Medical Affairs:

Clinical Updates

Wake County EMS CME 3 2025

WAKE COUNTY
NORTH CAROLINA

Topics

- Dexamethasone

- Emergency Medical Communication
  - Radio Call-ins, Medical Direction

Dexamethasone ("Decadron")

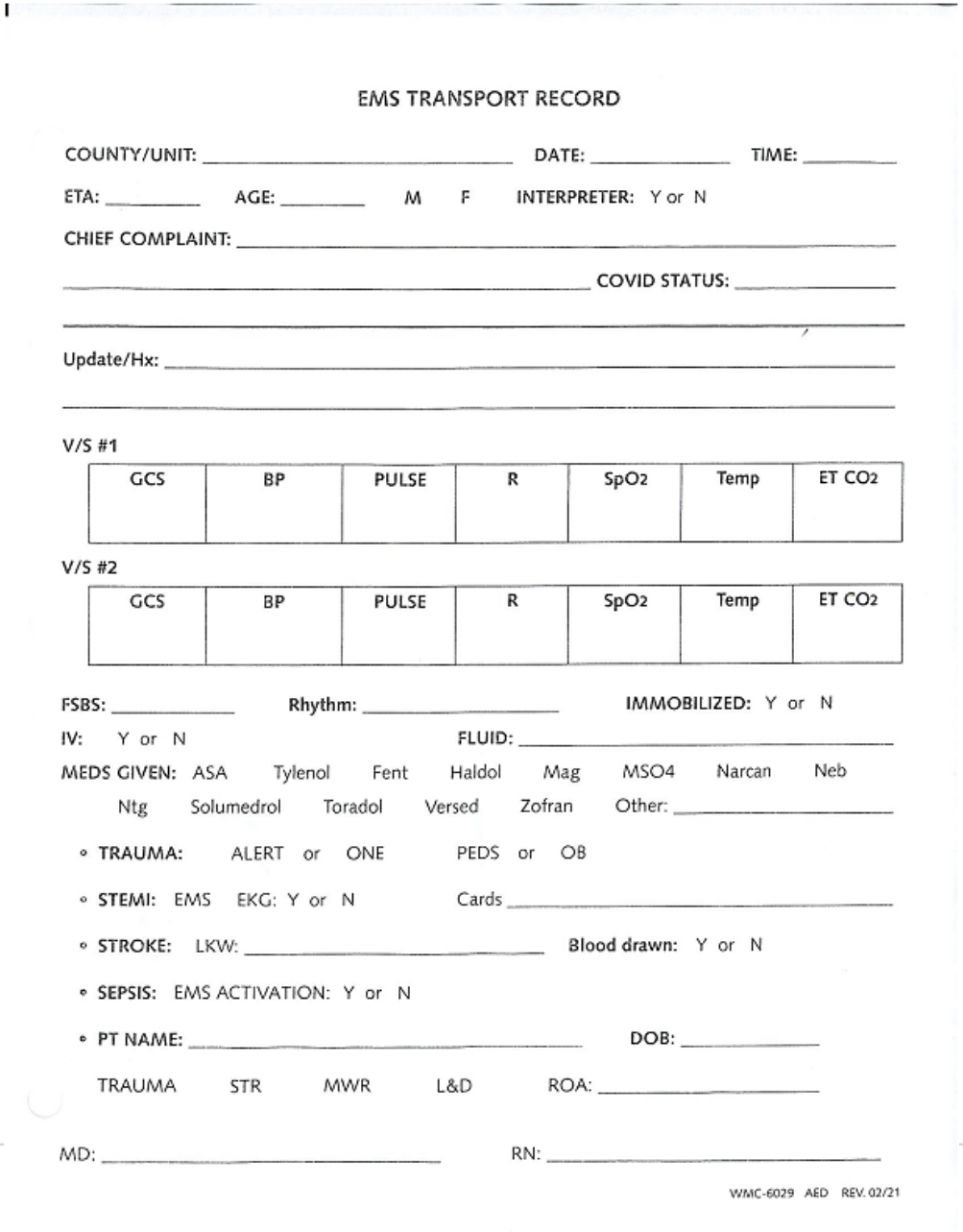
- BLUF: We are switching the steroid we carry from Methylprednisolone (Solu-Medrol) to Dexamethasone

Dexamethasone is:

- A Potent Corticosteroid medication
- Indicated for all the protocols that have steroid administration
- Easy to dose and administer
- Not on shortage. ☺
- Switch will occur sometime 4th quarter

