

EMS BEAT

ALBANY MED OUTREACH NEWSLETTER



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EMS Night 2007

Save the date! Albany Medical Center is hosting EMS Night 2007 at 6:30 p.m. on Tuesday, May 15 at The Desmond Hotel. The event gives the Medical Center the opportunity to recognize and thank EMS professionals throughout the Capital Region for their commitment to emergency medicine and for the exceptional pre-hospital care they provide to our community.

The event will also reunite several EMS crews with the individuals whose lives they saved due to their heroic efforts. In addition, Albany



native and co-author of *Emergency Care*, *Essentials of Emergency Care*, *Advanced Medical Life Support* and *First Responder - A Skills Approach*, Dan Limmer, AS, EMT-P, will provide the keynote address.

We hope to see you there!

April is "Donate Life" Month

While we designate April as "Donate Life" Month, it is important to remember there is great need for organ donors year-round. In 2005 there were some 90,000 people on the waiting list in the United States; fewer than 30,000 patients received transplants, and there were less than 10,000 organ donors. That was the trend in 2006 as well.

You can help both personally and professionally.

On a personal level, you can tell your loved ones what your wishes are with regard to donating your own organs. You can fill out a Health Care Proxy, and you can register on the Donor Registry when you renew your driver's license or visit www.health.state.ny.us/nysdoh/donor/form.htm.

As an EMS provider, you can help by providing excellent documentation since you are the first link in the chain of donation. Your description of any respiratory or cardiac downtime and treatment is paramount to evaluation should the patient become an organ donor. Additionally, it is important to include current medications, the name of your patient's primary care physician, and

past medical history in your documentation so that it can be included in the bedside chart at the hospital. This is extremely helpful for the evaluation process for donation since evaluation occurs quickly after a patient is delivered to definitive care.

Remember, while brain death must be declared in order for organ donation to occur in the majority of instances, donation after cardiac death (DCD) is another avenue that results in organ donation. Similarly, tissue, bone and eye donation can still occur although this is procured after death. The information you document on your PCR is crucial to the transplant surgeons who are screening donated organs for the recipients in their programs.

If you have any questions about how to make your organ donation wishes clear or how to improve the documentation that you provide to hospitals, please call Barbara York, BA, AEMT-P, Organ Procurement Coordinator at the Center for Donation and Transplant at 518-262-5606.



West Entrance Accessible for Non-Emergent Ambulance Traffic

We are pleased to announce that construction on the west entrance is now complete and ambulance crews transporting non-emergency patients can easily access the west lot. Parking is conveniently located along the sidewalk in front of the Physicians' Pavilion, where patients can safely be loaded and unloaded under a covered awning. An elevator is available immediately inside the newly constructed west entrance to accommodate stretchers.

As has been the case, any non-emergent transfer patient who becomes emergent due to a change in condition should be transported to the emergency department as with all other emergency patients. EMS crews can radio the ED as usual with the patient update. Obstetrical patients who are in labor should be transported to the emergency entrance. For more information, please call (518) 262-8559.

Remember:

As of January 1, 2007, Albany Medical Center is completely tobacco-free. No smoking or use of tobacco products will be permitted anywhere on property owned or leased by the Medical Center.

Flolan Pumps and EMS

Flolan (epoprostenol) is a continuous infusion medication currently in use for many patients with severe Primary Pulmonary Hypertension. Pulmonary hypertension causes the blood vessels in the lungs to have unusually high pressure. This high pressure in the pulmonary arteries results in the heart being unable to pump against the resistance of the blood pressure in the lungs. It leads to right heart failure.

Patients with Flolan infusions may contact EMS for many different reasons. Obviously, they may seek EMS care, just as any other member of the community. They may fall, be involved in a motor vehicle crash, or have other acute injuries. However, they may also call EMS if there is a primary problem with their catheter or Flolan pump. Therefore it is important that EMS providers be familiar with this medication and its delivery.

Flolan is a form of a naturally occurring molecule called prostaglandin. Flolan imitates the natural prostacyclin produced by the body to keep blood vessels healthy by lowering blood pressure. It also dilates blood vessels, particularly those in the pulmonary vasculature. This reduces the severe shortness of breath and air hunger suffered by patients with Primary Pulmonary Hypertension. From an EMS perspective, an important thing to remember is that Flolan has a very short half-life, and the medication lasts only a few short minutes after infusion. Dosing is individualized, and some people respond to increased doses of prostaglandin. EMS will not change the dosing of the Flolan.

