



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. AMA issues

For example, in the case of an elderly fall victim where the mechanism of the fall is not clear, make every attempt to convince the patient to be seen in the ED. This is particularly important if the living situation is a fragile one (another frail elderly person lives with the patient, or the patient lives alone). Although the patient can call 9-1-1 back if they worsen (reassure them that this is the case), in most cases it is better for them to be evaluated in an ED. There are many health issues that can cause falls (stroke, dehydration, hypoglycemia, infection/sepsis) which can only be determined by a full medical exam and evaluation.

If the patient is refusing spinal immobilization due to discomfort, use sheets and pillows to increase comfort. Once immobilization has been accomplished, it should not be discontinued in the field unless it is causing respiratory difficulties.

During the course of an AMA call to the base, if the patient or family member asks to speak with the physician every attempt to accomplish that should be made. No one should speak for, or interpret to the MICN, or physician what it is that the person/patient is trying to say.

From a risk management standpoint, these cases are always high risk. Some of the health issues that cause patients to fall can be subtle and pose risks to the health and safety of the patients. Their judgment may be clouded and they may not be rational. It is always better to err on the side of caution. Try to have the patient repeat back what you have said to help ensure that the patient understands the risks of refusing medical care.

A short checklist of things to consider for AMA in all cases:

1) Is the patient competent to refuse care? (Consider anatomic, physiologic or psychiatric dysfunction (impairment from drug/ETOH, post-ictal state, hypoglycemia, and hypoxia).

2) Was the patient adequately informed of all the potential causes of their chief complaint?

Explain that EMS training does not prepare the EMS provider to develop a comprehensive differential diagnosis.

3) The risks and consequences have been explained and fully documented.

4) Does the patient understand and comprehend the reasons to be seen and evaluated further? For the EMS provider, have the patient state to you, what s/he understands about the situation.

5) Does the patient feel coerced?

6) Can you complete the report at the scene?

Include in your report observations about the patient, results of repeat assessments if performed, and a complete set of vital signs to demonstrate stability or improvement.

6) Have you as an EMS provider informed the patient that they can change their minds at anytime and reactivate the 911 system.

2. Childbirth

For a patient that delivers in the field there are two patients: the mother and child. If a patient delivers a fetus (regardless of the stated gestational age) and there are signs of life transport and/or resuscitate the fetus. Allow the ED to determine whether or not to continue resuscitation. If there are no objective signs of life declare death and prepare to transport the fetus and mother.

3. Spinal immobilization issues

Although we use the term spinal precautions, spinal immobilization and C/Spine precautions interchangeably, there are distinct and definite reasons for using immobilization techniques. At times one simply needs to immobilize the body as a whole not simply the neck and/or back. If a patient is complaining of back pain in any part of the back and has sustained a mechanism of injury that would indicate the need for immobilization of the body that should be done. Immobilization of a part or a body can be used to diminish pain due to transport. Immobilization is also used to prevent disruption of a non-displaced fracture or crush injury to the spinal column, pelvis, femur etc. Always consider the mechanism of injury (e. g. falls from greater than 10 feet) when determining to immobilize a patient. Adequate immobilization and securing the patient is paramount for safety. If a patient becomes nauseated, requiring the spinal board and patient to be tilted to prevent potential aspiration of emesis, serious harm can occur if the patient is secured improperly to the board. You should not isolate only a single body part. For the elderly with significant kyphosis, you may need to improvise and bolster their backs to prevent pain and potential fractures of the upper and middle portions of the spine