NAEMSP Update

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NAEMSP

- Over 1500 members
- Over 1000 attendees at Annual Meeting
- EMS is the largest subspecialty in Emergency Medicine
- NAEMSP PAC is 60 days old and we have over $60,000 on hand

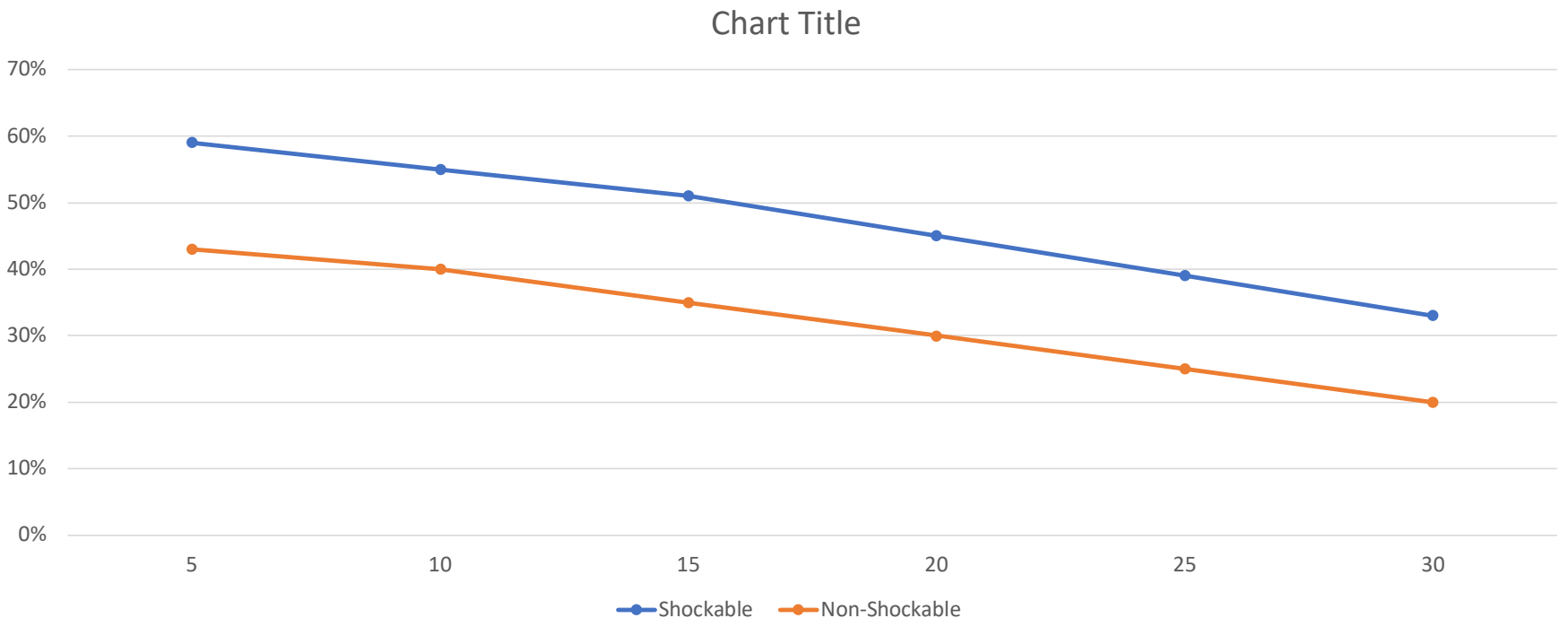
Best Cardiac Arrest Presentation -- NAEMSP

1. Timing of Advanced Airway Placement after Out-Of-Hospital Cardiac Arrest: Earlier Is Better

Justin Benoit, Jason McMullan, Henry Wang, Changchun Xie, Peixin Xu, Kimberly Hart, Christopher Lindsell, *University of Cincinnati*

Category of Submission: Cardiac

Probability of ROSC vs Time to Advanced Airway



Best Disaster Presentation - NAEMSP

36. Intraosseous Access Use in Chemical, Biological, Radiation, and Nuclear Personal Protective Equipment **Tim Collins**, *Clinical & Medical Affairs, Teleflex Medical* Category of Submission: Operations, Quality, Safety, Systems, Disaster

Best Disaster Presentation -- NAEMSP

- No difference with ease of access scores for IO insertion with or without CBRN PPE

- Successful insertion 9.2 seconds longer with PPE in place

Best Scientific Presentation -- NAEMSP

10. Do Age Appropriate Vital Sign Cut Points Improve the Predictive Ability of the Physiologic Criteria of the Field Triage Decision Scheme for Identifying Children Who Need the Resources of a Trauma Center