Flolan is administered directly into the bloodstream through a surgically implanted catheter from a portable, battery-operated pump. The pump is worn attached to a belt around the waist or carried in a small shoulder pack. Since the drug lasts only 3-5 minutes it must constantly be infused: it is slowly and continuously pumped into the body through the permanent catheter placed in a vein in the neck or chest. The pump is filled daily with the mixed Flolan solution.

Like any other medication Flolan has side effects that can include jaw pain, headache, flushing, nausea, diarrhea,

and vomiting. Because of the indwelling IV line that is required, patients are also at risk for infections. Importantly for EMS providers, interruption of Flolan can be life-threatening, even a brief interruption can result in a sudden reoccurrence of symptoms. Therefore, if they call EMS for a primary problem with their catheter or Flolan pump, it is important to recognize several things:

- Flolan needs to be a continuous infusion
- Administration of intravenous solutions is within the scope of practice for REMO EMT-I, EMT-CC, and EMT-P

Should a patient with Primary Pulmonary Hypertension contact EMS because of a problem with their catheter, the Advanced EMS provider should:

- Start a peripheral IV
- Transfer the Flolan infusion to the new IV
- Contact a REMO physician at the receiving hospital of the patient's choice as soon as possible

Should the patient contact EMS because of a problem with the Flolan pump, contact a REMO physician to discuss treatment options.

Patients with Flolan infusions should, if possible, be taken to the hospital where they are normally treated. If the hospital unknown, please contact a REMO physician for consultation.

*LJ Rubin, J Mendoza, M Hood et al.
Treatment of primary pulmonary hypertension with continuous intravenous prostacyclin (epoprostenol). Annals of Internal Medicine 1990 112: 485-91.*

*W Long, L Rubin, R Barst et al.
Randomized trial of conventional therapy alone vs. conventional therapy plus continuous infusion of prostacyclin in primary pulmonary hypertension. American Review of Respiratory Disease 1993 149: A538.*

www.flolan-center.com

www.us.gsk.com/products/assets/us_flolan.pdf

www.rxlist.com/cgi/generic/flolan.htm

Plastic Surgeon Specializing in Burns Joins Albany Med

Dr. Dimitri (Jim) Koumanis, a plastic surgeon specializing in microsurgery, burns and cosmetic surgery and complex reconstructive surgery (including reconstructive breast surgery) due to trauma and cancer recently joined Albany Medical Center.



In addition to a fellowship in plastic and reconstructive surgery at Nassau University Medical Center, Dr. Koumanis completed a year-long acute and reconstructive burn fellowship at Indiana School of Medicine, including the Reilly Children's Hospital Burn Unit. Dr. Koumanis' extensive experience increases Albany Med's Ability to deal with burn victims.

"If a victim — including a child — has 20% burns or less, we will now be able to help them here at Albany Med without having to move them to a Burn Center," Koumanis says.

Koumanis, who is Acute Burn Life Support Certified, adds, "Over time, it is our goal to build up our clinical and academic capabilities in dealing with burns."

Koumanis previously was chief resident in general surgery at McGill University. He received his medical degree from the University of Western Ontario. He completed a fellowship in plastic and reconstructive surgery at Nassau University Medical Center.

Did you know?

- Look for information about new suspected spinal injuries protocol this Spring.
- SEMSCO approved a new QI Manual written by the Evaluation Committee. Plans call for the Committee to roll out their new manual regionally in a "train the trainer" format starting sometime in the second quarter of 2007.
- North Country, was approved for BLS use of hemostatic bandages for serious external bleeding. North Country is the third region in New York to employ hemostatic bandages (Westchester and Nassau County already allow them).
- A recommendation from the Evaluation Committee on whether or not New York should get on board with NEMSIS (National EMS Information System - www.nemsis.org) is on hold pending a closer analysis of our entire PCR reporting and data analysis process.
- A cool website you might want to check out for additional safety ideas is www.emssafepatient.com which details an error reporting network called MEPARS.
- The Paramedic Licensure TAG met to hear about Pennsylvania's system of permanent paramedic certification which took effect in 1994 following a 10 year effort. A survey of medics during Vital Signs 2006 in Syracuse returned 107 responses with 99 favoring licensure and 8 opposing.

