The annual Broomball match has come and gone, and the Emory EMS Medics have defended their title once again as reigning champions over the EMT Class. Last month’s game ended in a 5–0 score, a disappointing blow to the Class, who showed up in shirts they had made prior to the game with slogans such as, “You had better call for additional resources, because this scene is not safe!” These clever shirts, however, did not stand up to the intimidating all-black fatigues worn by the Medics. Top scorers included Josh Rozell, Dan Hootman, Jamie Bota, and Joe Ling. It was a fierce match, and the Class put out a great effort in the rink, despite being beginners. In the end, though, players without broomball sticks from both sides took to the ice and simply started kicking the ball in an attempt to score.

After an exhausting match, everyone met at Waffle House for the traditional post-game celebratory feast. In high spirits, the Medics reminded the Class that they would be on the winning team for next year’s game. The Broomball game continues in its tradition as one of the best ways for the EMT Class to become acquainted with the members of the Unit, and for the Medics to get to know their future partners in the field.
Last weekend, the Board of Planning and Development hosted the first annual Em-ory EMS Non-Denominational Winter Feast of Non-Secular Lights, Trees, Fancy Candle Holders and Festive Spinning Tops (shortened to simply: the Winter Feast).

This event included displays of talent from fellow medics as well as a roast of the staff officers. Members of the Board of P&D impersonated the staff officers and competed in a game of EEMS Jeopardy!, which featured humor and witty remarks about the staff mixed in with the responses. Staff officers Dan Hootman and Jamie Bota in turn rapped about the medics, followed by a dance from medic Elizabeth Eddy.

The meal was catered by the popular restaurant Maggiano’s and featured a variety of Italian dishes.

Chief Rozell was impressed with how “well planned the event was, and the dedication of the medics” in spending so many hours on their own to prepare for the night and make it a success. The dinner was a great way to bring the unit together and celebrate the end of an accomplished semester.

Unit Statistics for November

Total Calls: 66
Red Lights and Sirens: 38  IV Access: 6
Non-Emergency: 28  Chest Pain: 4
Intoxications: 3  Nausea/Vomiting: 4
Motor Vehicle Accidents: 6  Falls: 11
Upon arrival patient was seated in a chair, clutching her stomach, rating the pain as 8/10. Patient was A&Ox4, speaking normally; patient’s pulse was rapid and strong, skin was cool and clammy, breathing was rapid but non-labored at 20 breaths per minute. Patient reported feeling nauseous for the last few days and mild pelvic cramping, pointing to her right lower quadrant. Patient denied being pregnant. She reported amenorrhea for the last four months, but stated she had tested negative for multiple pregnancy tests. Patient had no previous medical history. Initial vital signs were within normal limits despite pulse of 120bpm, attributed to anxiety. Patient’s blood pressure was 100/60, which the patient stated was normal for her.

Physical examination revealed no visible signs of trauma. The upper abdomen was non-rigid and non-tender. Palpation of the pelvic region revealed severe discomfort upon both application and release of pressure. Medics noted mild distension to the right lower quadrant. Medics attempted to assist the patient in standing to go to the restroom, but upon standing patient reported feeling extremely dizzy and her reported abdominal pain increased to 10/10. Patient subsequently lost consciousness and EMS assisted her to the floor; an ALS unit was immediately requested. 795 proceeded to a rapid focused medical assessment, noting a large bloody stain on the chair the patient has been sitting on. All other physical exam was normal, but patient’s vital signs began to deteriorate. Pulse remained at 120bpm, while her blood pressure dropped to 80/55. Patient’s breathing was decreased to 10 breaths per minute. Her O2 saturation dropped to 91%.

Realizing the patient was going into shock, 795 and on-scene DeKalb medics loaded patient onto stretcher, placed her in a modified Trendelenburg position and covered her with blankets. An IV was started with an 18-gauge catheter and a macrodrip of 1L 0.9% normal saline. Patient was transported to Emory University ED via DeKalb. 795 returned to service without incident.

Ulcerative colitis primarily is seen in two age groups: 15-30 years old, and 50-70 years old.

If the appendix ruptures, patients will actually feel better for a short time until peritonitis sets in and symptoms worsen.

For every 40 to 100 pregnancies, one will be ectopic.
Signs and Symptoms of Related Medical Conditions

**Appendicitis**
- Early
  - Generalized abdominal pain
  - Nausea
  - Vomiting
  - Reduced appetite
  - Low-grade fever
- Late
  - Localization of pain to RLQ
  - Sudden movement, coughing and pain when walking
  - Constipation or diarrhea
  - Chills and shaking

**Ectopic Pregnancy**
- Early
  - One-sided pain and pelvic cramping
  - Nausea
  - Abnormal vaginal bleeding (spotting)
  - Amenorrhea (missed period)
  - Breast tenderness
  - Lower back pain
- Later
  - Severe, sharp and/or sudden pain in lower abdomen
  - Feeling faint or syncope
  - Pain in shoulder (referred pain)

**Ulcerative Colitis**
- Abdominal pain or cramping (eased by bowel movement)
- Nausea
- Vomiting
- Diarrhea (intermittent to frequent, can include blood or mucus)
- Fever
- Weight loss
- Gastrointestinal bleeding
- Tenesmus (pain in passing stools)
- Joint pain
- Abdominal sounds (i.e. gurgling, splashing) over intestine

**Important questions to keep in mind for this call:**

- Should the supervisor be requested on this call? If so, when?
- What do you do if the patient denies being pregnant but you suspect a pregnancy-related illness?
- How do you know the blood on the chair is vaginal?
- Try to consider every body system that could be involved in obtaining your history – in this case, digestive or reproductive system problems could have explained the patient’s presenting symptoms.

