and will use Kings's and LMA sizes below the smallest king.

MRFD is using Combi-tubes and LMA's. Still researching a half size to fit from the smallest Combi-tube size down.

Biphasic: All monitors have been programmed to give escalating shocks for recurrent v-fib or pulseless v-tach. Cottonwood will be purchasing Zoll and Zoll currently does not allow to program for escalating shocks. MRFD uses Phillips monitors and they will stay at manufacturers' recommendations.

Agency Based Run Reviews: Please ensure that all charts for review are sent to Dave at least two weeks out in order to pull follow up information.

New Business

EMTALA/ Interfacility- Review Appendix F

Pre-hospital office will continue to work on defining EMTALA rules and guidelines specific to EMS agencies.

Wildland procedure: Review of the wildland fire/ special medical assignment procedure. This document has been in the works for several months to help outline the procedure for working out of each agencies service area and requirements for medical direction, drug restocking, and patient care reporting.

EMSC Survey: www.emscsurveys.org: Sent out by NAEMS. Please fill out the survey and return. The majority agencies in the Verde Valley have not filled this survey out as of yet. This will assist in grant funding for NAEMS which benefits us all.

Sheets on back boards/vacu-splints/ med stickers: Discussion had occurred with Dr. Peek after transferring a patient from our gurney to the cath table. In an effort to improve the transfer time and pass off time (resulting in a shorter door to balloon time), Dr. Peek would like to see any patient that is on a back board or vacu- splint for transfer have a sheet placed below them. This will enable us to directly transfer the patient to the cath table without having to remove the back board after transfer. This can also be beneficial when removing the vacu-splint after a physician has cleared C-spine on a trauma patient. The intent is to place all patients that are placed on a backboard or vacu-splint on a sheet as well.

Med Stickers: A second issue arose from a transport direct to the cath lab with a patient that had a pre-hospital Amiodarone drip established. Pass on included this information to the RN working at that time but the information was not received or recalled. We need to ensure that we are placing med stickers on all drips initiated in the field with the med information written on the sticker. This will primarily be utilized for Amiodarone drips, Mag sulfate drips, or anything else without a pre-labeled bag. Med stickers have been placed in the pyxis at VVMC next to the sanitation wipes. Please only take what you need to stock your drug boxes.

Photos on scene- corporate compliance video: A concern was brought to the pre-hospital department regarding a report of providers taking photos on scene and subsequently sharing those photos with other providers not directly involved in that particular incident. In some cases this included pictures of patients. In response an email was sent out yesterday regarding use of media and photo taking with subsequent sharing of photos to other providers. This email contained a link to download a short video that NAH compliance requires all employees to watch. It covers media use and Hippa violations. All company officers will complete this training with their crews and provide an email to the pre-hospital office when this training is complete. All agencies need to ensure each reserve receives this training as well.

Boler: DHS has allowed anyone that transfers from another state to AZ as an Intermediate to get certified as an AEMT. New guidelines will need to be established to delineate differences in scope of practice for an AEMT. Pre-hospital will review the skill capabilities of AEMT's and make the required changes to protocols to reflect the scope of these providers.

Mezulis: SFD has a fire sale on stokes baskets. If there are any agencies that need stokes baskets at a discounted rate contact Battalion Chief Mezulis 928.282.6804

Run Review –

July 16th 1900 Trauma and case studies from St Joseph's Medical Center

Conference Room B and C at VVMC

Next Meeting October 15th at 0930

May 2013

5/20/13 VVMC Pre-hospital Guidelines Updated: The final version of the VVMC PHC Guidelines are posted under Protocols at www.verdevalleyems.org.

Verde Valley Medical Center Off-Line Guidelines

2013 Changes (additional)

Off-line	Page	Change	Why
Adult Cardiopulmonary arrest- CCR alternative	27	Added a footnote to indicate escalating shocks for V-Fib/Pulseless V-Tach Footnote (6)	Per Medical control refractory V-Fib/ Pulseless V-Tach should have increasing joule dosing
Adult Pulseless Arrest	28	Added a footnote to indicate escalating shocks for V-Fib/Pulseless V-Tach Footnote (10)	Per Medical control refractory V-Fib/ Pulseless V-Tach should have increasing joule dosing
Adult Tachycardia with Pulses	30	Added a footnote requiring medical control input for use of amiodarone in patient with a systolic BP less than 90 mm HG	Amiodarone increases hypotension requiring medical control input.
Trauma-Burns	32	Added NS as option in fluid resuscitation	LR is still recommended solution for burns, included NS if LR unavailable
Pediatric Tachycardia with Pulses	62	Changed verbiage on footnote (6). Added contact medical control for use of Amiodarone if BP is less than 90 mm Hg systolic	Amiodarone increases hypotension requiring medical control input.
Pediatric Airway	74	Removed use of bougie for pediatrics with intubation attempts.	Current Bougie devices will only pass easily through a 6.0 ET tube.

March 2013

3/27/13 VVMC Pre-hospital Guidelines and Training: The new VVMC PHC Guidelines and specific changes are on the website at www.verdevalleyems.org, under “Protocols” and the 2013 Annual Skills slides and training information is under “Training”.

3/10/13 Annual Skills and VVMC Updates: Annual Skills and VVMC Updates will be held at Verde Valley Ambulance for Clarkdale Fire, Cottonwood Fire, Verde Valley Fire and Verde Valley Ambulance

on April 10th 0830-12300, April 15th 0830-1230 and April 17th 1200-1630. Please RSVP to Sheila at office@verdevalleyambulance.com or 634-7750. LUNCH will be provided on all days.

January 2013

1/3/12 Annual Arizona Pediatric Conference: Will be held in Prescott on February 18, 2013. See "What's New" at www.verdevalleyems.org for further information.