Recent Events

On September 28th, EEMS entered a float in the Homecoming Parade for the first time in history. The result was a second place finish and $300 in prize money for the Unit. The lead designer for the float was Tatsuya Oishi, whose design featured a six foot high 3D star of life attached to the Operations vehicle. “I realized that if I had six identical cardboard boxes with flaps interconnecting in the middle, it makes a perfect star of life. One consequence I didn’t realize was how massive this float was going to be!” Tatsuya said about his creation. EEMS medics spent over ten hours constructing the float, which also featured a medic performing CPR on a moulaged patient on the front hood of vehicle. When asked about the construction Tatsuya said, “The teamwork with my fellow P&D members and help from other medics is what made this project possible, and I think our 2nd place finish in the parade is well-deserved.”

Dalai Lama Detail

The weekend of October 20th-October 22nd was a busy one for Emory University. With 16,000 people on campus throughout the weekend for Family Weekend and the Dali Lama visit, Emory EMS was busy ensuring the visitors were cared for well. Medics worked 12 hour shifts and two foot patrol teams were stationed at the WoodPEC. Emory EMS even had another vehicle in service, 797, to help with operational tasks. Chief of Operations, Jim Chung, was the coordinator of the special detail. There were no calls until the last day, when Emory EMS responded to three calls in a row: a collapsed lung, abdominal pain, and chest pain. When asked about the success of the event Jim Chung commented, “I thought it was very successful, especially on our part. I have received nothing but compliments from the Department of State Security, EPD, and other public safety officials for our conduct and presence.”
EEMS and SGA partenered to sponsor the largest ever CPR training initiative in the country. The training was held on the nights of October 30, 31, and November 1. The training featured the American Heart Association’s CPR Anytime program, a program created not to certify individuals but to teach the core skills of CPR in under an hour. Chief of EMS, Josh Rozell, spearheaded the event. “Campus CPR served a four-fold purpose: increasing EEMS presence on campus, showing dedication to the Emory community, setting a national model for CPR training at the university level, and training individuals in a vital, life-saving skill.” Participants were provided with personal training kits including a DVD and an inflatable thorax. Emory EMS medics, along with non-EMS volunteers, overlooked the training of over 600 participants. The AHA provided 1500 CPR anytime kits, and though the number of individuals that attended the event was lower than planned, Campus CPR exceeded the previous national records for attendance, making Emory University a model for campus-wide preparedness.

Campus CPR Success

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The Life of a Tertiary

You're a new medic, or a tertiary, as they call it. As you begin your first shift, you feel all the symptoms of anxiety: stomach clenching, tachycardia, shaking, nausea, “jelly legs.” Let's face it, you're pretty nervous. You pick up the radio, signing on for the first time, and before you know it, your first call comes in: an unknown age male, unconscious – that's got to be pretty serious right? You walk out to the truck, fighting the urge to break into a full-out sprint, wondering exactly why they tell you that EMTs should never run to a call. After all, if this guy is dying, you want to get there as fast as you can to save him. Running like this could make a big difference. Maybe. You refocus as you reach the truck and proceed to the call. You mentally run through the medical emergency check-off sheet, wondering which system you should start your focused exam with as you pull your gloves on. Then, you're there, and it's your first patient since clinicals. You just forgot the order of the check-offs you scrambled through, and inevitably, you start to panic. Your partner starts talking to the patient who isn't really that unconscious after all. As you start taking vitals, you note with irritation that your hands are still shaking. You don't catch much of the history, but through the haze of confusion you hear the patient say, “Oh, well I just tripped, I didn’t actually pass out, my friends just exaggerated a little …” Later that afternoon, your replacement comes in, and you hand them the radio after you sign off. In hindsight, you realize you should have let them sign on first – you just went over this a week ago, how could you already have forgotten? You shake your head at yourself for the thousandth time that day. As you pack up your bookbag, you and your partner tell the oncoming shift about your one call that day. Somehow you only had one call, but you still ended up with only two out of thirty pages of reading done. You groan at the thought of the long night of studying, reminiscing of the patient care you just performed. The oncoming staff officer initials your replacement's card for “Sign On/Off,” and you realize that your partner has left without checking off your accomplishments for the day.