Lifestar Trauma is Growing

We are proud and honored to join Lifestar Regional Trauma System in coordinating the 12th Annual Symposium for Trauma Care Providers. We have expanded to two days and will have a wider choice of lectures available. The exciting topics include explosive injuries, airway management in trauma, management of the pregnant trauma patient, spinal cord injury care and many, many more. The conference will be held at the Marriott on Wolf Road on May 9 and 10. Please join us for one or both days. Contact Sarah Seiler at 262-2938 or seilers@mail.amc.edu.

Strategies for Dealing with Alzheimer's Disease Patients

Alzheimer's disease is a brain disorder which, in its early stages, is characterized by short term memory loss. Over time, the disease progresses, and eventually individuals stricken with Alzheimer's slowly lose the ability to communicate and care for themselves.

Statistically, the older a patient is, the more likely they may have Alzheimer's. At age 65, the odds are one in 10 that the patient you are dealing with Alzheimer's Disease and by age 85, the odds are one in two. But you can't assume that because someone is more elderly, they are more impaired. An individual could be 85 and just beginning to show symptoms, or they could be much younger and more severely compromised.

When communicating with patients suffering from Alzheimer's disease, here are some strategies to keep in mind:

- Stay as calm as possible; the patient will tend to reflect your state of mind.
- Use simple language and instructions – one step at a time.
- Try to establish trust and rapport. If the patient is already upset with other professionals on the scene, you may want to distance yourself from them.
- Try to avoid asking questions that rely on recent memory.
- Remember that the patient may not be a reliable informant about their own condition.
- Encourage non-verbal communication (as you might with a child): "Can you point to where it hurts?"
- Use neutral body language and don't expect the patient to understand **your** non-verbal communication (like a raised eyebrow or a frown).
- Treat the person with dignity and respect.

Finally, feel free to call on the resources of the Alzheimer's Association's Safe Return, the national wanderers' identification program. Safe Return personnel can counsel the family, physically help to look for an individual suffering from Alzheimer's who has wandered and gotten lost, provide education and search strategies for volunteers, and help get information to the press to find the missing patient.

To report a wandering incident and to get help from Safe Return, call the 24-hour hotline at 1-800-572-1122.

Upcoming Events

April 10 | 7pm

Clandestine Labs
NYSP Trooper
Wildermuth

April 18 | 7pm

**Blood Glucose Testing,
Pumps, Diabetic Tools**
Ann Levitt, RN CDE

April 18 | 8pm

Behavioral & Psych ER's
Mark Winther, MD

April 30 | 7pm

**EMS - Medical
& Legal Issues**
Thomas DiNovo, Esquire

May 8 | 7pm

Acute Abdomen
Amy Little, MD

May 8 | 8pm

Multiple Trauma
Christopher Freeman, MD

May 15 | 8pm

EMS Night

June 12 | 7pm

Atrial Fibrillation
John Burton, MD

June 12 | 8pm

GSW/ Basic Ballistics
Michael Valkanas, MD

June 20 | 7pm

Burns
Dimitri Koumanis, MD

June 20 | 8pm

**Common Home
Medications**
Mary MacKessy, MD

June 20 | 9pm

**Secondary Airway
Devices**
Aimee Gould, MD

All lectures will take place in Albany Medical College's MS-169 unless otherwise stated. Lectures will be available for viewing through the Adirondack Area Network (www.aanet.org/ems/ems1.html), which permits live, two-way video conferencing between Albany Med and one of several area teleconference sites around the region. Webcast with online chat capabilities will also be broadcast live. All conferences are archived online at AAN with links to a post-conference test site. An 80% correct score will then create a certificate of completion for your records.

For more information on these or other events, call (518) 262-8559.

Early Notification a Necessity in Disaster

If a mass casualty incident (MCI) struck today, do you know your FD/EMS Agency plan to notify the hospitals? Just as early notification for a Trauma, Stroke or ST Elevation MI makes it possible to mobilize key team members and resources efficiently, hospitals can better respond to multiple patient incidents if they are made aware as early as possible.

The ReMAC dispatcher (518-783-2833 or 690-2940 x 6001) can assist in hospital notification and patient flow. ReMAC or Albany Medical Center (690-2940 x 6018) can also arrange a physician response to the scene to assist with treatment and transport decisions.

Early notification is also key for those patients involved in a Haz Mat incident, including potential biological or radiological emergencies, so that hospital decontamination systems can be established safely.

At the heart of every hospital is the basic desire to care for the sick and injured. To do this, every hospital must be prepared. Please know your agency MCI plan. Early notification from the field is a key to the hospitals' success in a MCI.



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