



EMS BEST PRACTICES

EMS Best Practice Stroke Care Is...

- ⇒ **Performing Cincinnati Stroke Scale**
- ⇒ **Checking glucose in all patients with ALOC**
- ⇒ **Documenting time of stroke onset**
- ⇒ **Knowing when hospitals are on CT diversion**
- ⇒ **Rapid transport**
- ⇒ **Early notification of Emergency Department that a stroke patient is on the way**
- ⇒ **Patient handoff using SBAR (Situation, Background, Assessment, Rx/Recap of prehospital interventions)**

Stroke System Planning Underway for Launch in January 2012

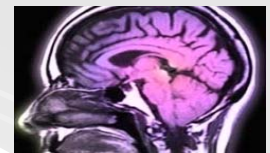
Craig Stroup, EMT-P, Prehospital Care/Stroke System Coordinator

Contra Costa EMS is working with our hospital partners to design and implement a Stroke System. Our objective is to build an inclusive system that supports enhanced stroke care for our entire community.

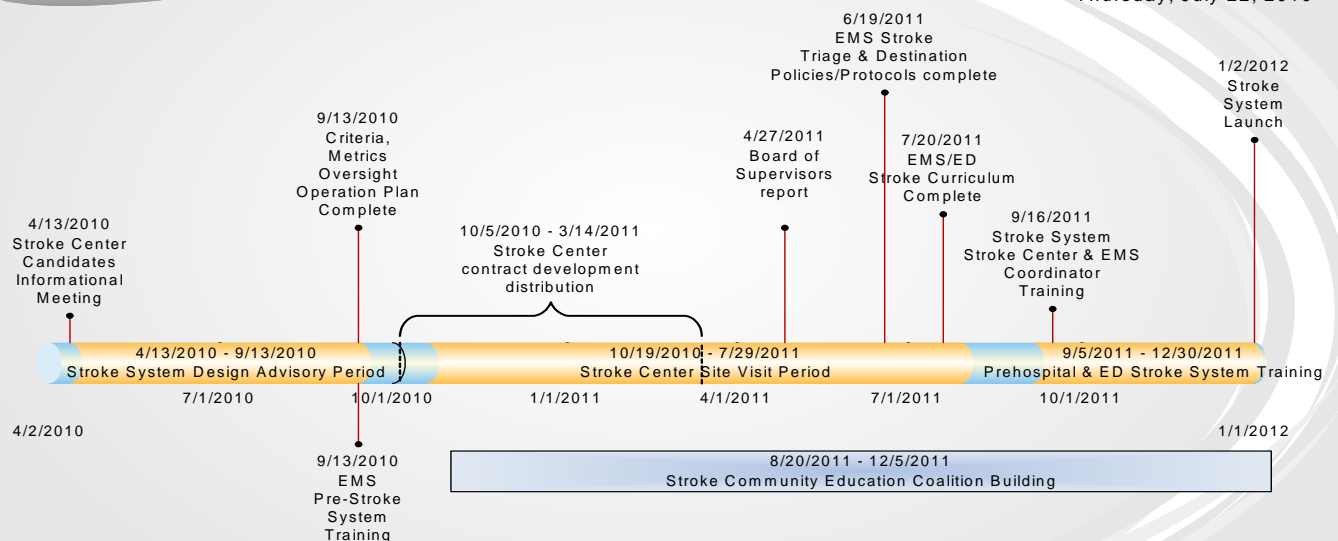
Building a Stroke System requires tremendous effort from numerous provider agencies, hospitals, neurologists, and emergency department nurse and physician leadership. Unlike the STEMI system, stroke affects a much larger patient population requiring even more coordination and planning. Contra Costa EMS is fortunate to have our hospitals already actively involved in stroke care throughout the county.

During the next year EMS will be rolling out prehospital training and community education while working to improve our stroke prehospital care. For more information about the Stroke System Planning visit our website at www.cccems.org and click on the Stroke webpage!

Contra Costa Emergency Medical Services Stroke System Implementation Plan Preliminary Timeline



Thursday, July 22, 2010



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Prehospital Pain Assessment Documentation: Progress for children, not so much in adults

One of our EMS System patient-focused performance measures is pain assessment. Appropriate management of pain relies on an accurate prehospital assessment documented for all patients. **Pain is known as the “fifth vital sign” and should be assessed regardless of whether patients appear to be in pain or verbally state they are in pain.** Just like the other vital signs, a baseline pain assessment is essential to patient care. Contra Costa EMS tracks performance of pain assessment compliance using data from electronic PCR's on ten primary impressions known to be associated with pain. These include but are not limited to chest/cardiac pain, abdominal pain, blunt injury, burns, headaches, penetrating injury and non-traumatic body pain.