Your next few shifts continue in generally the same way – you get a few more calls, some of them being serious, but most are not. You get plenty of practice, yet somehow you still feel apprehensive and fear you may forget to do something important, like radio traffic. But, you also get more comfortable with finding everything in the jump-bag and switching radio channels in time to hear the dispatch when you come out of class. You pick the brain of the primary you’re working with, attaining advice for certain call types and feedback on your own performance. Occasionally you still get anxious, but for the most part, everyone tells you that you’re doing pretty well. You gleefully count down the number of spaces you have left on your card after every shift, though all the senior medics keep reminding you that it’s more important to feel comfortable with what yourself as a medic and basic unit procedures. And then you wonder, when am I going to get promoted …?
In Our Trunk You’ll Find...

October Statistics

10-18s 59
(Red Lights and Sirens)

MCIs 2
(Mass Casualty Incidents)

Total Calls 94

26s 5
(Intoxication)

N/V 13
(Nausea/Vomiting)

IVs 8

MVCs 11
(Non-Emergency Calls)

Signal 6 35

Medic Call Stats

J. Rozell - 21
A. Amaducci - 17
K. Smith - 15
On October 21st, 2007 at 01:36, 795 and 796 responded to an MVC on Johnson Rd across from the Emory shuttle station. Two vehicles – one sedan and one sports coupe – had collided head-on, each traveling approximately 35 mph. Upon EMS arrival, law enforcement advised there were two unattended patients in the sedan and a third in the coupe being cared for by an on-scene physician.

12 y/o Female

Sitting upright in the backseat of the coupe was a 12 y/o female patient with copious amounts of blood covering her head, face, and shirt. The young girl was sleeping unrestrained in the backseat at the time of impact. Immediately following impact, her father - who had been driving the sedan - noticed she had been thrown to the floor on the driver’s side. Upon examination, the patient was A&Ox3 with a deficit in ‘place’ and slightly disoriented. She complained of pain in her head, neck, and back, but did not comply with further requests to categorize the pain in quality and severity. A deep 1” laceration was noted on the patient’s forehead, however no active bleeding was noted - just coagulation. No crepitus or step down was noted upon inspection and palpation of the scalp, face, and neck.

A cervical collar was applied and the patient was extricated onto a backboard. A blood pressure of 110/80 and intact distal pulse/motor/sensory activity was noted prior to extrication. The patient became anxious upon being placed on the long spine board and complained of severe pain in her upper back. She was PERRL, but becoming increasingly non-compliant. No other DCAPBLTS were noted upon a rapid trauma exam. The patient was strapped, immobilized, and transferred to Dekalb EMS for rapid transport to CHOA.

In retrospect...

The pupillary reaction is innervated by the third cranial nerve. When there is increased intracranial pressure, the nerve is compressed, resulting in dilated pupils and decreased pupillary response. However, a pupillary response is only one indicator of brain trauma. What other signs should you check when making an assessment for a head injury?

The scalp is a very vascular area. It does not take a big laceration to cause graphic bleeding, so when assessing circulation, be thorough.

Backboarding a child with head and neck pain may be a difficult task. A rigid backboard is an uncomfortable piece of equipment, and the act of restraining a child causes increased anxiety. What can you do as a medic to ease this tension and make the child more comfortable?

This patient was not A&O to her surrounding. Since the patient was a child who was allegedly asleep at the time of impact, what implications does this finding present?
A 14 y/o male was riding in the front seat of the sedan at the time of the collision. Following impact, this patient exited the vehicle and went to sit in his mother’s vehicle, which had pulled up immediately after the accident. Upon examination, the patient presented A&Ox4 GCS 15 with a red swollen face, bleeding nose, and tearing around the eyes, which were closed shut. The patient complained of burning pain around his head, nose, and eyes, and a hypersensitivity to light. The patient, however, did not complain of neck or back pain. Patient could not be evaluated for PERRL, but exhibited bilateral breathe sounds and warm, dry skin. The patient was collared and backboarded. VLS were as following: P 88, R 18, BP 132/78, SaO2 99. Patient was then transferred to Dekalb for transport to CHOA.

Sodium azide, the explosive agent used to inflate a car airbag, is a potentially deadly chemical that can cause red eyes, irritated skin, and chemical burns. How does this knowledge affect the treatment of the young male who’s eyes were swollen shut?

