



**BUREAU OF OPERATIONS
EMS COMMAND ORDER 2010-212
December 1, 2010**

MONTHLY DRILL FOR DECEMBER 2010

1. GENERAL INFORMATION

- 1.1 The designated drill for December 2010 is ACS Management and BLS/ALS Medication Administration. The Journal CME article for December 2010 is Trauma Assessment: When Time Matters. Station Officers shall conduct drills in accordance with EMS Operating Guide Procedure 104-03, Addendum 2, *Drills and Instruction Periods*. Journal CME shall be completed in accordance with EMS Command Order 2009 – 112, *Journal Continuing Medical Education*.
- 1.2 The Drill includes a review of summary of Command Orders and Office Of Medical Affairs Directives issued between November 1, 2010 and December 1, 2010 (EMS Command Orders 2010-194 to 2010-212) that effected policy or procedures. All members should be familiar with these orders. The original orders are available for review on the FDNY Intranet which can be accessed through the station and ePCR computers.
- 1.3 Video drill materials have been distributed by the EMS Academy. The other training materials have been distributed from EMS Operations via e-mail and through TRAQs. **Station Commanding Officers shall contact the EMS Academy if the video and training devices have not been received.**

2. PROCEDURE

- 2.1 Officers shall prepare for the monthly drill by reviewing the drill materials, facilitator guide, skill sheets and the original Command Orders listed in the policy and procedure review.
- 2.2 EMS Officers conducting drills shall discuss the details of each order in the policy and procedure review with members during drill and instruction periods.
- 2.3 Officers shall distribute the Journal CME to each member and ensure each member completes the associated quiz in TRAQs.

3. MATERIALS

- 3.1 ACS Management and BLS/ALS Medication Administration DVD, facilitator guide and handout.
- 3.2 Trauma Assessment: When Time Matters Journal CME article.

4. POLICY AND PROCEDURE REVIEW

4.1 EMS Command Orders

- 2010-194 Describes the exchange of SIAC dosimeters.
- 2010-197 Describes new transport categories in the CAD system.
- 2010-198 Announces distribution of XTS 5000 portable radios.
- 2010-198A Describes the use of Citywide and Citywide 2 Command channels on the XTS 5000 portable radios.
- 2010-200 Describes the information needed on repair tags.
- 2010-201 Describes the Honor Emergency Fund and announces the implementation of a voluntary automatic payroll deduction.
- 2010-202 Announces the distribution of snow shovels.
- 2010-203 Describes the procedure for downloading EKGS from the HeartStart MRx to data cards and to the ePCR computers.
- 2010-205 Announces the requirements for obtaining a Conflicts of Interest waiver for employment with NYC hospitals
- 2010-206 Announces the Medical Preparedness and Response for Bombing Incidents course at the Fire Academy
- 2010-207 Announces the filing for the FDNY/USMA Counterterrorism Leadership Program.
- 2010-208 Announces a glucagon shortage.
- 2010-209 Announces changes to the routing of Carbon Monoxide (CO) paperwork and documenting CO reading on the ePCR.
- 2010-210 Announces the screening exam for a full-time Paramedic Basic Program.
- 2010-211 Announces the procedure for completing the 2010 Uniform Cleaning Allowance Affidavits.

4.1 Office of Medical Affairs Directives

- 2010-04 Announces Project Organ Preservation

BY ORDER OF THE CHIEF OF EMS COMMAND



EMS TRAINING DRILL 2010_D12

ACS MANAGEMENT AND BLS / ALS MEDICATION ADMINISTRATION FACILITATOR GUIDE

This month's drill will focus on assessment of a medical patient suffering from an acute coronary syndrome, BLS medication administration using an Epinephrine Auto Injector and ALS medication administration using the Mucosal Atomizer Device.

The ability to rapidly identify a patient suffering from an Acute Coronary Syndrome, treat appropriately, notify the receiving facility and transport to a hospital capable of providing cardiac catheterization can mean the difference between life and death. The goal is to provide the patient the best opportunity for survival and to minimize disability and death due to myocardial ischemia and infarction.

With the introduction over a year ago of the Epinephrine Auto Injector, FDNY EMS BLS providers have had the ability to administer life saving medication for both pediatric and adult patients presenting with signs and symptoms of an anaphylactic reaction. Recently, the protocols have been revised to include administration of the Epinephrine Auto Injector for patients suffering severe respiratory distress under BLS Protocol 407 *Wheezing*. The ability to rapidly identify a patient suffering from a life threatening allergic reaction or severe respiratory distress from wheezing and treat it appropriately can greatly increase the patient's chances for survival.

With the introduction of the Mucosal Atomizer Device, FDNY EMS ALS providers have had the ability to safely and rapidly administer medication via the intranasal route such as Nalaxone and Midazolam when intravenous access is unavailable or unsafe to obtain.

1. LESSON OBJECTIVES

At the end of this lesson the participants will be able to:

- 1.1 State the goals of rapidly identifying and appropriately treating a patient suffering from an Acute Coronary Syndrome.
- 1.2 Identify the elements that are crucial in rapidly performing a focused physical assessment in the treatment of an ACS patient.
- 1.3 Identify the roles and responsibilities of both crew members utilizing the C.O.N.C.I.S.E. approach during the assessment.
- 1.4 Correctly identify a patient presenting with an anaphylactic reaction and appropriately manage it utilizing the Epinephrine Auto Injector when indicated.

- 1.5 Correctly identify a patient presenting with severe respiratory distress and appropriately manage it under BLS Protocol 407 *Wheezing* utilizing the Epinephrine Auto Injector.
- 1.6 Identify medications that can be administered via the intranasal route using the Mucosal Atomizer Device and state the contraindications for its use.

