Why Paramedics SHOULD USE ETI during Arrest

Or, “Crisis is Danger Mixed With Opportunity”
Who Are We in EMS Really?
Paramedic

- Out-of-hospital practitioner
- Part doctor
- Part nurse
- Part rescue
- Hazmat, MCI, disaster
Paramedic

A “fully-arrived”, fully-partnered, member of the emergency medicine and emergency response community
Prehospital Emergency Care

The newest member of the House of Medicine
EMS Training vs. Reality

- Not enough OR training time, if at all
- Infrequent use in the field of ETI
- **MUCH MORE** “on-the-job training” needed
- To be able to pass a tube when a tube is really needed
"OJT" is Reality

"Rescuer procedural experience is associated with improved patient survival after out-of-hospital tracheal intubation of cardiac arrest and medical non-arrest patients."

Paramedic Quality Care

• Must be a commitment to skills training
• Must include
  – Physical Assessment
  – Pharmacology
  – Advanced Care Technical Skills
Paramedic Ethical Behavior

Is this an oxymoron?

Or .... is it not?
Can we depend upon EMS personnel to act ethically?

Do all medics have ethics?
What is the Theoretical Maximum?

Paramedics Must Be Some of the Best Airway Experts in the World!
When Do We Intubate?

- Cardiac Arrest
- Low GCS Conditions including trauma
- Compromised airway
What have been the REAL PROBLEMS with ETI?

Airway Trauma
Prolonged Hypoxia
Management Problems
So, the Slovis “5”:
Reasons to Intubate in C.A. #1

- Since only 30% survive CA, are we going to take away practice on the 70%? HMMMMMMMM???
- Isn’t this a better way to measure pulmonary compliance?
- Since “pounding” on the chest seems to be the norm, isn’t it better to have a “pre-trauma airway?”
The Slovis “5”: Reasons to Intubate in C.A. #2

- From a family pleaser standpoint, isn’t it better to get the tube in BEFORE the patient dies?
- We won’t have to listen to Corey BITCH about using paralytics to intubate!!
And, Speaking Physiologically
20 cc O₂ / 100 cc Blood

5000 cc / 100 cc = 50

20 cc x 50 = 1000 cc
You just have to move the blood around, de-emphasizing ventilation in the first few minutes, maybe up to 4 – 5 minutes with no airway obstruction.
Figure 3. Smoothing spline representing the incremental probability of survival corresponding to a linear increase in chest compression fraction.
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SOMEBODY should really be singing "Staying Alive" during the code!!!
History is made at night: 100 bpm - songs to save your life

A research study at the University of Illinois suggests that people were more effective at Cardiopulmonary Resuscitation (CPR) if they were listening to the Bee Gees 'Staying Alive' while performing it. The reason is apparently that the song's tempo, 103 beats per minute, is close to the optimum number of 100 compressions per minute to help jump start a heart during a cardiac arrest.

I don't mind this song, but if you're working in the health service it might be an idea to get a bit of variety and check out other tracks with a similar tempo. DJ BPM Studio - which specialises in just this kind of thing - has a whole list of 100 BPM tracks including Madonna 'La Isla Bonita' and Bjork 'Isobel'; pretty close too is Lily Allen 'LDN' (100.01 BPM), Pink 'Stupid Girl' (100.02), ABBA 'Dancing Queen' (100.47), The Clash 'Hitville UK' (100.69) and Blondie 'In the Flesh' (100.8).

Posted by Transpontine at 9:02 PM

Labels: 2000s

http://history-is-made-at-night.blogspot.com/2008/10/100-bpm-songs-to-save-your-life.html
100 BPM Tunes

Life's Been Good (to me so far) - Joe Walsh
Sittin' on the Dock of the Bay - Otis Redding
Oh What a Night - 4 Seasons
Mother's Little Helper – Stones
50 Ways to Leave Your Lover - Paul Simon
Sunday Bloody Sunday – U2
Cecilia - Simon & Garfunkel
Duke of Earl - Four Tops

http://history-is-made-at-night.blogspot.com/2008/10/100-bpm-songs-to-save-your-life.html
100 BPM Tunes

One little, two little, three little…Texans
Row Row Row Your Boat…. 
CPR ESSENTIALS 2011

- Ventilations: 0 in 1st 5
- Compression depth
- Compression
  Fraction: Just DO IT
- Rate: 100 – 120
- Pauses: < 10 seconds
Faster is NOT Better!!
“It’s my dream every cab would have an AED AND give a $50 bonus to the first person on the chest in a cardiac arrest.”

A.J Heightman
Write Your Congressman TODAY!!
Summary Thoughts

“In most cardiac arrests, the airway isn’t the problem.”

“In cardiac arrests where airway is the problem, the patient will die unless you fix it.”

“However you manage the airway, do it well, do it quick, and don’t make a mess out of it!”