



April 2015

Contact info

Contact LifeGuard through your local dispatch or by calling (800)223-6627

Preferred frequencies to use when speaking with LifeGuard are:

- 155.340 VMED 28 (State EMS)
- 155.475 VLAW 31 (Law Mutual Aid)

Identify who will be speaking with LifeGuard

Update

For those services transmitting EKG's from the field to St Luke's ER, please make sure that you are using the following: SLHEKG@unitypoint.org

The email address changed when St Luke's transitioned from Iowa Health System to UnityPoint.



UnityPoint Health
St. Luke's Hospital

ARE TOURNIQUETS BACK TO STAY?

Tourniquets have gone in and out of favor since Alexander the Great's time in the 4th century. At that time, tourniquets were made of narrow bronze straps with leather only for comfort. By the time the American Civil War (1861-1865) was being fought, Jacob Lister had begun using the tourniquet during surgery. He was using a rubber bandage that would control bleeding and exsanguinate (to drain away or deprive an organ of blood). In 1904, the tourniquet changed/improved again. Harvey Cushing created a "pneumatic tourniquet". This tourniquet compressed underlying blood vessels by using a compressed gas which inflated a cylindrical bladder. It could be applied and removed quickly. The military has used them throughout history as evidenced above, and now the civilian medical community has come to realize the benefits of using the tourniquets.

Why the change in thinking? The armed conflict in Iraq, which resulted in many soldiers losing arms and/or legs due to Improvised Explosive Devices (roadside bombs) and the bombing during the Boston Marathon caused many to realize the benefits of the tourniquet and that no one should bleed to death from an extremity wound.

Another change in our thinking is to quickly place the tourniquet and move on to airway, breathing and circulation. Once these are evaluated and stabilized, then return to the extremity injury. Reevaluate the injury and decide if the tourniquet is needed or if direct pressure can be utilized. In the past, once the tourniquet was placed, only a physician could remove it. Common sense dictates that if you see direct pressure can be utilized and you have the resources to do so, this is better for the patient and the extremity.

When using direct pressure, think about how much pressure is needed to control the bleeding. If you find that you need both hands to do so, but cannot do further care, you need to consider the use of a tourniquet. When applying the tourniquet, apply just enough pressure to stop the bleeding. Note the time that you have applied it. Check and recheck the tourniquet. Assess and reassess the extremity. This is no different than reassessing your patient when transporting. Also, there are other considerations. The effective application of a tourniquet above arterial pressure will cause pain to the distal extremity, which will sometimes be very significant. The patient will require pain medication through an IV or an IO. It is important that you know when and how to use the type of tourniquet that your service has.

Treat your patient, treat the other injuries, treat their pain and treat their vital signs. And always, assess, assess and reassess.

References:

1. D. Wyllie/April 2013/PoliceOne
2. Mosby Medical Dictionary
3. Emergency Medicine Journal/August 2007
4. Journal of Emergency Medicine/December 2013

RASCAL

Regional Ambulance Service Committee at Luke's (RASCAL) has made a change as we informed you in the last newsletter. We have taken it out on the road to you. In January, we traveled to Belle Plaine, Iowa and had a successful turnout. The topic covered was TXA by Dr Joshua Pruitt, LifeGuard Medical Director. Following that, Cathy Ross-Garron presented LifeGuard Safety Training, sans aircraft.

RASCAL is traveling to Independence March 30 where Dr Nate Harmon of East Central Iowa Acute Care LLP is speaking on Stroke Emergencies. We've chosen sites 3 and 4 for the year. We will be in Clarence in June and Manchester in October. For those services that want to host RASCAL, give us a call (319-369-8995). In the meantime, we will be contacting those that have offered and setting up classes for 2016.



