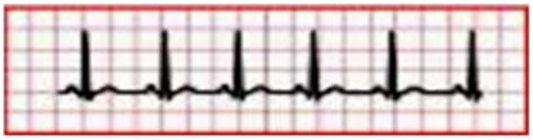

The Monitor

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

September 2019

COMMAND: Dr. Haake wants to invite our SIREMS personnel to the next Town Hall meeting on Thursday September 12th at John A. Logan College from 1900-2100. The meeting will be in F118 and Domino's pizza will be served. There is an agenda posted on www.sirems.com but Dr. Haake wants participants to bring questions or topics for discussion to the meeting. There will also be a remote option through GoToMeeting and the login/call details will be distributed in advance of the meeting. Please RSVP for the meeting through the link on the website, so we will have a head count for the food and seating.

FINANCE: Nothing new on the finance front this month.

LOGISTICS: ALS Services: Dr. Haake has submitted a Tranexamic Acid (TXA) protocol to IDPH for approval. When approval is granted, the EMS Office will be scheduling training sessions with our ALS services. TXA is a medication given to patients with bleeding from traumatic injury. TXA is administered via IV piggyback, which requires a secondary IV set. We noticed while making this protocol that IV Secondary Sets are not listed on our system's ALS supply list even though services are allowed to administer and monitor IV piggyback administrations. The addition of secondary sets is coming to the supply list. Contact the EMS Office with any questions.

Memorial Hospital of Carbondale has been designated as a Level 2 Trauma Center, effective November 4, 2019 at 0700. The EMS Office along with the MHC Trauma Team will be visiting ambulance services this fall to provide training on early activating the Trauma Center and answering any questions about trauma center operations. For those that want to view the Regional EMS Trauma Field Triage Guidelines, it is DD-14 in the SIREMS Protocol list or copy and paste the following link: https://www.sirems.com/emsfiles/Section%20DD%20Trauma/DD-14%20REGION%205%20MINIMUM%20TRAUMA%20FIELD%20TRIAGE%20GUIDELINES.pdf

There is a shortage of trained Critical Incident Stress Debriefing personnel in Southern Illinois. We want to work with SPARC for personnel, contacts, and possible funding to bolster the CISD system in our region. If there are any individuals or departments/services interested in stepping up and assisting in this important program, please contact the EMS Office.

Reminder of the annual SPARC Weathering the Storm Disaster Conference on Wednesday October 16th at the Pavilion in Marion. The one day conference has many sessions, topics, and guest speakers and will also award IDPH EMS Continuing Education credits. To review the schedule and topics or register, copy and paste the link below.
https://shawneepreparednessandresponsecoalition.com/conference/

OPERATIONS: There have been questions about the updates to the Cardiac Arrest Protocol. First, this change only effects ILS and ALS services. BLS services do not have access to the medications in the AHA ACLS algorithms, so they must focus on following the AED prompts, providing quality chest compressions, properly ventilating and rapidly transporting…while considering an ALS intercept.

Dr. Haake has made updates to the SIREMS Cardiac Arrest protocol (CC-2) to include guidance on termination of resuscitation. Please see below:

- *Continue resuscitative efforts according to AHA ACLS algorithms for a minimum of **20 minutes** prior to moving the patient unless ROSC is obtained.*
  - *If the scene is unsafe, move the patient at any time necessary before the 20 minutes of resuscitation are completed.*
- *After 20 minutes of resuscitative efforts with no signs of ROSC:*
  - *Contact Medical Control for consultation and possible Termination of Resuscitation (TOR) orders.*

If there are any questions while on scene, please contact Medical Control. If there are any questions besides during resuscitative activities, contact the EMS Office.

Please be aware of your words, their tone, and body language when speaking to patients and family. There was a tragic case last week where a lady's car was swept from the road by flood waters while she was delivering newspapers early in the morning. The manner in which the 911 dispatcher spoke to the victim while she was trapped in the car was horrible. Sadly, the words, terms, and phrases the dispatcher used were not completely foreign to my ears….I've heard them before. Be compassionate and kind to patients and family! It's not always easy but many parts of our jobs are difficult. Speak to your patients as if your words will be the last words they ever hear in this world.
https://www.cbsnews.com/video/911-dispatcher-mocks-drowning-woman-in-her-final-moments/

BLS, ILS, and ALS: Remember to contact Medical Control on any questionable refusal situation. The SIREMS protocol states:

If a patient wishes to refuse either treatment, examination, or transportation, the following steps will be taken:

- *The EMT will complete a system approved "Patient Refusal Checklist" that includes the assessment of:*
  - *General impression*
  - *Level of consciousness*
  - *Possibility of head injury*
  - *Possibility of patient being under the influence of drugs and/or alcohol*
  - *Vital signs*
- *Medical control **shall** be contacted for orders when:*
  - *The condition indicates medical care is needed*
  - *The patient is incompetent*
  - *And/or refusal of treatment and/or transport could further harm the patient*

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

Sept 2: Labor Day

Sept 12: SIREMS Town Hall Meeting, JALC F118

Sept 13: SIREMS Triage Tag Day / Carterville EMS Golf Scramble COGC

Sept 19: Joint EMS/Trauma Advisory Council Meetings, v/c Marion IDPH

TIP OF THE MONTH: Don't forget about passive oxygenation in your cardiac arrest victims. A nasal cannula set at 15LPM can be placed on a cardiac arrest patient early in the resuscitation. This will increase the oxygen concentration (FiO_2) of the air in the dead space of respiratory tract. Pay attention to the end tidal carbon monoxide readings ($ETCO_2$) if available. Also, pay attention to $ETCO_2$ and oxygen saturation after ROSC. We want normal $ETCO_2$ (35-45mmHg) and normal SpO_2 (>94%) after ROSC, while avoiding hyperoxygenation.

If you have any questions or information for "The Monitor", please contact me at Brad.Robinson@sih.net or SouthernIllinoisRegionalEMS@gmail.com (09-02-19).