All three of these conditions require surgical intervention: from an emergency medical perspective, our role is to stabilize the patient and get them to the ED as soon as possible. Ulcerative colitis must be managed through diet and medication over the long-term, but severe attacks require hospitalization, and may include surgery to remove the colon or the placement of an ostomy. Ectopic pregnancies cannot come to full term, so developing cells must be removed for the mother’s health. A thorough history may also be critical to helping the doctors determine the proximate cause of the patient’s symptoms, getting him or her more rapid and effective care. As always, however, diagnosing the patient should never delay patient care.

T. Oishi (361)
K. Best (338)
Recently, Emory EMS received approval from our medical director, Dr. Eric Ossman of Emory University Department of Emergency Medicine, to equip our emergency response vehicles with two new medications. The first of these is D50, a 50% dextrose solution which is administered to patients who are hypoglycemic and elevates their blood sugar, preventing it from remaining at a dangerously low level. However, there are some dangers associated with the use of D50, primarily the possibility that an improperly inserted IV can cause drug infiltration into the surrounding tissue. Therefore, in order to ensure the highest level of patient care in the administration of this drug, Emory EMS is working in conjunction with the Emory Hospital Emergency Department to verify competency among medics in the initiation of IV therapy. This entails a four hour rotation in the Emergency Room each month for each medic on the unit, during which they must attain at least two patent IVs.

In addition to D50 approval, Emory EMS also received approval to carry albuterol, a bronchodilator administered to patients having respiratory distress. Bronchodilators expand the small vessels of the lungs, allowing the patient to breathe more easily. Emory EMS medics, in order to ensure competency in the administration of this new drug, were required to attend a training session provided by our unit’s director, Dara Spector, FNP-C, EMT-P. This session encompassed both a presentation regarding the proper medical indications and uses of albuterol, as well as a supervised, hands-on use of the nebulizer.

With the addition of these two new drugs to Emory EMS’ emergency response vehicles, Emory EMS will be much better able to provide rapid care to the some of the most common emergencies to which we respond. With their training, our medics will be comfortable with the indications for the usage of these drugs and the technique for their administration, ensuring that our patients receive an extremely high quality level of care.

Emory EMS Expands Available Medications

Emory EMS’ new ability to carry albuterol will greatly aid in the rapid treatment of critically ill asthma patients in the field.
Medics of the Month for November are Jason Harms and Kevin Smith. Jason received nominations because he is a pleasure to work with and has done an excellent job updating and expanding the website. Kevin was nominated for his positive attitude and careful and thorough patient care. Both have been great about covering shifts, and they never hesitate to put time into other projects, such as planning special events or coming in to help with the EMT class. Please take a moment to congratulate these two when you see them!

I can not believe that the first semester is almost behind us. Looking back on all of the accomplishments of EEMS these past few months, I think our organization has come a long way. We have not only made ourselves more recognized on campus, but we have instilled a sense of safety and security within the Emory students and the community. Aside from responding to a record high 350 calls this semester, EEMS has enhanced its image as a group of students dedicated to educating and serving the community. Our CPR event was a huge success and became the largest ever training in the country. We have already done another CPR class in the business school and will be facilitating another in January with the theology students. With our new temporary charter, the Community Outreach Program of Emory EMS shall strive to train more Emorites in CPR, potentially for a full certification. In addition, we hope to advance our special detail service with better equipment and resources.

Internally, our Unit has bonded tremendously this semester. The Planning and Development Division has done a wonderful job coordinating Unit events and functions, from paintball to broomball to a Winter dinner festival. So from a professional and a personal perspective, I think Emory EMS has successfully fulfilled all of its goals. I look forward to working with all of you again next semester, as we develop more community initiatives and strive to maintain our status as a respectable and professional student organization.

Chief’s Note

Kevin Smith

Jason Harms
INSTRUCTIONS:
1. CUT OUT THE TRUCK AND THE LIGHTS.
2. MAKE CREASES ON THE TRUCK AND LIGHTS ALONG WHERE IT SAYS "FOLD HERE".
3. TAPE THE TRUCK TOGETHER FROM THE INSIDE. THE GRAY FLAPS SHOULD BE INSIDE THE TRUCK. TAPE THE LIGHTS TOGETHER SIMILARLY.
4. TAPE THE LIGHTS ON TOP OF THE TRUCK.
5. GO DRIVE 10-18.