Every EMT undergoes hundreds of hours of work to obtain their certifications. Multiple days a week in class, shift after shift of clinical rotations, and tests every few weeks are just a piece of the process. Still, after all of this hard work, your certification is not good for life. A mere two years down the road, you need to renew it to remain a licensed EMT.

To renew National Registry, you have two options. The first is relatively new: a computer-based test, similar to the exam you took to become Nationally Registered after passing the EMT class. This can often be the more convenient but more expensive option. To do this, you simply pay a $100 fee and enroll to test online, then schedule a test date at an official test site. All associated forms must be completed by March 31 of the year of expiration. Keep in mind, if you choose this option, you only have one chance to pass this test. Otherwise, you must complete the second option below.

The second, more traditional option is the Refresher and Continuing Education. For an EMT-Intermediate, this means you must attend a 36-hour refresher course, which Emory EMS typically offers every other year. In addition to this course, you must complete 36 continuing education hours on your own time. Your skills must also be verified by your Training Program, Director of Operations, or Medical Director. There is a fee associated with this option as well.

Regardless of which option you choose, it is important to plan for recertification in advance. Georgia Reciprocity is maintained by submitting 40 hours of continuing education every two years if your Georgia number is chosen to be audited. You can maintain Georgia Reciprocity and lose National Registry, but you will not be able to receive reciprocity in any other state if you let National Registry expire. You must also keep your CPR certification current to practice as an EMT.

Most importantly, if you have questions, be they for the Training Program, National Registry, or the Georgia State Office of EMS, do not hesitate to ask. Recertification can be both stressful and confusing, so start early and keep track of where you stand!

Get ahead on CEs with Emory Flight.

Dec. 1: Emory Flight, 10:00-15:00 Pediatrics III.

A. Gilleland (306)
Chief’s Note

In his installment speech as a professor at Emory, His Holiness the Dalai Lama spoke eloquently about compassion and working together to achieve a common goal. His statements, while applied to religion, philosophy, and spirituality, also ring true in EMS. At Emory, our Unit is dedicated to providing aid to students, staff, and faculty alike, and we continue to pride ourselves on the efficient care and compassion we show our patients on a daily basis. Whether simply introducing yourself to the patient or carrying on a conversation while waiting for a Dekalb unit, you should always try to attain that brief but important connection with the patient and his or her needs. The lasting impression you leave with the patient will encourage a greater respect and admiration for Emory EMS medics.

Housed under a mile from EEMS headquarters, Dekalb Station 1 is a tremendous resource for our Unit. While working on shift, I encourage you to get to know all of the firefighters, EMTs, and paramedics, not just because you will often be running calls with them, but because they are genuine people with a great deal of knowledge about EMS. The first step to creating a positive working environment is creating a positive personal relationship.

Part of establishing a smooth and consistent way to run calls involves knowledge of the chain of command and your role on scene. If EEMS arrives first on scene, our medics have command of patient care. If possible, we should have a patient report with vital signs and demographics for the Dekalb medics, to make the transfer of care fluid, yet thorough. On the other hand, if Dekalb arrives first on scene, the role of Emory EMS medics is to be a resource. Upon arrival, medics should ask the Dekalb medics, “How can we help?” or think, “How can I make this call work well for both agencies?” The balance between patient care and knowing the roles and responsibilities of all parties on scene will most certainly prove beneficial.

So, when you pull up on your next call, remember that teamwork and compassion go a long way. Set the standard for our Unit and this university by treating patients with the utmost compassion and respect, and you will see success each and every time.

October’s Medics of the Month

Alex Amaducci

The EEMS Medic of the Month Award goes to two individuals this October: Alex Amaducci and Cory Trankle. These two individuals have shown tremendous dedication to our Unit, both in willingness to help others and in the sheer volume of shifts they work. Many medics have reported Alex as being “a pleasure to work with” while other medics have praised her abilities as a great secondary. Cory has been exemplified as a hard-worker, and some medics have remarked that Cory went out of his way multiple times to help them out. These two medics deserve a round of applause for the efforts they have put forth, and the Unit is fortunate to have them. Congratulations Alex and Cory!

Cory Trankle

J. Bota (304)

J. Rozell (301)