2. SKILLS

All members should perform the following skills:

- 2.1 Perform an assessment of a medical patient presenting with acute coronary syndrome and utilize the C.O.N.C.I.S.E. approach to rapidly assess and treat this patient.
- 2.2 Perform an assessment of a medical patient suffering from an allergic reaction and appropriately manage this medical emergency utilizing the Epinephrine Auto Injector.
- 2.3 Perform an assessment of a medical patient suffering from severe respiratory distress and appropriately manage this medical emergency utilizing the Epinephrine Auto Injector.
- 2.4 Demonstrate how to properly utilize an Epinephrine Auto Injector.
- 2.5 Paramedics, in addition to the above, should demonstrate the following skills:
- 2.6 Demonstrate the ALS interventions necessary to rapidly manage a patient presenting with Acute Coronary Syndrome including:
 - 2.6.1 12 Lead EKG acquisition (verbalized) and interpretation.
 - 2.6.2 OLMC contact for STEMI and transmission of 12 Lead EKG (verbalized).
- 2.7 Demonstrate how to properly assemble and administer medications using the Mucosal Atomizer Device and identify the contraindications for its use.

3. DRILL

- 3.1 The officer should review the Acute Coronary Syndrome Management and BLS/ALS Medication Administration video drill with the crews.
- 3.2 Each EMT/Paramedic should act as the team leader and should perform an initial assessment, focused history and exam utilizing the C.O.N.C.I.S.E. approach on a medical patient presenting with ACS and initiate care as needed. The additional crew members will perform tasks as directed by the first crew member. The facilitator will evaluate the crews performance utilizing the scenario skill sheets.
- 3.3 Paramedics should demonstrate the ability to perform ALS interventions necessary for the management of an ACS patient including:

- 3.3.1 12 Lead EKG acquisition (verbalized)
- 3.3.2 12 Lead EKG interpretation
- 3.3.3 OLMC contact and presentation of STEMI patient
- 3.3.4 12 Lead EKG transmission to OLMC utilizing the Rosetta LT Data translator (verbalized)
- 3.4 EMTs and Paramedics should demonstrate the proper use of the Epinephrine Auto-Injector including indications and appropriate administration method.
- 3.5 Paramedics should demonstrate the proper assembly, indications and contraindications for the use of the Mucosal Atomizer Device.
- 3.6 The DVD Video drill should be viewed in its entirety by all participants and skills practiced during selected times in video according to provider level.
- 3.7 The facilitator should participate during the ACS scenarios and act as the EMS Supervisor on scene. The role of the EMS Supervisor on the scene of an ACS assignment is scene management including:
 - 3.7.1 Scene safety
 - 3.7.2 Ensuring on scene patient contact time is minimized and limited to 15 minutes in order to decrease disability and death from myocardial ischemia and infarct.
 - 3.7.3 Informing the patient and family of the need to transport the patient to a specific hospital for specialized care based on patient's condition.
 - 3.7.4 Obtaining information from family or bystanders and keeping the family informed of events
 - 3.7.5 Coordinating efforts between the responding agencies and CFR-D Engine companies
 - 3.7.6 Developing a plan for patient movement and transport to the appropriate facility.
- 3.8 The Officer should discuss with the crew (during the ACS portion of video and skills):
 - 3.8.1 Scene safety
 - 3.8.2 Importance of rapidly identifying a patient suffering from ACS and taking appropriate actions to minimize "EMS to Balloon Time" . BLS providers should request ALS as soon as possible when myocardial ischemia is suspected with or without chest pain. Although the majority of patients suffering from myocardial ischemia/ACS will present with common symptoms such as chest pain, shortness of breath, syncope, confusion, fatigue or nausea, some patients do present with

other subtle signs and symptoms such as arm pain, palpitations, diaphoresis, restlessness, abdominal pain or no symptoms at all. **(EMS to Balloon Time: Time from which EMS makes patient contact to the time the patient has coronary reperfusion.) (TARGET is 90 MINUTES)**

- 3.8.3 Importance of limiting on scene patient contact time in order to improve myocardial salvage. **(TIME IS MUSCLE!)**
- 3.8.4 Importance of Salicylate (Aspirin) administration and how it reduces mortality by inhibiting platelet aggregation.
- 3.8.5 Importance of obtaining accurate past medical history and medications including use of erectile dysfunction drugs such as Viagra, Cialis or Levitra.
- 3.8.6 Importance of rapid 12 Lead EKG acquisitions, interpretation and transmission to OLMC if STEMI is suspected in order to decrease “EMS to Balloon Time”. Also, how 12 Lead EKGs and advanced notifications to receiving facilities speed diagnosis and shorten time to coronary reperfusion.
- 3.8.7 The goal is to rapidly assess, treat and transport ACS patients to appropriate specialized facilities. By rapidly identifying an ACS patient with STEMI, providing appropriate BLS /ALS interventions and notifying/activating the PCI center, the chances of the patient having a positive outcome increase dramatically.
- 3.8.8 Transportation decision including when and where to transport. Facilitators should stress that patients suffering from ACS and STEMI benefit greatly from rapid assessment, early interventions and rapid activation of PCI centers. EMS providers do a great job of rapidly initiating transport of patients suffering from traumatic injuries or burns to Trauma Centers and Burn Centers respectively. In the same manner, we should concentrate our efforts in rapidly transporting ACS patients to specialized facilities with cardiac catheterization labs (PCI Centers) in order to decrease “EMS to Balloon Time”. This will assist us in decreasing disability and death from myocardial infarctions.
- 3.8.9 Every year, about 1.1 million Americans will suffer a heart attack, 440,000 of which will be fatal. Disability and death can be reduced with prompt recognition, early activation of EMS, rapid transport to the Emergency Department and rapid activation of (PCI Centers) cardiac catheterization laboratories. EMS providers are a crucial link in the chain of survival for Acute Coronary Syndrome patients.
- 3.9 The Officer should discuss with crews (during the Epinephrine-Auto Injector portion of video and skill):
 - 3.9.1 REMAC BLS Protocol 407: *Wheezing*
 - 3.9.1 REMAC BLS Protocol 410: *Anaphylactic Reaction*
 - 3.9.2 REMAC BLS Protocol 455: *Pediatric Anaphylactic Reaction*

REMEMBER: Under this protocol, BLS providers must call OLMC (after initiating transport) in order to administer the Epinephrine Auto Injector to pediatric patients who **HAVE NOT** been previously prescribed an Epinephrine Auto Injector.

