# *Listless in the Big D*: Benefits of the "Flow Sheet" in EMS Care?

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# Conflicts of Interest: None

Drew Harrell, MD Medical Director, Albuquerque Fire Department UNM EMS Medical Direction Consortium







# Perceptions?

## Benefits?



## Per Dr. Gawande-

Checklists should be:

Precise

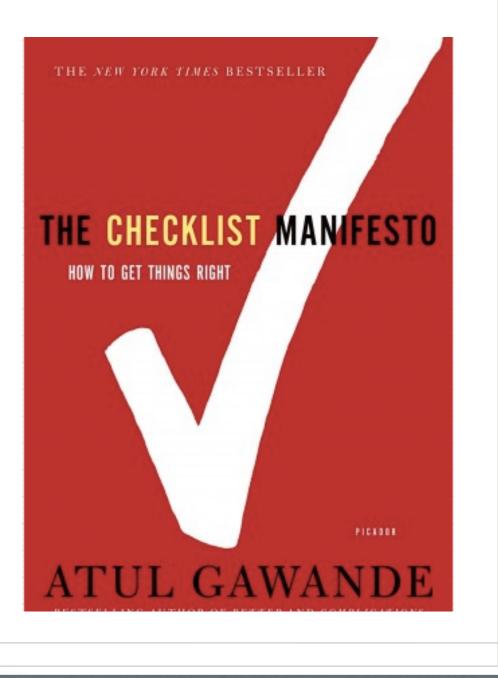
To the point

Easy to use

Only reminder of critical steps

**Practical** 







#### SURGICAL SAFETY CHECKLIST (FIRST EDITION)

#### 

#### SIGN OUT SIGN IN TIME OUT PATIENT HAS CONFIRMED CONFIRM ALL TEAM MEMBERS HAVE NURSE VERBALLY CONFIRMS WITH THE IDENTITY INTRODUCED THEMSELVES BY NAME AND TEAM: ROLE SITE PROCEDURE THE NAME OF THE PROCEDURE RECORDED SURGEON, ANAESTHESIA PROFESSIONAL CONSENT AND NURSE VERBALLY CONFIRM THAT INSTRUMENT, SPONGE AND NEEDLE SITE MARKED/NOT APPLICABLE PATIENT COUNTS ARE CORRECT (OR NOT SITE APPLICABLE) ANAESTHESIA SAFETY CHECK COMPLETED PROCEDURE HOW THE SPECIMEN IS LABELLED PULSE OXIMETER ON PATIENT AND FUNCTIONING ANTICIPATED CRITICAL EVENTS (INCLUDING PATIENT NAME) DOES PATIENT HAVE A: SURGEON REVIEWS: WHAT ARE THE WHETHER THERE ARE ANY EQUIPMENT CRITICAL OR UNEXPECTED STEPS, PROBLEMS TO BE ADDRESSED KNOWN ALLERGY? OPERATIVE DURATION, ANTICIPATED В BLOOD LOSS? NO SURGEON, ANAESTHESIA PROFESSIONAL YES AND NURSE REVIEW THE KEY CONCERNS ANAESTHESIA TEAM REVIEWS: ARE THERE FOR RECOVERY AND MANAGEMENT DIFFICULT AIRWAY/ASPIRATION RISK? ANY PATIENT-SPECIFIC CONCERNS? OF THIS PATIENT NO YES, AND EQUIPMENT/ASSISTANCE AVAILABLE NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN RISK OF >500ML BLOOD LOSS CONFIRMED? ARE THERE EQUIPMENT (7ML/KG IN CHILDREN)? ISSUES OR ANY CONCERNS? NO YES, AND ADEQUATE INTRAVENOUS ACCESS HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN AND FLUIDS PLANNED WITHIN THE LAST 60 MINUTES? YES ŏ NOT APPLICABLE IS ESSENTIAL IMAGING DISPLAYED? 8 YES NOT APPLICABLE THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED.



