



The Monitor

The monthly electronic newsletter for the Southern Illinois Regional EMS System.

January 2019

COMMAND: Welcome to 2019! Dr. Haake has many plans for this new year, including some of the following:

- Digital town hall style meetings that system members can attend in person, by computer, or by conference call. These meeting will provide an opportunity to interact directly with Dr. Haake about EMS issues.
- New system data collection points that will be obtained and the results posted on the website.
- Requiring system departments to join the Shawnee Preparedness and Response Coalition (SPARC) and encouraging participation in meetings and committees.
- Many new procedures and protocols are under consideration.
- A new, more user friendly EMS System website is under construction.
- And much more...

FINANCE: Congratulations to Alexander County Ambulance, Brookport Fire Department, and Clay County Ambulance for their IDPH EMS Assistance Grant awards. Congratulations to all three agencies!!

LOGISTICS: For all ambulance services that transport to SIH facilities: EMS staff will not be provided a face sheet until Patient Registration staff meet and properly identify the patients. There have been cases of misidentified patients and it creates documentation problems for EMS and within the hospital departments. There are a few exceptions, like in the case of unresponsive patients. Contact the EMS Office with any questions or issues with obtaining face sheets.

First Responder Agencies: If your department has not been trained on the new scope of practice changes (aspirin, epinephrine auto injectors, naloxone, oral glucose, glucometers, and supraglottic airways) please contact the EMS Office.

Dr. Haake is reviewing Preceptor applications and should make an announcement by the end of January.

For all EMS license holders: Please send any license renewals and other transactions to the EMS Office earlier rather than later. The IDPH Division of EMS in Springfield is severely understaffed and it is taking longer for initial licenses and renewals.

OPERATIONS: The criteria for early activating a stroke ready hospital in our EMS system remains the Cincinnati Stroke Scale, or the FAST scale. However, as discussed by Dr. Hornik at the last Stroke Symposium, we should also be mindful on an unsteady gait or deficits in balance and vision changes/disturbances. A great way to remember the additional considerations is the acronym BE FAST.

B- balance

E- eyes/vision

F- facial droop

A- arm drift

S- speech

T- time, last known well time

ILS and ALS: The Initiation of Peripheral IVs protocol states the forearms and hands are the preferred sites for starting IVs in the prehospital setting. The protocol also states to avoid areas of bone articulation, areas where arterial pulsations are palpable, veins near or distal to injured areas, and veins in the lower extremities. If you believe an IV must be started in one of the non-recommended areas listed, contact Medical Control.

There have been reports throughout the state of amphetamines, cannabinoids, and other illicit drugs possibly being laced with opioids. Please keep this in mind when you have a patient that has admitted to or you suspect has used a non-opioid drug, but is experiencing symptoms you would expect from an opioid. If you encounter this situation, please contact the EMS Office after the call. If the problem presents itself locally, we do want to notify all of our system participants.

PLANNING: Don't forget about our EMS Calendar at www.sirems.com

Jan 8: SPARC General Membership Meeting, Marion Pavilion

Jan 13: SIREMS Triage Tag Day

Jan 17: Regional EMS and Trauma Advisory Committees, HRMC

Jan 21: Martin Luther King Day

Jan 28: IDPH EMS Education Committee videoconference, IDPH Marion

TIP OF THE MONTH: Though we activate a STEMI with a new or assumed new left bundle branch block (LBBB), there is a way to further narrow down on the possibility of STEMI with the presence of LBBB. It's called the Sgarbossa Criteria. If any of the three Sgarbossa Criteria are met, it highly increases the likelihood of MI in the patient with LBBB.

1. Similar ST elevation > 1mm in leads with a positive QRS complex.
2. Similar ST depression > 1mm in V1-V3.

3. Excessively dissimilar ST elevation or depression in leads with a negative QRS complex.
 - a. In proportion to the preceding S-wave or R-wave as determined by:
 - i. At least 1mm of ST elevation or depression and...
 - ii. An ST/S ratio of less than or equal to 25%
-This means when the ST elevation or ST depression measured at the J point is 25% or less of the S wave on elevation or R wave on depression.

Remember, this tip is only for personal knowledge. We are not modifying or changing our system protocol for activating a STEMI on new or assumed new LBBB presentations.

If you have any questions or information for "The Monitor", please contact me at Brad.Robinson@sih.net or SouthernIllinoisRegionalEMS@gmail.com (01-08-19).