3.9.3 EMS Command Order 2010-105: *Clarification of Epinephrine Auto Injector Dosages*

3.10 The Officer should discuss with crews (during the Mucosal Atomized Device portion of video and skill):

3.10.1 Office of Medical Affairs Directive 2009-05: *Intranasal Medication Administration via Mucosal Atomizer Device*

3.10.2 EMS Command Order 2009-086: *Mucosal Atomizer Device*

3.11 The Officer should research and obtain correct answers for questions participants have during the drill session.

3.12 Officers should ensure that crews restock any equipment utilized and that they are in compliance with Part 800 procedures prior to returning to service.

FACILITATOR NOTES:

ACUTE CORONARY SYNDROME **MANAGEMENT PRACTICE SHEET**

SCENE SIZE-UP

Steps taken when approaching the scene

- Ensure BSI (Body Substance Isolation) procedures and personal protective gear is being used.
- Observe scene for safety of crew, patient, bystanders.
- Identify the mechanism of injury or nature of illness.
- Identify the number of patients involved.
- Determine the need for additional resources.

INITIAL ASSESSMENT

Assessment & treatment (life-threats)

GENERAL IMPRESSION

MENTAL STATUS

- Determine level of consciousness (AVPU)

CHIEF COMPLAINT / APPARENT LIFE THREATS*

AIRWAY

(IF PATIENT IS ALERT AND TALKING SOME OF FOLLOWING STEPS MAY NOT BE NEEDED)

- Does anything endanger it?
 - Clear the airway – as needed
 - Suction - as needed
 - Measure and insert an OPA/NPA as needed
- Is the patient breathing
- Do you hear any noise?
- Will the airway stay open on its own?

BREATHING

- Do you see any signs of inadequate respirations? Any signs of chest trauma?
- Is the rate and quality of breathing adequate to sustain life?
- Administer high concentration oxygen via non-rebreather or assist ventilations using a BVM if needed.*

CIRCULATION

- Assess for signs of excessive bleeding.
- Assess for presence and quality of the carotid pulse.
- Assess skin color, temperature and condition.

**IDENTIFY PRIORITY PATIENTS, REQUEST ALS (BLS) AND MAKE
TRANSPORT DECISION***

FOCUSED HISTORY AND PHYSICAL EXAM

ASSESS HISTORY OF PRESENT ILLNESS*

- O = Onset
- P = Provokes
- Q = Quality
- R = Radiation
- S = Severity
- T = Time
- I = Interventions Q = Quality

FOCUSED CARDIAC EXAM*

- Mental Status (Altered?)
- Neck (JVD?)
- Lungs (Clear, Rales, Rhonchi?)
- Extremities (Edema, Distal Pulses?)

Continued focused history: (S.A.M.P.L.E.)

- S = Signs/Symptoms
- A = Allergies
- M = Medications
- P = Past pertinent history
- L = Last oral intake
- E = Events

Obtain Vital Signs including:*

- Respirations (Rate and Quality)
- Pulse (Rate and Quality)
- Blood Pressure (Systolic and Diastolic)

Treatment / Interventions*

- ASA 162mg (ALS/BLS)
- REQUEST ALS (BLS)
- 12 LEAD EKG (ALS)
- OLMC CONTACT(ALS)
- 12 LEAD EKG TRANSMISSION if STEMI (ALS)

(I.V. ACCESS AND MEDICATION ADMINISTRATION SHOULD BE WITHHELD UNTIL TRANSPORT HAS BEEN INITIATED UNLESS THE PATIENT PRESENTS WITH A LETHAL LIFE THREATING RHYTHM THAT REQUIRES IMMEDIATE INTERVENTIONS)

TRANSPORT

During transport or if transport is delayed, BLS may assist in administering the patient's prescribed NTG if appropriate. During transport or if transport is delayed, ALS shall administer NTG and attempt IV access if possible.

ONGOING ASSESSMENT

- Repeat Initial Assessment
- Repeat Vital Signs
- Repeat focused assessment consistent with patient complaints and symptoms

C.O.N.C.I.S.E. APPROACH TO ACS PATIENTS

(Marked by a * on previous pages)

REMEMBER THAT THE GOAL IS TO UTILIZE BOTH CREW MEMBERS TO ACCOMPLISH THE TASKS OF ASSESSMENT, IDENTIFYING AN ACS PATIENT AND PROVIDING APPROPRIATE INTERVENTIONS.

