



# McLean County Area EMS System

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## MEMORANDUM

**TO:** MCAEMS System Providers  
**FROM:** Michael Crabtree  
Quality Assurance Coordinator  
**RE:** 2<sup>nd</sup> Quarter 2013 QA Memo  
**DATE:** 5/8/2013

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Below are some common issues and requested guidance from the past quarter. Please review and incorporate the following into your patient care. Feel free to email me ([mcrabtree@mcleancountyems.org](mailto:mcrabtree@mcleancountyems.org)) should you have any questions or concerns.

- **CERTIFICATION CARDS** – For the purposes of system entry and licensure renewal, only CPR cards issued directly from an American Heart Association (Healthcare Provider) or American Red Cross (Professional Rescuer) training center are recognized. Cards that are “issued in accordance with” AHA or ARC guidelines will NOT be accepted. Likewise, ACLS and PALS cards must also be issued directly from an approved training center.
- **STABILIZATION OF IO NEEDLES** – There has been a drastic increase in the number of intraosseous needles becoming dislodged during patient transport. Providers should stabilize the IO with a commercial device or with bulky dressings and exercise caution during patient transport.
- **DOCUMENTATION OF VIDEO LARYNGOSCOPY** – Any intubation attempts assisted with video laryngoscopy should be documented as such. In Firehouse, select the *Video Laryngoscopy* procedure (code 31.421). Code Red users should indicate in the narrative whether an intubation attempt was assisted with video laryngoscopy.
- **CARDIAC MONITOR TIMES** – Cardiac monitors should be routinely examined to ensure they display accurate dates and times.
- **CAPNOGRAPHY GUIDELINES** – A Capnography Procedure is being developed and will be submitted to the state for approval. The procedure outlines the appropriate use of capnography based on feedback from the medical directors. Although it is still in the formulating stage, preliminary consensus is that capnography should be utilized in the following circumstances: to confirm proper endotracheal intubation placement, to monitor patients in respiratory failure, and to monitor patients who are sedated/suspected overdose affecting respiration.
- **CUTTING OF CLOTHES** – If patient clothes need to be removed to facilitate assessment/patient care, providers should not cut through any holes. All clothing should be kept and left with the patient at the receiving facility.
- **REFUSALS** – Medical Control neither approves nor denies refusals.
- **ALL PAGE-OUTS REQUIRE AN EMS CHART** – A chart must be completed for every activation of EMS regardless of whether patient contact is established.
- **RESPONSE TIME EXCEPTIONS** – Any “page out” to “enroute” times exceeding 6 minutes need to be reported to the EMS office on an incident report within 24 hours of the occurrence. This is a mandatory requirement, as times in excess of 6 minutes is a direct violation of the Illinois Emergency Medical Services and Trauma Center Code [515.810(e)]
- **MEDICAL CONTROL CONTACT FOR DEATH AT SCENE** – Medical Control must be contacted in ALL situations in which EMS is considering cessation of efforts, withholding resuscitative efforts, or contacting the coroner. *There are no exceptions to this rule.* The patient care report must explicitly reflect this communication. For further information, reference the *Cardiac Resuscitation vs. Cease Efforts and Coroner Notifications*.
- **FAST STROKE SCREEN** – When assessing suspected stroke patients, providers should consider a FAST stroke screen positive if one or more of the following are present: facial droop, arm drift, and slurred/abnormal speech. Only ONE is needed to activate a stroke code, regardless of whether the time of onset is past 6 hours. If your agency has the old FAST stroke screen forms that guide you not to call a stroke code if the time is greater than 6 hours, please discard them immediately and replace them with the new form (available on the website).
- **BLOOD TUBES** – Advocate BroMenn Medical Center and OSF St. Joseph Medical Center have requested blood tubes drawn in the following order: blue, red, gold, green, purple. If you do not believe there will be enough blood to fill the tubes, the red tube may be forgone.