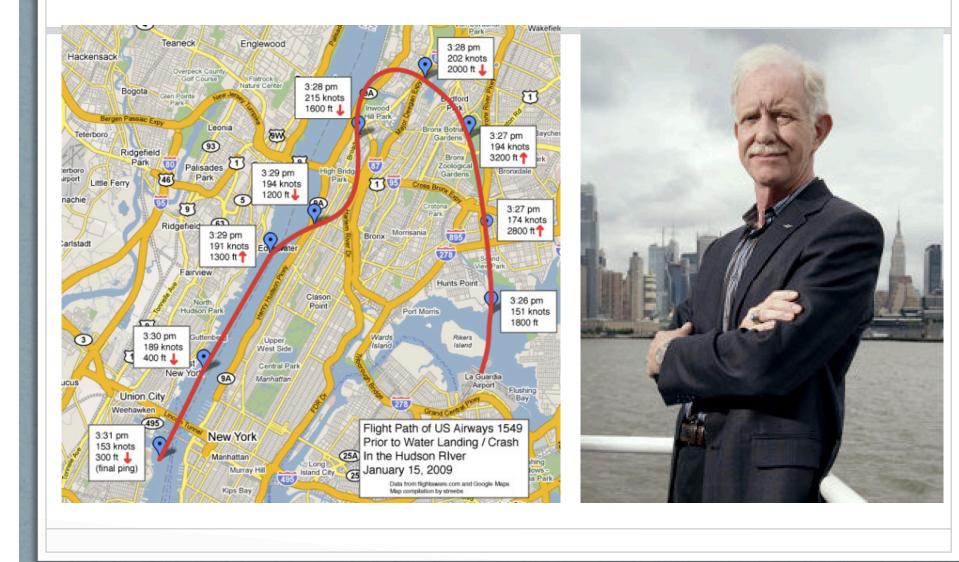


## Podcast 99 – Combat Aviation Paradigms for Resuscitationists

Dr. Novak: Checklists provide "cognitive unloading" & guarantee critical actions are accomplished.

# Miracle on the Hudson





# Guy knows a thing or two about checklists!

J Patient Saf. 2012 Mar;8(1):3-14. doi: 10.1097/PTS.0b013e3182446c51.

An NTSB for health care: learning from innovation: debate and innovate or capitulate.

Denham CR<sup>1</sup>, Sullenberger CB 3rd, Quaid DW, Nance JJ.

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Two part paper written by aviators looking to transfer proving safety innovations from airlines to medicine





# EMS already uses "checklists"

- Incident command checklists
- Rescue operations checklists
- Ambulance and Apparatus checklists- DAILY!

ALREADY EVERYWHERE!!



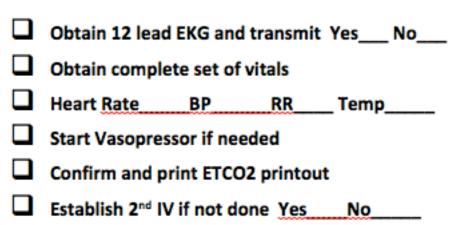


#### Albuquerque/Bernalillo County EMS Cardiac Arrest Checklist

ATE:	CAD #		
	Immediate 200 chest compressions		
	Press "CPR" button for Metronome set w/Airway		
	LP-12/15 applied in "paddles" view		
	Apply N/C End Tidal CO2 and print strip		
	Apply NR mask 10 lpm		
	New "compressor" every 200 compressions		
	Pre charge to 200 J, at 1:45 seconds		
	IV/IO access Yes No		
	EPI 1 mg q 3 minutes		
	Advanced AirwayLMAET		
	ROSC obtained Yes No		
	If ROSC, turn this sheet over		
	Code transported <u>Yes No</u>		
1	Form completed by:		
	Comments:		
	IF ROSC obtained TURN OVER		

Albuquerque/Bernalillo County EMS Cardiac Arrest Checklist

#### IF ROSC obtained follow below:



Chf. Shaughn Maxwell & Dr. Rich Campbell

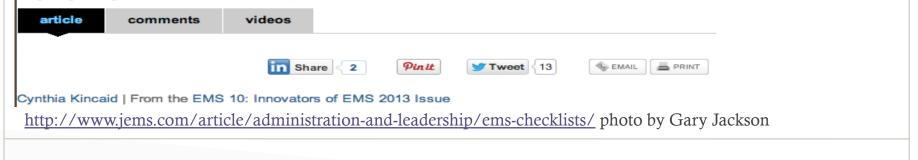
SnoCo Fire 1 (WA)