CREW MEMBER #1: C = Chief Complaint

CREW MEMBER #1: O = Other Pertinent History

CREW MEMBER #2: N = Non-Rebreather

CREW MEMBER #1: C = Cardiac Exam

CREW MEMBER #2: I = Initial Vital Signs

CREW MEMBER #1: S = Salicylates (ASA)

CREW MEMBER #2: E = ETA for ALS (BLS) or EKG 12 Lead (ALS)

FACILITATOR NOTES:

| Task | Materials | Skill | Video & Skill Time | Responsibilities |
|--|--|---|--------------------|---|
| <p>Prepare skills area and gather equipment</p> | <p>BLS- Oxygen bag, blood pressure cuff, stethoscope and Epinephrine Administration Kit.</p> <p>Epinephrine Auto Injector Trainer</p> <p>ALS- Medication bag, LifePak12 or Phillips Heartstart MRx, oxygen bag, blood pressure cuff, stethoscope, Mucosal Atomizer Devices, 3cc syringes, and sterile water bottles.</p> <p>(Epinephrine kits' seals shall not be compromised or opened)</p> | <p>None</p> | <p>5 min</p> | <p>Officer and Crews</p> |
| <p>Didactic and video presentation. (Intro)</p> | <p>Drill notes and DVD Video</p> | <p>None</p> | <p>5 min</p> | <p>Officer</p> |
| <p><u>BLS :</u></p> <p>Perform Acute Coronary Syndrome assessment skills</p> | <p>BLS-Oxygen Bag, B/P cuff and stethoscope.</p> | <p><u>EMT 1 / EMT 2</u></p> <p>EMT 1 to act as Team Leader, initiates/utilizes the CONCISE approach and directs EMT 2</p> <p><u>EMT 1 / EMT 2</u></p> <p>EMT 2 to act as Team Leader, initiates/utilizes the CONCISE approach and directs EMT 1</p> | <p>15 min</p> | <p>Officer to present BLS ACS scenario and evaluate using scenario skill sheet.</p> |

| Task | Materials | Skill | Video & Skill Time | Responsibilities |
|--|---|---|--------------------|---|
| <p><u>ALS :</u> Perform Acute Coronary Syndrome assessment skills</p> | <p>ALS: Oxygen Bag, B/P cuff and stethoscope, LP 12, Medication bag.</p> | <p><u>MEDIC 1 / MEDIC 2</u> Medic 1 to act as Team Leader, initiates/utilizes the CONCISE approach and directs Medic 2 <u>MEDIC 1 / MEDIC 2</u> Medic 2 to act as Team Leader, initiates/utilizes the CONCISE approach and directs Medic 1</p> | <p>15 min</p> | <p>Officer to present ALS ACS scenario and evaluate using scenario skill sheet.</p> |
| <p><u>ALS or BLS:</u> Perform assessment of medical patient and proper Epi Auto Injector administration.</p> | <p>Epi Auto Injector Kit, EPI Auto Injector Trainer Pen Oxygen Bag, stethoscope and B/P cuff</p> | <p>Assessment of a medical patient and the use of Epinephrine Auto Injector including when to contact On Line Medical Control and appropriate administration technique.</p> | <p>10 min</p> | <p>Officer to present EPINEPHRINE AUTO INJECTOR scenario and evaluate using scenario skill sheet.</p> |

| Task | Materials | Skill | Video & Skill Time | Responsibilities |
|--|--|--|--------------------|--|
| <p>Perform proper assembly and indications for use of Mucosal Atomizer Device</p> | <p>Mucosal Atomizer Device, 3cc syringe and Sterile water bottle</p> | <p>Crews should demonstrate proper assembly, verbalize the contraindications and properly identify medications that may be administered via the intranasal route with the Mucosal Atomizer Device.</p> | <p>5 min</p> | <p>Officer to present MUCOSAL ATOMIZER DEVICE scenario and evaluate using scenario skill sheet</p> |
| <p>DISCUSSION AND CRITIQUE</p> | <p>RESTOCK EQUIPMENT</p> | <p>None</p> | <p>5 min</p> | <p>Officer and Crews</p> |

Acute Coronary Syndrome BLS SCENARIO

You respond to the SICK at 911 First Ave Apt 5E. Upon entering the apartment you find a 55 y/o male visibly short of breath, complaining of nausea and chest discomfort for 30 minutes. He states the discomfort began while walking up a flight of stairs and it has been getting progressively worse. He has a history of high blood pressure, high cholesterol and is taking Pepcid, Lopressor, Nitroglycerin and Lipitor. He has no known allergies.

Name: _____ SHIELD # _____ RANK _____

Name: _____ SHIELD # _____ RANK _____

CREW ACTIONS:

FACILITATOR RESPONSE / ACTIONS:

| | |
|--|--|
| <p style="text-align: center;"><u>SCENE SIZE UP</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> TAKES OR VERBALIZES BSI <input type="checkbox"/> DETERMINES SCENE IS SAFE <input type="checkbox"/> DETERMINES NATURE OF ILLNESS | <p>GLOVES ARE SUFFICIENT FOR SKILL. SCENE IS SAFE. PATIENT STATES HE HAS NOT BEEN FEELING WELL FOR 30 MIN.</p> |
| <p style="text-align: center;"><u>INITIAL ASSESSMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> GENERAL IMPRESSION OF PATIENT <input type="checkbox"/> DETERMINES LEVEL OF CONSCIOUSNESS <input type="checkbox"/> DETERMINES CHIEF COMPLAINT <input type="checkbox"/> ASSESS AIRWAY AND BREATHING <input type="checkbox"/> INITIATES OXYGEN THERAPY <input type="checkbox"/> ASSESS CIRCULATION. PULSE, SKIN COLOR TEMP AND CONDITION <input type="checkbox"/> IDENTIFIES THAT THIS IS POTENTIAL ACUTE CORONARY SYNDROME AND REQUESTS ALS <input type="checkbox"/> ASSESS HISTORY OF PRESENT ILLNESS | <p>55 Y/O MALE A+OX3 OVERWEIGHT COOL PALE, AND DIAPHORETIC VISIBLY SHORT OF BREATH. PATIENT COMPLAINING OF NAUSEA AND CHEST DISCOMFORT.</p> <p>AIRWAY IS CLEAR, VENTILATIONS ARE ADEQUATE AND OXYGEN VIA NON-REBREATHER AT 10LPM IS SUFFICIENT.</p> <p>PULSES ARE PRESENT, SKIN IS COOL, PALE AND DIAPHORETIC</p> |
| <p><u>FOCUSED HISTORY AND PHYSICAL EXAM</u></p> <p style="text-align: center;"><u>O.P.Q.R.S.T.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ONSET <input type="checkbox"/> PROVOKES <input type="checkbox"/> QUALITY <input type="checkbox"/> RADIATION <input type="checkbox"/> SEVERITY <input type="checkbox"/> TIME <input type="checkbox"/> INTERVENTIONS <p style="text-align: center;"><u>S.A.M.P.L.E.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SIGNS & SYMPTOMS <input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATIONS <input type="checkbox"/> PAST PERTINENT HISTORY <input type="checkbox"/> LAST ORAL INTAKE(can wait until unit is 10-82) <input type="checkbox"/> EVENTS LEADING TO(can wait until 10-82) <input type="checkbox"/> CARDIAC EXAM: JVD? PEDAL EDEMA? ASCITES? LUNG SOUNDS? AMS? <p style="text-align: center;"><u>VITAL SIGNS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RESPIRATIONS (RATE AND QUALITY) <input type="checkbox"/> PULSE (RATE AND QUALITY) <input type="checkbox"/> BLOOD PRESSURE <p style="text-align: center;"><u>TREATMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ASA(ASKS IF PT HAS TAKEN ASA) <input type="checkbox"/> REQUEST ETA FOR ALS <input type="checkbox"/> BEGINS RAPID TRANSPORT OF PATIENT OF THE SCENE. <input type="checkbox"/> REQUEST ETA FOR ALS ONCE PATIENT IS PACKAGED IN AMBULANCE AND READY TO GO 10-82 <input type="checkbox"/> AWAITS ALS AND GIVES ACCURATE PT INFO TO ALS UNIT ONCE THEY ARRIVE | <p>O=SUDDEN ONSET P=EXERTION MAKES IT WORSE Q= FEEL LIKE CHEST PRESSURE AND TIGHTNESS R=RADIATION TO UPPER BACK AND NECK S= 8 ON 1-10 SCALE T= 30 MIN INTERVENTIONS = SAT DOWN AND TOOK PEPCID WITH NO RELIEF</p> <p>SIGNS/SYMPTOMS= AS STATED. ALLERGIES=NONE. MEDICATIONS=LOPRESSOR, LIPITOR, PEPCID, NITROGLYCERIN. PPMH=HIGH BLOOD PRESURE. CARDIAC EXAM= NO JVD, NO PEDAL EDEMA, NO ASCITES, L/S CLEAR & EQUAL NO AMS. RESPIRATIONS= 24 AND LABORED. PULSE= 94 AND REGULAR. B/P=156/94. PATIENT STS HE HAS NOT TAKEN ASA TODAY. 1ST ETA FOR ALS IS 5 MIN. PATIENT IS REMOVED FROM SCENE APPROPRIATELY.</p> <p>ONCE PATIENT IS PACKAGED IN AMBULANCE, 2ND ETA FOR ALS IS REQUESTED (NOW 1 MIN AWAY).</p> <p>BLS SHOULD VERBALIZE THE NEED TO WAIT FOR ALS.</p> <p>BLS GIVES ACCURATE AND BRIEF PT INFO TO ALS INCLUDING SIGNS AND SYMPTOMS, FINDINGS, VITALS, & INTERVENTIONS PERFORMED.</p> |

C.O.N.C.I.S.E. APPROACH CHECKLIST (BLS)

- EMT #1: C = Chief Complaint
- EMT #1: O = Other Pertinent History
- EMT #2: N = Non-Rebreather
- EMT #1: C = Cardiac Exam
- EMT #2: I = Initial Vital Signs
- EMT #1: S = Salicylates (ASA)
- EMT #2: E = ETA for ALS

FACILIATOR NOTE:

IN ORDER TO ACCOMPLISH THE C.O.N.C.I.S.E. APPROACH EFFICIENTLY, BOTH CREW MEMBERS SHOULD BE ACTIVELY OBTAINING AN INITIAL ASSESSMENT, FOCUSED HISTORY, PHYSICAL EXAM AND PERFORMING NEEDED INTERVENTIONS.

Acute Coronary Syndrome ALS SCENARIO

You respond to the CARDIAC at 911 First Ave Apt 5E. Upon entering the apartment you find a 55 y/o male visibly short of breath, complaining of nausea and chest discomfort for 30 minutes. He states the discomfort began while walking up a flight of stairs and it has been getting progressively worse. He has a history of high blood pressure, high cholesterol and is taking Pepcid, Lopressor, and Lipitor. He has no known allergies.

Name: _____ SHIELD # _____ RANK _____

Name: _____ SHIELD # _____ RANK _____

CREW ACTIONS:

FACILITATOR RESPONSE/ACTIONS:

| | |
|--|---|
| <p style="text-align: center;"><u>SCENE SIZE UP</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> TAKES OR VERBALIZES BSI <input type="checkbox"/> DETERMINES SCENE IS SAFE <input type="checkbox"/> DETERMINES NATURE OF ILLNESS | <p>GLOVES ARE SUFFICIENT FOR SKILL SCENE IS SAFE</p> <p>PATIENT STATES HE HAS NOT BEEN FEELING WELL FOR 30 MIN</p> |
| <p style="text-align: center;"><u>INITIAL ASSESSMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> GENERAL IMPRESSION OF PATIENT <input type="checkbox"/> DETERMINES LEVEL OF CONSCIOUSNESS <input type="checkbox"/> DETERMINES CHIEF COMPLAINT <input type="checkbox"/> ASSESS AIRWAY AND BREATHING <input type="checkbox"/> INITIATES OXYGEN THERAPY <input type="checkbox"/> ASSESS CIRCULATION. PULSE, SKIN COLOR TEMP AND CONDITION <input type="checkbox"/> IDENTIFIES THAT THIS IS POTENTIAL ACUTE CORONARY SYNDROME AND REQUESTS ALS <input type="checkbox"/> ASSESS HISTORY OF PRESENT ILLNESS | <p>55 Y/O MALE A+0X3 OVERWEIGHT COOL PALE AND DIAPHORETIC VISIBLY SHORT OF BREATH. PATIENT COMPLAINING OF NAUSEA AND CHEST DISCOMFORT</p> <p>AIRWAY IS CLEAR, VENTILATIONS ARE ADEQUATE AND OXYGEN VIA NON-REBREATHER AT 10LPM IS SUFFICIENT.</p> <p>PULSES ARE PRESENT, SKIN IS COOL, PALE AND DIAPHORETIC</p> |
| <p style="text-align: center;"><u>FOCUSED HISTORY AND PHYSICAL EXAM</u></p> <p style="text-align: center;"><u>O.P.Q.R.S.T.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ONSET <input type="checkbox"/> PROVOKES <input type="checkbox"/> QUALITY <input type="checkbox"/> RADIATION <input type="checkbox"/> SEVERITY <input type="checkbox"/> TIME <input type="checkbox"/> INTERVENTIONS <p style="text-align: center;"><u>S.A.M.P.L.E.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SIGNS & SYMPTOMS <input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATIONS (and Erectile dysfunction meds?) <input type="checkbox"/> PAST PERTINENT HISTORY <input type="checkbox"/> LAST ORAL INTAKE (CAN WAIT UNTIL UNIT IS 10-82) <input type="checkbox"/> EVENTS LEADING TO (CAN WAIT UNTIL UNIT IS 10-82) <input type="checkbox"/> CARDIAC EXAM: JVD? PEDAL EDEMA? ASCITES? LUNG SOUNDS? AMS? <p style="text-align: center;"><u>VITAL SIGNS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RESPIRATIONS (RATE AND QUALITY) <input type="checkbox"/> PULSE (RATE AND QUALITY) <input type="checkbox"/> BLOOD PRESSURE <p style="text-align: center;"><u>TREATMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ASA(ASKS IF PT HAS TAKEN ASA) <input type="checkbox"/> 3 LEAD EKG & 12 LEAD EKG ACQUIRED AND INTERPRETED <input type="checkbox"/> OLMC CONTACTED FOR STEMI <input type="checkbox"/> 12 LEAD EKG TRANSMITTED TO OLMC USING ROSETTA DATA TRANSLATOR <input type="checkbox"/> TRANSPORT INITIATED <input type="checkbox"/> NITROGLYCERIN ADMINISTERED(ONLY ONCE TRANSPORT HAS BEEN INITIATED) <input type="checkbox"/> IV ACCESS OBTAINED(EN ROUTE TO ED) | <p>O=SUDDEN ONSET P=EXERTION MAKES IT WORSE Q= FEEL LIKE CHEST PRESSURE AND TIGHTNESS R=RADIATION TO UPPER BACK AND NECK S= 8 ON 1-10 SCALE T= 30 MIN</p> <p>INTERVENTIONS = SAT DOWN AND TOOK PEPCID WITH NO RELIEF</p> <p>SIGNS/SYMPTOMS= AS STATED ALLERGIES=NONE MEDICATIONS=LOPRESSOR, LIPITOR, PEPCID, No erectile dysfunction meds. PPMH=HIGH BLOOD PRESURE, HIGH CHOLESTEROL AND STOMACH ULCERS. CARDIA EXAM=NO JVD, NO ASCITES, NO PEDAL EDEMA, L/S CLEAR AND EQUAL, NO AMS.</p> <p>RESPIRATIONS= 24 AND LABORED PULSE= 76 AND REGULAR B/P=156/94</p> <p>PATIENT STS HAS NOT TAKEN ASA TODAY.</p> <p>FACILITATOR PRESENTS EKG #1 12 LEAD EKG=S T elevations in leads 2, 3, & AVF. (INFERIOR WALL MI)</p> <p>ONCE STEMI IS IDENTIFIED, OLMC MUST BE CONTACT FOR TRANSPORT DECISION, 12 LEAD TRANSMISSIONS AND ACTIVATION OF CATH LAB.</p> <p>**IF TRANSPORT HAS BEEN INITIATED, NTG MAY BE ADMINISTERED AND IV ACCESS OBTAINED. **</p> |

C.O.N.C.I.S.E. APPROACH CHECKLIST (ALS)

- MEDIC #1: C = Chief Complaint**
- MEDIC #1: O = Other Pertinent History**
- MEDIC #2: N = Non-Rebreather**
- MEDIC #1: C = Cardiac Exam**
- MEDIC #2: I = Initial Vital Signs**
- MEDIC #1: S = Salicylates (ASA)**
- MEDIC #2: E = EKG (12 LEAD)**

FACILIATOR NOTE:

IN ORDER TO ACCOMPLISH THE C.O.N.C.I.S.E. APPROACH RAPIDLY AND ACCURATELY, BOTH CREW MEMBERS SHOULD BE ACTIVELY OBTAINING AN INITIAL ASSESSMENT, FOCUSED HISTORY, PHYSICAL EXAM AND PERFORMING NEEDED INTERVENTIONS.

Use the checklist above and ensure the crew initiates and performs the C.O.N.C.I.S.E. approach.

EPINEPHRINE AUTO INJECTOR SCENARIO

You respond to 01 Orchard Beach Rd for the SICK. The scene is safe, only one patient and you find a 24 y/o male, alert and oriented, visibly short of breath, itchiness to arms, chest and swelling to lips and eyes. Patient states he had history of severe reactions to bee stings and is prescribed an epinephrine auto injector but does not have it with him today.