Communication

- Radio Call-ins
- Medical Direction tips for success



EMS TRANSPORT RECORD

COUNTY/UNIT: _____ DATE: _____ TIME: _____

ETA: _____ AGE: _____ M F INTERPRETER: Y or N

CHIEF COMPLAINT: _____

_____ COVID STATUS: _____

_____

Update/Hx: _____

_____

V/S #1

GCS	BP	PULSE	R	SpO2	Temp	ET CO2

V/S #2

GCS	BP	PULSE	R	SpO2	Temp	ET CO2

FSBS: _____ Rhythm: _____ IMMOBILIZED: Y or N

IV: Y or N FLUID: _____

MEDS GIVEN: ASA Tylenol Fent Haldol Mag MSO4 Narcan Neb

Ntg Solumedrol Toradol Versed Zofran Other: _____

- TRAUMA: ALERT or ONE PEDS or OB
- STEMI: EMS EKG: Y or N Cards _____
- STROKE: LKW: _____ Blood drawn: Y or N
- SEPSIS: EMS ACTIVATION: Y or N
- PT NAME: _____ DOB: _____

TRAUMA STR MWR L&D ROA: _____

MD: _____ RN: _____

WMC-6029 AED REV. 02/21

Radio call-ins

- A courtesy, but also expected/standard
- Common expectations with ED staff
- Have a plan. Be organized, communicate *priority* information succinctly, the rest can be given at the bedside.
  - ETA
  - Complete set of vital signs + GCS (proxy for mental status)
  - 20ish seconds?

Bedside Trauma Report

EMS Time Out Report		
M	Age/Sex, **Mechanism**	Age, Sex Mechanism of Injury (including time of injury)
I	**Injuries**	List major injuries head to toe
S	Vital **Signs**	Vital signs (highest HR, lowest BP, lowest GCS)
T	**Treatment**	Treatment (including access, fluids, & meds)

ATLS®

Advanced Trauma Life Support®

Student Course Manual

On arrival of the patient, the team leader supervises the hand-over by EMS personnel, ensuring that no

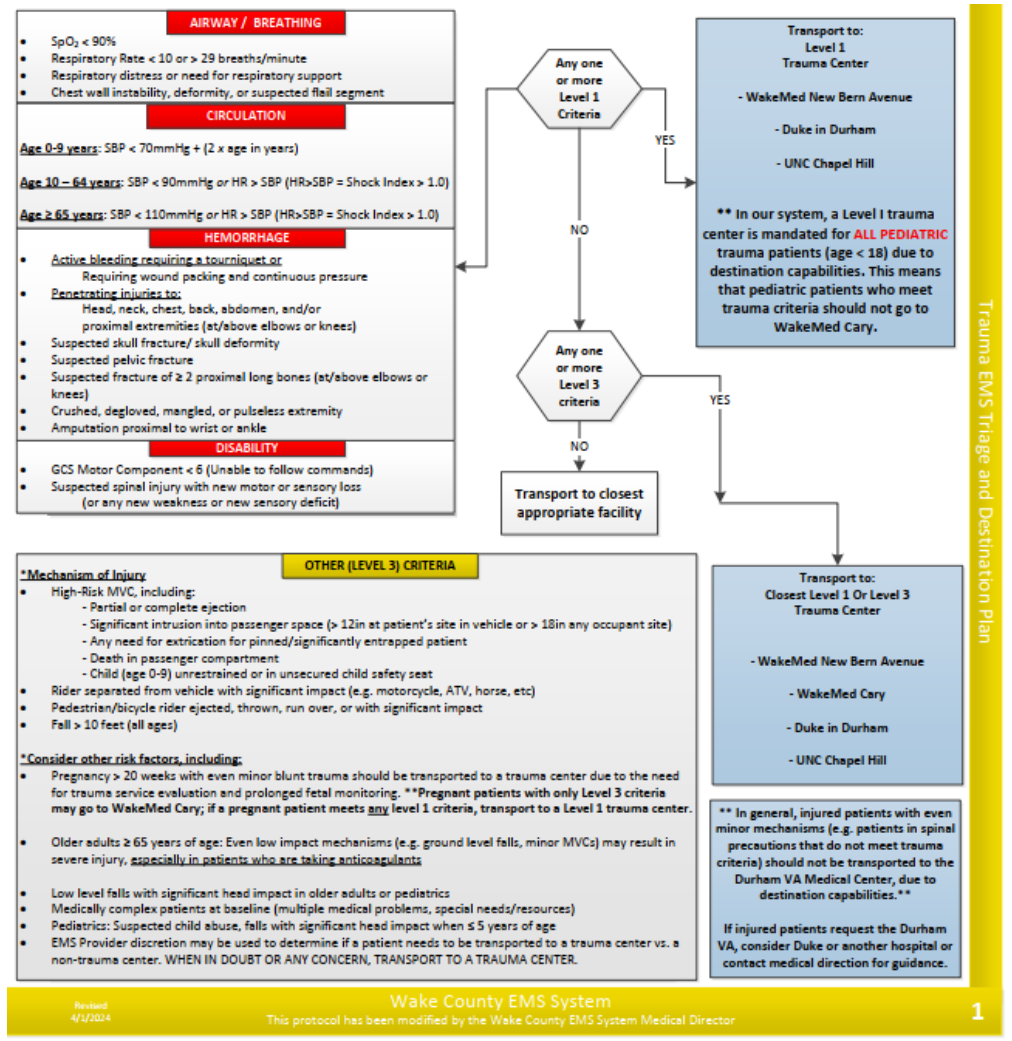
■ **FIGURE 1-8** In many centers, trauma patients are assessed by a team. To perform effectively, each team has one member who serves as team leader.