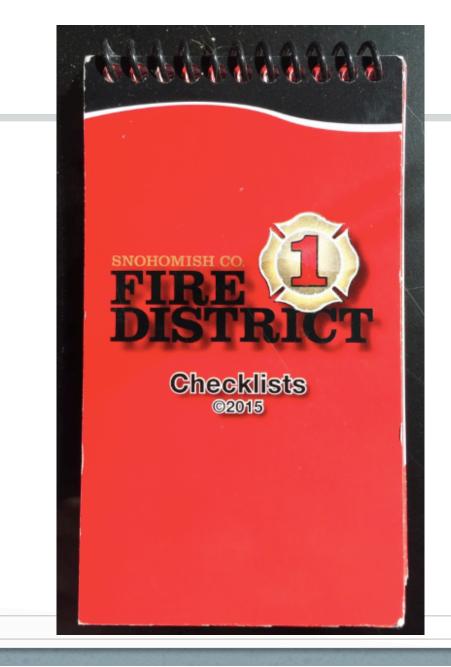
EMS 10 Winner 2013



#### EMS Checklists

Highlighting critical areas of the protocols not to be missed





Anaphylaxis Asthma **Cardiac Arrest Post Arrest/ROSC** Chest Pain **CHF / Pulmonary** Edema COPD Seizure Sepsis Stroke Syncope Trauma Procedural Cardioversion RSI Guides Downgrade **Non-Transport Free Standing ED** Post Arrest ROSC Chest Pain Clinical (Anaphylaxis) Cardiac Arrest Asthma

Asthma

#### Asthma

#### **START - IMMEDIATE ACTION ITEMS**

- Administer Albuterol 5mg / Atrovent 0.5mg nebulizer
- Interpret and monitor EtCO,
- 3 Administer Methlyprednisolone 125mg IV (Ped 2mg/kg)
- Consider Epi 1:1,000 0.3mg IM (Ped 0.01mg/kg, Max 0.3mg)
- 5 Consider CPAP (Unless BP < 90)

#### **KEY CONSIDERATIONS**

· Magnesium 2gm in 100 ml NS 15 min

Green: Normal

- Repeat Albuterol 5mg Nebulizer
- Consider intubation
- 12 Lead EKG
- Notify ED CPAP Intubation

#### OTHER CONSIDERATIONS

- With CPAP use lowest possible pressure
- Contraindications to CPAP include pneumothorax, respiratory arrest or inadequate respirations, unconscious or inability to protect airway, shock or BP<90, penetrating chest trauma, persistent nausea or emesis, facial trauma or abnormalities, or recent GI surgery or bleeding
- EtCO<sub>2</sub> should be monitored for trending and waveform indicators (Ex: Bronchoconstriction)

\*\*Document all checklist action items executed in ePCR\*\*

### Asthma Checklist

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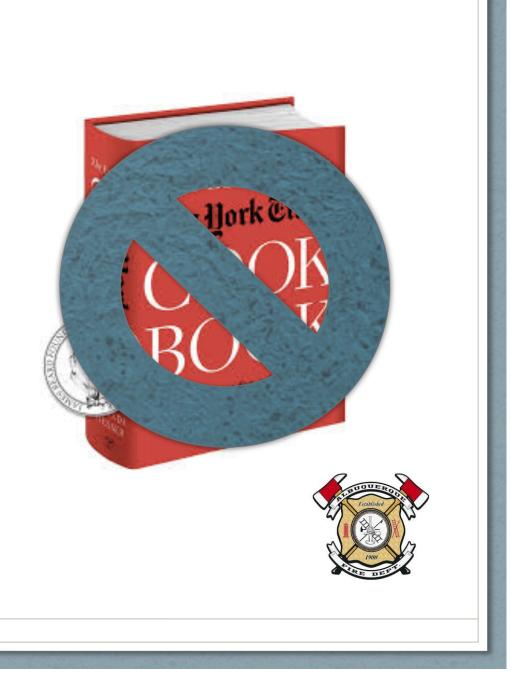
Cardiac

