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Public Health Department
Santa Clara Valley Health & Hospital System

Lessons Learned

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To: **All Prehospital Providers**

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The following information is related to EMS Agency review of Prehospital care. The lessons learned from these reviews are applicable to all paramedic providers. Please review this important information and incorporate it into your practice.

1. 12 Lead EKGs

All paramedic personnel (ALS First Responder and Transport Agency) are doing a phenomenal job of performing 12 lead EKG's on the patients with suspected cardiac ischemia.

Often the first 12 lead obtained is a real key for the continued care at the hospital for these patients. The hospitals have asked that EMS always writes the patient's name on the 12 lead EKG. This will help ensure that this vital document is placed in the patient's hospital chart and be available further analysis. Also, for 12 leads done by ALS First Responder Paramedics, make sure it goes with the patient to the hospital.

2. Field Pronouncements in a Public Place

Patients pronounced and left on the scene can sometimes be very disturbing to the public and the family, particularly if left in a public place. Prior to departing the scene please determine the ETA from the coroner's office or funeral home. It may helpful to advise them that the patient is in a public place. If their ETA is extended, and your local police agency concurs, you might ask for permission to move the body out of public view.

3. Needle Cricothyrotomy

After discussion with our various EMS committees and following careful consideration I have decided to remove Needle Cricothyrotomy from our local scope of practice.

A retrospective review shows that it has only been performed once in the last 6 years in Santa Clara County and it was not helpful in that particular case. Nevertheless we spend considerable time training this technique, at the expense of other important topics. Furthermore, most agencies do not carry jet insufflators which are essential for effective ventilation through a needle. Due to the cost of adding this equipment, the ongoing costs of training and, most importantly, the lack of clinical need or effectiveness of this procedure, we will be eliminating the procedure effective January 2010.

4. Large Combitubes

The Combitube is an effective rescue airway when endotracheal intubation cannot be performed. Unfortunately it can sometimes cause airway trauma such as pneumothraces, esophageal perforations, vocal cord lacerations. (1) These complications are more likely to occur with the Large Adult (LA) size Combitube. The Small Adult (SA) Combitube is more easily placed and therefore less likely to cause trauma to the airway. Experience has shown that the SA is also sufficient for any size adult, including the large ones.

We are switching all Combitubes over to the King Airway in January 2010, however in the meantime we are authorizing all providers to remove the LA Combitube from their inventory, and only maintain and use the SA Combitube.

5. Trauma in the Elderly

Case reviews of transferred trauma patients initially taken by EMS to non-trauma centers have shown a consistent theme: the elderly trauma patient presents a special challenge to EMS responders. As we have discussed in a prior "Lessons Learned", they can easily have serious injuries from a mechanism, such as a belted low speed MVA or ground level fall, which you would not normally consider significant.

When evaluating a patient who is over 65 years of age, have a heightened awareness for hidden injuries, especially head injuries, cervical fractures and intra-abdominal injuries. Be sure to call the Base when there is a triage question so as to direct the patient to the appropriate facility.

(1) **Complications associated with the Esophageal-Tracheal Combitube in the pre-hospital setting**.
Vézina MC, Trépanier CA, Nicole PC, Lessard MR. Can J Anaesth. 2007 Feb; 54(2):124-8.