team member begins working on the patient unless immediate life-threatening conditions are obvious (i.e., a "hands-off hand-over"). A useful acronym to manage this step is MIST:

- Mechanism (and time) of injury
- Injuries found and suspected
- Symptoms and Signs
- Treatment initiated

"mini-MIST" for radio call-ins?

- ETA first!
- Age, Sex
- Mechanism BRIEFLY
  - What is the specific trauma criteria?
  - Review field triage criteria in the protocols- trauma TDP
- Injuries
  - Key injuries only – again, trauma criteria?
- Vital signs including GCS
- Key treatments
  - Oxygen requirement or Airway management? IV access/fluids?



Please use MIST for your next trauma call-in

- "EMS 1 calling in a trauma notification, ETA 15 minutes…"

- M - "this is a 40 yo male who was in a rollover MVC about 30 minutes ago… he meets trauma criteria due to 18inches of intrusion into his seat area."
- I – "he has a frontal scalp laceration, left chest wall crepitus, arm deformity, and possible pelvic injury because he has an abrasion there and screams when you touch it"
- S- "he initially had a heart rate of 120 and BP of 90/60 with lowest GCS of 10, current vitals are heart rate 100, BP 120/80, and GCS 12. Lowest BP was that first one, 90/60…"
- T- "He has 18 gauge IVs in both ACs, He's getting saline and received 50mcg of fentanyl for pain"

- "Again, our ETA is approximately 15 minutes, if nothing further we'll see you in the trauma bay…"

And that's all, folks! 20ish seconds… Succinct and organized…

Trauma specifics

- Pre-alerts are helpful, especially if there are multiple patients.
  - ASK FOR HOSPITALS: Understand it's a pre-alert and not a call-in, little information is currently available.

- Give a full radio report as soon as you can. ETA? Vital Signs? Trauma Criteria?

"mini-MIST" can work for medical patients as well… (ETA first ☺)

- **M**edical complaint BRIEFLY
  - "Inbound with ETA 15 minutes, we have a 65 yo F with shortness of breath"
- **I**llness - brief history of present illness
  - "Family came to visit today and found her having trouble breathing getting around the house"
- **S**igns – vital signs including GCS and/or changes from baseline
  - "GCS is 14 for confusion, and patient has room air sat of 88% which is new, the rest of her vitals are…"
- **T**reatment – key treatments performed
  - "We have her on 4 liters nasal cannula and sat has improved to 94%; she's also getting a duoneb and we're working on an IV"

The ED is hoping for…

- An Estimated Time of Arrival
  - Ask your driver if you're in the back and are not sure

- Information that relays ACUITY (immediate needs) and where the patient can go (trauma room? Waiting room?)
  - GCS is a proxy for mental status – are they at baseline?
  - Is the patient on oxygen or do they need respiratory/airway support?
  - Is the patient ambulatory? Immobilized?

- Do you need security/PD immediately or might you?
  - "Dr. Strong" for all destinations; freestandings may need to call local PD

The ED is hoping for…

- Pre-alerts are useful for medical specialty patients also
  - STEMI and Stroke – might allow the ED to plan for emergent vs. non-emergent cath lab utilization

- Reminder that it's ok to provide demographics (name, DOB) over the radio if you are asked, or you can offer if you have them
  - STEMI, Stroke, ROSC, even trauma
  - Avoids "emergent" registrations which is good for patient care

Questions?