



# South Region EMS Program Newsletter

*October 2009*



## **Trauma Activation**

**Dena Klis, RN Trauma Coordinator**

**Aurora Medical Center Kenosha Emergency Department**

I am delighted to be representing Aurora Medical Center as the trauma coordinator in Kenosha. Aurora Health Care prides itself on providing only the most excellent care to the community we serve. With that said, I am pleased to announce that we are striving to exceed the standards set by the Southeast Regional Trauma Advisory Council (SERTAC) and the State of Wisconsin. As you may have observed or experienced, Kenosha Aurora Emergency Department has implemented a two-tier trauma alert system, whereby we have staff in place that are trained and experienced to care for trauma patients who require immediate and advanced care. Prior to the arrival of EMS personal to the emergency room, we activate our trauma alert system based on your report, including the mechanism of injury and condition of the patient to provide appropriate staff for patient care. Based on the report received, a surgeon may be present, should the patient require immediate surgical intervention. We are also partnered with Froedtert Hospital and Children's Hospital of Wisconsin to transfer any patient sustaining life or limb threatening injuries that may necessitate a higher level of care.

We anticipate working diligently with each of you to provide the highest quality of care to the patients we serve. As partners in healthcare, we value your input and would greatly appreciate your assistance in initiating our trauma alerts. Your suggestions for activation of trauma alerts will be acknowledged. Please know that I am available to address any concerns you may have. Thank you for all you do.

As a note, all EMS providers transporting to Aurora South Region Hospitals (Aurora Kenosha, Burlington and Lakeland) are encouraged to recommend a trauma alert if you feel it's needed.

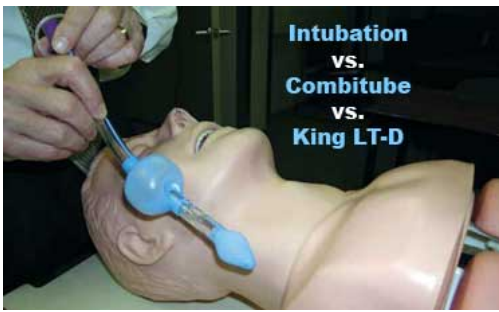
## **Critical Incident Stress Management**

**Regina Poepping**

Hello. I know some of you are aware of our Aurora Critical Incident Stress Management (CISM) Debriefing Team, as some contact information has already gone out to Emergency Service Departments. For those who are not familiar with our team, let me give you a short background. Aurora has had a trained team in CISM debriefings since 2000. Most all of our original members are still on the team. Our team consists of Mental Health Professionals, Clergy, and Peer Counselors. We were mostly called out to the Hospitals or Clinics in our South Region for a critical incident, or traumatic event that had occurred in their Department. Aurora has now allowed us to offer our services to Kenosha, Racine, and Walworth County Emergency Medical Services. Besides our Team that we already have in place, we utilize either Fire, Rescue, or Police personnel to aid us in our debriefings, and or defusings.

The need comes up, not often, but when there is extraordinary events that occur, or an event that has an unusually powerful impact on personnel, we need to take care of our Emergency Workers that service our communities. Our services are provided at no cost, and are confidential. It is best to request our debriefing services as soon after the incident as possible.

To request our CISM services, you can page us 24/7 at 262-866-5312, or call Regina Poepping (Reggie) at 262-210-2764. Someone is always available. If you have any questions, or want more information, please contact me.



## Three Airway Modalities in Difficult Airways

Keith Wesley, MD, FACEP

**Review of:** Russi CS, Miller L, Hartley MJ: "A Comparison of the King-LT to Endotracheal Intubation and Combitube in a Simulated Difficult Airway." *Prehospital Emergency Care*. 12(1):35-41, 2008.

**The Science:** This study conducted by the Department of Emergency Medicine at the Mayo Clinic in Rochester, Minn. sought to compare the time to establish an airway using three different modalities. The compared standard endotracheal intubation (ETT), Combitube (ETC) and King LT-D Airway (LT-D) using a Laerdal Air Man Difficult Airway Simulator.

Sixty-nine providers (39 paramedics, six EMT-Bs and 18 firefighter/EMT-Bs) rotated through a trauma intubation scenario in which a cervical collar was in place and timed from the point when the proctor said "start" until tube placement was verified. Following this, researchers surveyed each provider to assess the ease of use and how comfortable the providers were with each modality.

