

Lowell Stratem  
U.S.F.S.

Squad Meeting - Thursday - April 13, 1995:

Run Review on Monday was on drowning. Things to remember - ALWAYS START CPR - DO NOT STOP CPR EVEN IF IT IS 40 TO 50 MINUTES TO ALS OR THE HOSPITAL. If you go to an incident and the victim as already been revived that person should always go to the hospital. This is the type of patient who will die 24 hours later. Be sure and impress this on the family and the patient-you must insist that the patient go to the hospital.

MISC. NOTES: Dr. Michaels will not be in the Clinic on friday, April 14th nor on Monday or Tuesday the 17th and 18th. He will be at home, but has hurt his back again and wants to rest. Betsy will be at the clinic on friday and monday and tuesday and can do EKGs and start IVs.

We have to get up to date on run reviews as Dr. Herfindahl is checking the sign in log. You must sign your initials now for at least one meeting per quarter. He is getting very strict on this and if we don't comply he could threaten us with NO HEARTSTART. David will be refreshing our heartstart training during our EMT I refresher class.

We had some interesting runs this past few weeks. Sherry will report on CPR save at Scott Bar. Bill and Kathy on the auto accident pt. they had and Ed and Marion on the 2 patients they had. How do you think we did? Could we have done anything different? Peters were treated and released, Joe R. had 5 broken ribs and a broken wrist. Will be released on friday probably. He also had a small cut under his chin. Sara, Wes or Marion on pt. with collapsed lung.

We need to train more on familiarizing ourselves with where things are in garage and in ambulance and procedures - so attached is a little quiz. This is not a quiz to be graded - just a quiz to learn from. You will be correcting your own answers.

----- TIME FOR QUIZ AND DISCUSSION -----

We should train each month so please decide on the time and date and that will be the date. We keep trying to get a date when everyone can be there and it is not working.

David will be having an extracation class for his EMTI class - please plan to attend.

Talked to Debbie Harris of NOR CAL EMS - Redding regarding the new designation of EMTB. She has never heard of this. We will continue to be EMT I-A. There is no EMTB as far as she knows. That may be confused with the fact that everyone taking an EMT class will have the same training - ambulance not ambulance. Is this clear as mud??

Do you have an ambulance cap? Do you want one?  
Do you have an ambulance tee shirt? Do you want one?

Ed designed, bought and gave us the caps - thanks, Ed.

The lock on the ambulance garage was forced open last week and from #21 the yellow large flashlights and a couple of magnalites were taken. The yellow lights have our name on them. One of them, plus a magnalite were exchanged for gas at Rainbow Resort at 6 a.m. and the rest are at Grants Pass awaiting our picking them up. Man who stole car, etc. has been arrested for car theft, plus burglary of ambulance garage. Pickup truck was stolen from in front of Larrys Market about 5 a.m. that day. Recovered in Grants Pass at 10 a.m. same day.

Marion

April 14, 1995

You have responded to the clinic for a cardiac patient you are BLS, but will be meeting ALS near Horsecreek. Dr. M. has given the patient morphine and the patient is nearly free of pain. What vital sign should you note prior to leaving the clinic and continually monitor?

You arrive at the clinic and a trauma patient or cardiac patient is to be transported. An IV is running. What question should you ask the doctor?

You arrive at the clinic for a trauma/cardiac patient and find that the patient has a nasal cannula in place. What is our procedure?

You have responded to the ambulance garage - it is 4 a.m. - and the call is for a patient with chest pain. You are BLS. What equipment do you put in the ambulance?

You arrive at the patient's house. What equipment do you take into the house?

Two crew members arrive at a patient's house and find that the patient is in the back of a small mobile home. You are going to need help. What do you do?

You have a cardiac patient in the ambulance. What equipment do you bring out and have ready in case it is needed?

You are up river and have a patient with you who is ill - no specific chest pain. The patient has a sudden onset of severe chest pain, difficulty breathing, etc. You do not have the Heartstart aboard, and you will need a 2nd attendant. What do you do? Who do you notify? Etc.

You are responding to an automobile accident. What ambulance will be the first out? and why?

You are responding to an automobile accident up or down river and the car is over the bank. What equipment do you take with you that is stored in the ambulance garage.

You are responding to an automobile accident and the first out ambulance is out on a call - the people need to be extricated from the vehicle. What piece of equipment do you take from the ambulance garage.

You are responding to an auto accident - unknown injuries. Do you always take the HeartStart?

You are responding to a cardiac patient who has had CPR started prior to our arrival. In addition to the Heartstart what other pieces of equipment would you take into the house to use with CPR?

Each ambulance has a portable oxygen tank to use, plus a spare tank. Where are these items located? In 21

In 22

We are getting our oxygen from Napa now. The small van ambulance can take an S tank which is a little bigger than the tank for 21. We always have a spare tank in the ambulance garage. It will be the smaller one that can be

RUN REVIEW MINUTES  
June 6, 1995 7:00 pm

David Herfindahl, M.D.

**S.A.D USES:** The following S.A.D uses for last month were discussed:

1. Two uses total for the month of May.
  - a. Use #1, Rescue 1340 - Medic 54 and Medic 68
  - b. Use #2, Medic 54 and Rescue 1340

Following these discussions, the problem involved with codes in the field was discussed, particularly when ALS is on scene. Dr. Herfindahl is going to send a letter to Dr. Joyce, ER Director, regarding the feasibility of calling a code when ALS is on scene and has wire contact with the hospital.

**S.A.D REPLACEMENT:** Some models have been evaluated. Laerdal looks like the best choice so far. One other model is less expensive but not made as well.

**ALS PROTOCOLS:** There was a presentation on the new ALS protocols (4/95) by Mike Beilfus, EMT-P, from Promedic Ambulance. The changes in the EMT-II scope of practice were discussed. There have been several meds and one procedure added to the numbers scope of practice. A class will be set up to provide inservice and proper documentation for the EMT-II's effected. Faye Powers, R.N., and Matt Moser, EMT-P, will coordinate.

**Action/follow-up:**

- . This is to be done by next months meeting.

**PHONE CONTACT:** Dr. Herfindahl urged the use of phone contact for patient reports, etc., when the ETA to the hospital is lengthy.

**TRAUMA REVIEW:** The following is a list of three traumas that were reviewed:

- a. Glider accident - single victim, Rescue 540 and Medic 68.
- b. MVA - single victim, Rescue 540 and Medic 41.
- c. Burn victim - single victim, KRUFD, Medic 68 and Air Med.

**NEXT MONTHS MEETING:** Next months planned educational presentation will be rattlesnake bites and anaphlaxis. Chris Reardon, R.N., is the tentative scheduled instructor.

**UPDATING CERTIFICATIONS:** It is the responsibility of individuals and their respective fire/rescue agencies to keep updated EMT and EMT D cards on file at the base hospital. Please send notification of any individuals no longer active, new cards, or changes to:  
Faye Powers, R.N.

There being no further business, the meeting was adjourned.

Respectfully submitted,

Faye Powers, R.N.