FACILITATOR NOTE:

*During the skill practice, DO NOT compromise or breach any of the **EPINEPHRINE AUTO INJECTOR KITS** assigned to the units. Your station will be issued a NEW Epinephrine Auto Injector Trainer to be utilized in the scenario. ALL providers should participate in this scenario*

Name: _____ SHIELD # _____ RANK _____

Name: _____ SHIELD # _____ RANK _____

| CREW ACTIONS: | FACILITATOR ACTION / RESPONSE: |
|--|---|
| <p style="text-align: center;"><u>SCENE SIZE UP</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> TAKES OR VERBALIZES BSI <input type="checkbox"/> DETERMINES SCENE IS SAFE <input type="checkbox"/> DETERMINES NATURE OF ILLNESS | <p>GLOVES ARE SUFFICIENT FOR SKILL. SCENE IS SAFE.</p> <p>PATIENT STATES HE HAS NOT BEEN FEELING WELL FOR 15 MIN AFTER BEING STUNG BY A BEE.</p> |
| <p style="text-align: center;"><u>INITIAL ASSESSMENT</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> GENERAL IMPRESSION OF PATIENT <input type="checkbox"/> DETERMINES LEVEL OF CONSCIOUSNESS (AVPU) <input type="checkbox"/> DETERMINES CHIEF COMPLAINT <input type="checkbox"/> ASSESS AIRWAY AND BREATHING <input type="checkbox"/> INITIATES OXYGEN THERAPY <input type="checkbox"/> ASSESS CIRCULATION. PULSE, SKIN COLOR TEMP AND CONDITION <input type="checkbox"/> IDENTIFIES THIS IS A POTENTIAL LIFE THREATENING ANAPHYLACTIC REACTION AND REQUESTS ALS <input type="checkbox"/> IDENTIFIES NEED TO BEGIN TRANSPORT <input type="checkbox"/> ASSESS HISTORY OF PRESENT ILLNESS | <p>24 Y/O MALE A+OX3 COOL PALE AND DIAPHORETIC VISIBLY SHORT OF BREATH. PATIENT COMPLAINING OF SOB, ITCHINESS AND SWELLING TO LIPS AND EYES.</p> <p>AIRWAY IS CLEAR, VENTILATIONS ARE ADEQUATE BUT LABORED. OXYGEN VIA NON-REBREATHER AT 10LPM IS SUFFICIENT.</p> <p>PULSES ARE PRESENT, SKIN IS COOL, PALE AND DIAPHORETIC</p> |
| <p style="text-align: center;"><u>FOCUSED HISTORY AND PHYSICAL EXAM</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> HISTORY OF ALLERGIES? <input type="checkbox"/> WHAT WERE YOU EXPOSED TO? <input type="checkbox"/> HOW WERE YOU EXPOSED? <input type="checkbox"/> WHAT EFFECTS DUE TO EXPOSURE? <input type="checkbox"/> PROGRESSION? <input type="checkbox"/> INTERVENTIONS? <p style="text-align: center;"><u>S.A.M.P.L.E.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> SIGNS & SYMPTOMS <input type="checkbox"/> ALLERGIES <input type="checkbox"/> MEDICATIONS <input type="checkbox"/> PAST PERTINENT HISTORY <input type="checkbox"/> LAST ORAL INTAKE <input type="checkbox"/> EVENTS LEADING TO <p style="text-align: center;"><u>VITALS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RESPIRATIONS (RATE AND QUALITY) <input type="checkbox"/> PULSE (RATE AND QUALITY) <input type="checkbox"/> BLOOD PRESSURE (SYSTOLIC AND DIASTOLIC) <p style="text-align: center;"><u>TREATMENTS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> IDENTIFIES 6 "RIGHTS" (RIGHT PATIENT, RIGHT TIME, RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE, RIGHT DOCUMENTATION) <input type="checkbox"/> CHECKS MEDICATION FOR COLOR, CLARITY INTEGRITY ,EXPIRATION AND CONCENTRATION <input type="checkbox"/> ADMINISTERS <u>EPINEPHRINE AUTO INJECTOR</u> 0.3 mg INTRAMUSCULAR TO LATERAL ASPECT OF THIGH <input type="checkbox"/> TREATS FOR SHOCK AND KEEPS PATIENT WARM <input type="checkbox"/> INITIATES TRANSPORT <p style="text-align: center;"><u>ONGOING ASSESSMENT (EN ROUTE TO ED)</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> REPEAT INITIAL ASSESSMENT, VITAL SIGNS AND FOCUSED ASSESSMENT. | <p>HISTORY OF ALLERGIES TO BEE STINGS. TODAY EXPOSED TO BEE VENOM. EXPOSED BY BEE STING. BEGAN TO HAVE ITCHINESS, SOB AND SWELLING TO MOUTH AND FACE. IT HAS BEEN GETTING WORSE IN PAST FEW MIN.</p> <p><u>DID NOT</u> BRING EPI PEN WITH HIM TODAY.</p> <p><u>S/S</u>: SWELLING TO MOUTH AND FACE. RESPIRATORY DISTRESS, UTICARIA. NO ALLERGIES TO MEDICATIONS OR FOOD. <u>ALLERGIC</u> TO BEE STINGS</p> <p><u>MEDS</u>: EPINEPHRINE AUTO INJECTOR FOR SEVERE ALLERGIC REACTIONS <u>NO PAST MEDICAL HISTORY</u> OTHER THAN WHAT WAS STATED.</p> <p><u>LAST ORAL INTAKE</u> = BREAKFAST <u>EVENTS LEADING TO</u>="WAS ON BOARDWALK WALKING AROUND"</p> <p>RESPIRATIONS = 24 AND LABORED PULSE = 112 AND REGULAR B/P= 102/64</p> <p>IDENTIFIES WHY THIS PATIENT NEEDS AUTO INJECTOR. UTILIZES AUTO INJECTOR TRAINER. (AS DEMONSTRATED ON VIDEO) CREW SHOULD ENSURE CORRECT DOSE, AND ADMINISTRATION TECHNIQUE. THE EPI AUTO INJECTOR SHOULD BE APPROX 12-18 INCHES AWAY FROM THE PATIENT AND INJECTED AT A 90 DEGREE ANGLE.</p> <p>***REMINDE CREW IF PATIENT IS NOT PRESCRIBED AN EPI AUTO INJECTOR, TRANSPORT SHOULD BE INITIATED IMMEDIATELY, AND OLMC MUST BE CONTACTED PRIOR TO ADMINISTRATION OF EPI AUTO INJECTOR.</p> |