The average times for paramedics were 91.3 seconds for the ETT, 53.7 seconds for the ETC, and 27.0 seconds for the LT-D. EMT-B placement times were 46.4 seconds for the ETC and 22.5 for the LT-D. Paramedics successfully placed the ETT in 68.9% of attempts compared to 100% success in placing the LT-D. Likewise, EMT-Bs placed the ETC with 87.5% success rate and 100% for the LT-D.

The researchers quite obviously concluded the King LT-D has significant time advantages and successful placement over traditional intubation and the Combitube.

**The Street:** I'll admit I wasn't a fan of the King LT-D Airway when it first came on the market. But, since then the device has been modified, and I believe those modifications have markedly improved it.

I'm questioned almost every day whether to adopt the King LT-D at the BLS level and how it compares to the Combitube. Now we have comparative data of the two most common non-visualized airways on the market. This head-to-head comparison of the two devices as well as how they match up to the traditional intubation has been long awaited. It was no surprise to see that both non-visualized airways took less time to insert than endotracheal intubation. The 2005 American Heart Association guidelines state that establishing an airway should not take more than 30 seconds because interruption of chest compressions lowers coronary perfusion and worsens the already high mortality of cardiac arrest. In this study, the King LT-D appears to meet that goal.

This study centered on trauma, but we have data from San Diego that endotracheal intubation of patients with traumatic brain injury results in greater mortality and morbidity secondary to unrecognized hypoxia and bradycardia. Although the time to place the tube wasn't studied in San Diego it's reasonable to surmise that it was at least as long as that documented in this study -- and probably longer.

With all that said, the study does have some weaknesses, most of which the authors admit. First, all providers progressed through the devices in the same order. That is, they all used intubation, followed by ETC then followed by LT-D. This could have resulted in them becoming attuned to the nuances of the manikin. But another limitation the authors didn't mention is the fact that they failed to use the difficult airway features of the manikin, such as swelling of the tongue and trismus (clenching of the teeth). It would be highly informative to see how this would affect the data.

I expect to get a flurry of e-mails and comments that I'm leading the charge to remove intubation from the paramedics, but this data is hard to argue with. Regions Hospital in St. Paul, Minn. is currently conducting a study in which the paramedics administer RSI drugs followed by insertion of the King LT-D. I'm anxiously awaiting their result. Until then, I support the adoption of early use of a non-visualized airway over endotracheal intubation, and the King LT-D appears to have a clear advantage in terms of ease and time of insertion.

**JEMS.com Editor's Note:** These studies were conducted through the University of Iowa Dept. of Emergency Medicine, not at the Mayo Clinic. We apologize for the error

The above article can be found on the Jems.com website at:

[http://www.jems.com/news\\_and\\_articles/columns/Wesley/Three\\_Airway\\_Modalities\\_in\\_Difficult\\_Airways.html](http://www.jems.com/news_and_articles/columns/Wesley/Three_Airway_Modalities_in_Difficult_Airways.html)

### State of Wisconsin Emergency Medical Services E-Licensing

The Wisconsin Department of Health Service, Wisconsin Emergency Medical Services section has implemented a new method for licensing new EMT's, reciprocity of EMT's and re-licensing of current EMT's. We encourage everyone to visit their website at the link below to update yourself on the new procedure. The new E-licensing the website contains valuable information regarding EMS in Wisconsin so feel free to browse their entire website.

<http://dhs.wisconsin.gov/ems/index.htm>



**A Reminder!!!!**  
**Don't forget to get your flu shots.**

### EMS Equipment

**Please pick up your equipment left in the South Region Emergency Departments. There are various backboards, CIDS, splints, etc. Feel free to call the EMS office to find out if you have equipment in any of the ED's.**

### Contacting the South Region EMS Office

Aurora South Region EMS  
P.O. Box 400  
Burlington, WI 53105

EMS Office Phone  
262-767-6101  
Fax: 262-767-6235

Email:  
[Thomas.Smith@Aurora.org](mailto:Thomas.Smith@Aurora.org)  
[Tony.Lash@Aurora.org](mailto:Tony.Lash@Aurora.org)  
[Dustin.Ellis@Aurora.org](mailto:Dustin.Ellis@Aurora.org)  
[Robert.Swenarski@Aurora.org](mailto:Robert.Swenarski@Aurora.org)