

**Solano County EMS
Pre-TAC Meeting
October 16, 2008
Lessons Learned**

I. CASE 2:

72 year old female involved in a highway speed automobile accident down an embankment. Patient apparently extricated herself from the vehicle. Upon arrival of EMS personnel patient had a CGS of 14 and decreasing level of consciousness with other significant injuries. Air Ambulance was dispatched, patient's condition deteriorated and patient went into cardiac arrest just after lift-off.

Lesson Learned:

1. *Consider transporting a rapidly deteriorating patient to the closest facility via ground ambulance.*

II. CASE 4:

7 year old male who had suffered a possible rattlesnake bite on the right index finger. The snake was "a juvenile and not easily identified." Physical exam found wound area was not swollen, painful and there was "no obvious puncture wound." The patient denied complaints of shortness of breath, numbness and tingling of the extremities and difficulty swallowing.

Lessons Learned:

1. *Protocol E-3 contains the treatment for snake bites. In general, patient treatment guidelines state:*
 - *Stabilize airway,*
 - *Oxygen therapy as necessary,*
 - *Cardiac monitoring,*
 - *IV access TKO using unaffected extremity*
 - *Consider the specific treatments. The specific treatment for a snake bites include the following:*
 - *Circle the affected area noting the assessment time;*
 - *Avoid excessive movement of the affected extremity or*
 - *Immobilize the extremity at or below the level of the heart;*
 - *Keep the patient at rest; do not incise the skin,*
 - *Do not apply ice or a tourniquet or any other constricting device and*
 - *Monitor distal pulses.*
2. *Anti-Venom is often not needed in the treatment of rattlesnake bites. When it is required, anti-venom can be given up to several hours after a true envenomation. All area hospitals can get anti-venom from another hospital if they do not have it at their facility. There is no need for EMS personnel to consider the availability of anti-venom when determining a destination hospital for a victim of a snake bite.*

III. CASE 5:

63 year old male involved in an automobile accident. He was the restrained driver of a vehicle that rear-ended another car at approximately 25 mph. The patient complained of chest pain and had a laceration to his head. The patient did not meet Solano County criteria for transport to a trauma center. The local Emergency Department diagnosed him with a closed fracture of the sternum and pulmonary collapse. Transfer to a trauma center for further evaluation & admission was the local surgeon's decision.

Lessons Learned:

- 1. The patient was appropriately field-triaged to a local emergency department. "Sternal fractures were once thought to be high-morbidity rate of 25-45% from associated injuries. Recent literature reveals that the morbidity rate may be lower yet caution is warranted when evaluating and treating patients with this injury" according to Mark S. Slabinski, MD, FACEP, FAAEM author of the article Sternal Fractures; last accessed 10-20-08 at <http://www.emedicine.com/emerg/fulltopic/topic206.htm#section~differentials>. Motor vehicle accidents account for 60-90% of the sternal fractures. Most of the individuals are found to be wearing seat belts who sustain this type of injury. Death and morbidity connected with sternal fractures are almost entirely related other common associated injuries such as aortic disruption, or cardiac contusion. Current treatment in the emergency department includes ruling out these other types of injuries by the use of x-ray, CAT scan and other diagnostic studies.*

IV. CASE 6:

58 year old male, motorcyclist (helmeted) struck at freeway speed. CHP H30 witnessed accident while on routine patrol and responded. The patient complained of pain without deformity to the left elbow & left lower leg. He had an avulsion/open fracture of the right hand. The patient did not meet current Solano County Trauma criteria or need to be flown.

Lessons Learned:

- 1. The first Solano County accredited paramedic to initiate care is responsible for determining the patient's destination decision based upon their protocols. CHP H30's paramedic follows Coastal Valleys EMS Agency treatment protocols. They are considered a rescue aircraft. The paramedic in medical control of the patient is not obligated to use a helicopter for transport even if it happens to be in the area.*