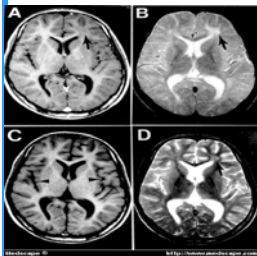
In 2009, Contra Costa prehospital providers were surveyed on their pain assessment knowledge and practices. The results of this survey were described in the April 2009 EMS Best Practices newsletter, available at www.cccems.org. That survey demonstrated that EMS providers were not all on the same page when it came to performing pain assessment, and documentation was primarily happening only in the narrative and not as a data field. This prompted EMS to develop a pain self-study module which was distributed to all provider agencies in late 2009.

So what has happened since then? In looking at pain assessment documentation trends, pain documentation has been lower in adults but improved in children. Earlier this year it dipped due to fire agency ePCR upgrades that made it difficult to capture all data. Interestingly, in retrospect, the survey itself may have been an intervention to improve field providers awareness and to begin to change behavior in this area. Disappointingly, training did not make a difference in pain assessment documentation. This, however, may be due to other factors such as providers not completing the self-study or class training.

What can you do? Step 1: Obtain a copy of the pain self-study and document pain assessment using a pain scale. Step 2: Take credit for pain assessment by entering it in the correct ePCR data field and not “just” in the narrative. Step 3: Need more help?...just ask your training coordinators! **The goal is 90% - so there is work to do!**

Trauma Center “Head Injury Study” Still in Motion

Paul Freitas, MD JMMC-WC Base Medical Director



John Muir Base is continuing to collect data on head injury patients as part of a study begun in March 2010. The goal is to collect data on 500 patients, and we are more than half way there.

In March prehospital personnel were trained in a standardized assessment of head injured patients. The study focuses on head injury patients with a GCS of > 13. Base contact is required for any head injury that has a significant mechanism of action. All prehospital transport personnel should be prepared to answer a standardized list of assessment questions for head trauma patients. Base MICNs collect data using the assessment criteria and will request additional information as needed. See your agency EMS Training Coordinator for more information.

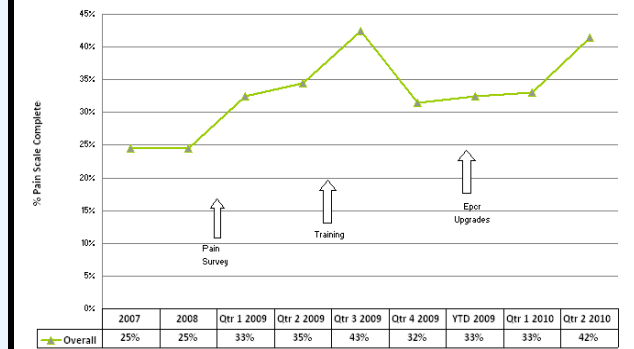
ALERT! EMS Annual Update is Changed!

In order to include the new standards for CPR and Advanced Life Support for children and adults coming out in November 2010, Contra Costa's EMS Update training has been changed to January-March 2011.

Documentation of Adult Pain Scale for Top 10 Painful Primary Impressions Performance Run Chart



Documentation of Pediatric Pain Scale for Top 10 Painful Primary Impressions Performance Run Chart



Pertussis/Whooping Cough is Peaking—Take Action!

From Contra Costa Public Health

California is experiencing an increase in the number of reported illnesses due to Pertussis, also known as “Whooping Cough.” Contra Costa has not reported any deaths from whooping cough in 2010 but has had a dramatic increase in suspected and confirmed cases.

Children younger than 6 months of age are the most vulnerable to serious illness if they develop Pertussis. The most effective prevention against Pertussis is vaccination. Contra Costa Public Health encourages vaccinations for parents, caregivers, siblings and healthcare workers. This helps decrease the chances of a young infant being exposed to Pertussis.

Symptoms of Pertussis begin with a cough and runny nose for 1–2 weeks followed by weeks of coughing fits. Fever is not usually seen. Keep Pertussis in mind when in contact with patients exhibiting respiratory symptoms and use appropriate PPE.

See your Provider Agency EMS Infection Control Officer and visit www.cccems.org, then follow the links to more information on infectious disease precautions and exposure management.

Please contact us with your comments or concerns—visit our website at www.cccems.org