Arrest

Post Arrest Chest Pain

Stroke	Before Checklists(2011)	After Checklists(YTD 2014)	
Blood Sugar Checked	57%	91.%	
AST Documented	78%	91%	
15 Scene Time	69%	81%	
[rauma	Before Checklists	After Checklists	
< 10 Minute Scene Time	23%	57%	
Asthma	Before Checklists	After Checklists	
CPAP	20%	66%	
Magnesium	20%	66%	
Chest Pain	Before Checklists	After Checklists	
NTG	75%	88%	
COPD	Before Checklists	After Checklists	
EtC02	66%	83%	
Solumedrol	44%	80%	
CHF	Before Checklists	After Checklists	
EtC02	57%	90%	
Vitro	38%	81%	

Not talking about a return to this...!

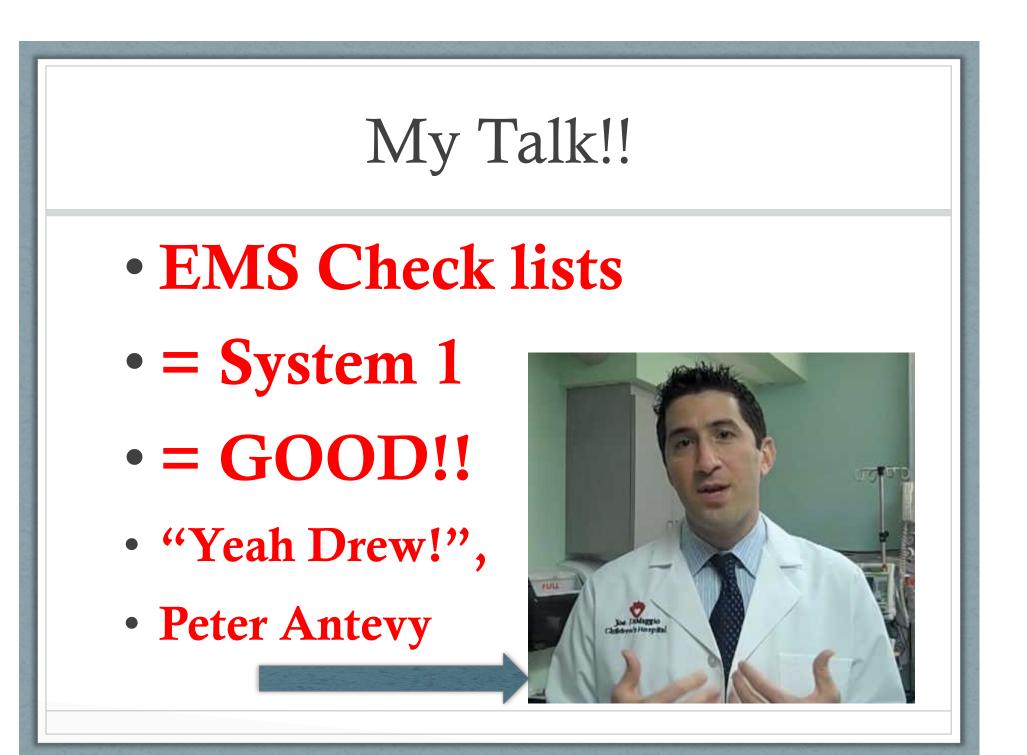




# Perceptions?

## Benefits?







- Checklists are NOT return to cook book EMS
- Help when "cognitive overload" hinders process
- Proven to reduce surgical mortality- Gawande/WHO
- Already have an acceptance in EMS- just not here!
- Sno 1 can show you how!! Thanks to the innovators Shaughn and Rich





# Thank You

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- <u>ajharrell@salud.unm.edu</u>
- http://www.firedistrict1.org/ our-services/emergencymedical-services/ems-checklist