ALS MUCOSAL ATOMIZER DEVICE SCENARIO

You respond to a "DIFFICULTY BREATHER" on the corner of Seagirt Ave and Beach 27TH Street. Your scene size up reveals that the scene is safe and only one patient. Appropriate BSI is donned. You find a 38 y/o female sitting on sidewalk disheveled and lethargic. A friend states she was "doing drugs all day". No trauma is suspected. You determine her level of consciousness is a (P) only responding to painful stimuli. She is unable to state a chief complaint. Your assessment of her ABC's reveals her airway is clear with no need for suctioning. She appears to be breathing adequately but slightly labored respirations. You begin Oxygen therapy via non-rebreather at 10 lpm. No bleeding is noted. Radial pulses are present and strong. You initiate transport and place patient in ambulance. Attempts to ask the patient questions regarding her condition are unsuccessful and the "friend" is no longer on scene to give additional information. Vitals signs are Respirations 12 and slightly labored, Pulse 104 and regular, B/P is 102/64. Lung sounds are bilateral rhonchi. You acquire a 3 lead EKG which reveals Sinus Tachycardia. Two attempts to obtain intravenous access are unsuccessful.

WHAT SHOULD YOU DO NEXT?

Name: _____ SHIELD # _____ RANK _____

Name: _____ SHIELD # _____ RANK _____

CREW ACTIONS:

FACILITATOR RESPONSE / ACTIONS:

- IDENTIFIES PATIENT REQUIRES NALAXONE ADMINISTRATION FOR ALTERED MENTAL STATUS SECONDARY TO A POSSIBLE OPIATE OVERDOSE
- IDENTIFIES NEED FOR MUCOSAL ATOMIZER DEVICE TO ADMINISTER NALAXONE VIA THE INTRANASAL ROUTE

IDENTIFIES CONTRAINDICATIONS FOR USE OF INTRANASAL MEDICATION ADMINISTRATION:

- EPISTAXIS
- SIGNIFICANT NASAL CONGESTION OR NASAL DISCHARGE
- DESTRUCTION OF NASAL MUCOSA DUE TO SURGERY OR COCAINE ABUSE

ASSEMBLES DEVICE PROPERLY:

- ASSEMBLES PRE-FILLED SYRINGE OR NALAXONE BRISTOJECT AND EXPEL ANY AIR
- ATTACHES MUCOSAL ATOMIZER DEVICE TO THE LUER LOCK OF THE SYRINGE
- INSERT THE ATOMIZER UNTIL FLUSH WITH NARE (VERBALIZED)
- IN A CONTROLLED MANNER, BRISKLY DEPRESS THE PLUNGER TO ENSURE DELIVERY OF THE DESIRED VOLUME OF MEDICATION
- DISPOSES OF SYRINGE AND ATOMIZER (VERBALIZED)

IDENTIFIES 2 MEDICATIONS THAT FDNY PARAMEDICS MAY ADMINISTER VIA THE INTRANASAL ROUTE UTILIZING THE MUCOSAL ATOMIZER DEVICE:

- NALAXONE (NARCAN)
- MIDAZOLAM (VERSED)

AFTER UNSUCCESSFUL ATTEMPTS AT OBTAINING I.V. ACCESS CREW SHALL CONSIDER ADMINISTRATION OF NALAXONE VIA THE INTRANASAL ROUTE UTILIZING THE MUCOSAL ATOMIZER DEVICE.

CREW SHOULD IDENTIFY IF ANY CONTRAINDICATIONS ARE PRESENT

NO CONTRAINDICATIONS ARE PRESENT

FACILITATOR SHOULD HAVE A STERILE WATER BOTTLE AND USE IT TO FILL THE SYRINGE.

3CC SYRINGE SHOULD BE FILLED WITH 1CC OF STERILE WATER.

FACILITATOR SHOULD ENSURE CREW EXPELS AIR FROM SYRINGE,

ATTACHES ATOMIZER TO LUER LOCK OF SYRINGE. DEPRESSES PLUNGER BRISKLY CREATING A FINE MIST.

FACILITATOR SHOULD ENSURE THAT A FINE MIST IS SEEN DURING ADMINISTRATION.

ADMINISTRATION USING THE MUCOSAL ATOMIZER DEVICE SHOULD NOT BE PERFORMED ON MANIKINS OR PERSONS DURING THE SKILL PRACTICE. THE STERILE WATER SHOULD BE ADMINISTERED INTO THE AIR CREATING A FINE MIST.

Facilitator note:

***THE MUCOSAL ATOMIZER DEVICE SHALL BE UTILIZED TO RAPIDLY AND SAFELY ADMINISTER MEDICATION WHEN I.V. ACCESS IS UNOBTAINABLE OR UNSAFE TO ATTEMPT.

MEDICATIONS THAT MAY BE UTILIZED WITH THE MUCOSAL ATOMIZER DEVICE ARE NALAXONE AND MIDAZOLAM (VERSED). ***



ACS MANAGEMENT
FACILITATOR GUIDE
EKG

12 Lead EKG #1