E. Brooke Lerner, Jeremy Cushman, Mohamed Badawy, Amy Drendel, Courtney Jones, Manish Shah, David Gourlay, *Medical College of Wisconsin* Category of Submission: Trauma

Best Scientific Presentation - NAEMSP

	No Age Adjusted Vital Signs	With Age Adjusted Vital Signs
Over-triage	10%	22%
Under-triage	46%	40%

Best Student/Fellow/Resident Presentation

26. Training in Prehospital Death Notifications Linked to Improved Provider Comfort and Preparation

Abraham Campos, Rebecca Cash, Remle Crowe, Madison Rivard, Brian Clemency, Robert Swor, Ashish Panchal, Eric Ernest, *Department of Emergency Medicine, University of Nebraska Medical Center* Category of Submission: Student, Resident, Fellow

Best Student/Fellow/Resident Presentation

- Death notification within past year
  - ALS = 87%
  - BLS = 78%
- Those who had training during the year:
  - 2.20 (1.17-2.75) odds of increased level of comfort
  - 6.05 (4.73-7.74) odds of increase sense of preparedness
- 1/3 of those who performed death notification had no training
- Limitations: 12% response rate

Best Professional Member Presentation

14. Are EMS Provider Characteristics Associated with Appropriate Responses during Violent Encounters?

Donald Garner, Mallory DeLuca, Remle Crowe, Rebecca Cash, Madison Rivard, Jefferson Williams, Ashish Panchal, Jose Cabanas, *Wake County EMS* Category of Submission: Professional

Best Professional Member Presentation

	De-Escalation Attempt	Safe Exit
All	55%	55%
With CIT Certification	2.13 (1.15-3.93)	0.37 (0.20-0.67)
Military Experience	No Statistical Difference	0.38 (0.18-0.84)
Years of Experience (> 20 vs. <5)	No Statistical Difference	0.36 (0.17-0.76)

Best Poster Abstract -- NAEMSP

49. Benchmarking EMS Compass Performance Measures Using a Large National Dataset: Pediatric Care

Jeffrey Jarvis, Dustin Barton, Lauren Sager, NIck Nudell, *Williamson County EMS* Category of Submission: Operations, Quality, Safety, Systems, Disaster

Pediatric Compass Measures (<= 15 yoa)

Item	Percent (95% CI)
Documented Weight (N=524,856)	54.8% (54.7-55)
Respiratory Complaint with RR and SpO2 recorded (N= 37,389)	87.5% (87.2-87.8)
Asthma who received beta agonist (N=6,202)	69.9% (68.8-71.1)
Asthma with SpO2 <90% who received beta agonist (N=755)	84.1% (81.5-86.7)

Best Pediatric Presentation -- NAEMSP

25. Analysis of Dosing Errors Made by Paramedics During Simulated Pediatric Patient Scenarios after Implementation of State-Wide Pediatric Drug Dosing Reference

John Hoyle, Glenn Ekblad, Tracy Hover, Bill Fales, Richard Lammers, Dena Smith, *Western Michigan University, Homer Stryker, MD School of Medicine* Category of Submission: Pediatric

EMS Errors in Pediatric Care During Simulation -- NAEMSP

Domain	Proportion with Error (95% CI)	Notes
Cardiac Arrest, Epi Admin	40% (18.5-61.5)	6 ten-old overdose, 1 ten-fold underdose
Seizure, Benzo Admin	45% (16-74.9)	2 over, 3 under
Error in Use of Length Based Tape	55% (34-74)	CI calculated by formula

Presenter's Discretion

6. Death by Suicide: The EMS Profession Compared to the General Public

Bentley Bobrow, Micah Panczyk, Robyn Blust, Paula Brazil, Taylor George, Vatsal Chikani, Chengcheng Hu, Daniel Spaite, *Arizona Department of Health Services* Category of Submission: Operations, Quality, Safety, Systems, Disaster

Suicide by EMT vs. General Pop (N=7,775)

- Adjusted OR for suicide as cause of death, EMT vs. GP = 1.39 (1.06-1.82)
- Three top methods:

Method	EMT	GP
Firearm	67%	57%
Suffocation	24%	21%
Poisoning	9.5%	17%

Parting Thoughts

- Prompt airway management appears to confer benefit
- Pediatric dosing, evaluation, and respiratory distress management require our attention
- We need to look out for each other – on the scene and for our on-going mental health
- I/O can be initiated with CBRNE PPE in place