Call LifeGuard dispatch 24 hours a day. **800-223-6627**

Dr. Pruitt, LifeGuard Medical Director

It's gone! It's gone! For this former Tennessean, the departure of snow cover is a cause for annual celebration. Of course that brings with it the knowledge that we are entering that most entertaining of seasons – Trauma Season. Doubtless, you've seen the new state EMS guidelines that were recently published. New guidelines are never without controversy, and these are no exception. I encourage you to pay particular attention to the spinal immobilization portions of the new guidelines and review them with your service and medical directors. Personally, I hope to see long spine boards take the path of the Dodo bird here in Iowa over the course of the next few years, but it is up to you to encourage change within your own services. Of course, please follow your written protocols until they are changed to reflect the current body of research. Those protocols serve to protect you and your patients. Never forget that what you do matters, and we are thankful to have you as our partners on the ground.

As always, I am available to discuss any questions, comments, or concerns you might have. Simply email me at Joshua.Pruitt@unitypoint.org. ~Dr. Pruitt

To contact LifeGuard for a Safety Training or PR event, call (319) 369-8995 and ask to speak to a member of the flight crew.

Call now and schedule your safety training classes. These are recommended every 2 years, or every year if many new members on your service.

EMS Pizza Party Contest

Calling all EMS providers! You are invited to enter for the chance to win a pizza party for your EMS crew. It's our way of saying, 'thank you' because we know you understand that good trauma care depends on getting the right patient to the right place at the right time.

Enter UnityPoint Health St. Luke's Hospital's EMS Pizza Party contest for a chance to win one of three pizza parties for your community's EMS crew. Pizza parties will occur May, June and July 2015, one per month.

The contest winners will be notified by email to redeem prize. Pizza party dates and times will be scheduled between St. Luke's and the winning EMS crew. A photo will be taken of the winning crew during the pizza party and posted via the UnityPoint Health Cedar Rapids Facebook page. The contest is open to EMS providers within the St. Luke's Hospital service area. There is no entry fee.

To enter, go to bit.ly/emsparty, then complete the submission form. You can vote up to one time per day per email address.

Educational Opportunities

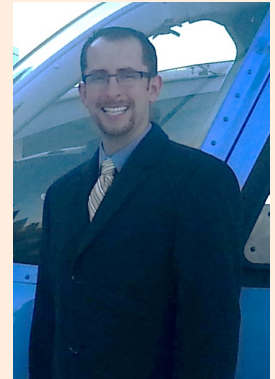
4/2	Sports and Concussions-Management/Treatment	KCC
4/13-4/20	Critical Care Paramedic	Hawkeye Comm
4/14	Child Abuse/Mandatory Reporter	KCC
5/2	Dependent Adult/Mandatory Reporter	KCC
5/9	Simulation Saturday	NICC/Calmar
5/30	AMLS	NICC/Dubuque Co
6/9	Child Abuse/Mandatory Reporter	KCC
Boot Camp for Nurses begins when registered		KCC

Did you know...

April is National Humor Month, have some laughs!! It's also Stress Awareness Month. Again, have some laughs! The 1st week of April is Read a Road Map Week (could be a challenge for some, return to the laughing and get lost) April 12-18 is National Emergency Dispatchers Week. The 4th week is Administrative Assistant's Week. Celebrate those that keep us on track.

May is Foster Care Month, National Blood Pressure & National BBQ Month. The 1st week is Nurse's Week, the 3rd week is National Police Week & the 4th is EMS Week. Let's celebrate US! May 8th is Military Spouses Day, the 15th is Police Officer's Memorial Day, & May 25th is Memorial Day.

June is National Dairy Month. The 7th is National Chocolate Ice Cream Day, the 14th is Flag Day & June 21st is Father's Day



Dr. Josh Pruitt

Requesting LifeGuard:

Remember if you are unsure you'll need LifeGuard, you may tell dispatch that you would like to place LifeGuard on "stand-by". The crew will prepare for lift-off while awaiting the "go-mission" call. This saves minutes on lift-off time because the crew is already at the helicopter, and ready for lift-off.

You can also request LifeGuard to be an "in air" standby. This is a good option for when calls are a distance away.

There is no charge if LifeGuard is cancelled.



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