

# KCEMS RoundUp

## Closing the Loop

### New Recognition Program

The new KCEMS Recognition Program is up and running!

There has been much discussion over the years to find a good way to celebrate our “wins” by the providers, agencies, and system. Well there is now a way to do so. There are seven different categories to choose from:

Dispatch Excellence  
 EMS Safety  
 Exceptional Patient Care  
 Leadership  
 Life Saving  
 Field Delivery  
 Provider of the Year

So please follow this link below, <http://sgiz.mobi/s3/MCA-Recognition-Program-Submission-Form>. Or starting in March head over to the Regional website at [www.wmrncc.org](http://www.wmrncc.org) and click on the ‘Submit a Report’ link on the top right to find the link.

To start things off we would like to recognize a crew from Rockford for a live delivery! On February 10th Rich Keizer & James White delivered a baby boy on the way to DeVos. Congratulations!!!!

We also had a cardiac arrest save by Kentwood Fire Department and Life EMS of February 5th. Congratulations to Jim Hosier, Steve Cashion, Matt Hollinrake, & Darryl DeVries from Kentwood along with David Knibloe & Corey Maxedon from Life EMS.

### Trending Topics for Discussion



## PEDIATRIC COMMUNICATIONS

Recently we have had several questions come up when crews are transporting two patients to Butterworth and one is a pediatric patient. Regardless of the reason that you are transporting the patients you only need to contact Helen DeVos Children's Hospital either by radio or by phone. Once the report is given DeVos will decide where to transport to (the Butterworth side or the DeVos side) and will relay any information. You should not have to make multiple calls. If you do please go to our website ([www.wmrmcc.org](http://www.wmrmcc.org)) and submit a incident report so it can be followed up on.

## STROKE LAST KNOWN WELL TIMEFRAME

With all three Health Systems in Kent County receiving their interventional stroke status last year. All three came together late last year to develop a common plan for all stroke patients. Now any patient that has a last known well time of less than 24 hours may qualify for interventional care & is required to have a radio report called into the receiving facility. Thank you for your help in this.

## CALLING ALL HOSPITALS

When calling patient reports please make sure that you are calling on only the lines designated for patient reports. When providers use different lines it has created several challenges & delays in crews being able to give reports. It has also caused challenges as we are looking into concerns raised by providers and facilities. The only phone numbers that should be used for patient communications are:

Spectrum Facilities: (616) 391-5319

Mercy Health St. Mary's: (616) 685-3077

Metro Health: (616) 252-6900

Mercy Health Southwest: EMTrack or MedCom Channel

## GLASGOW COMA SCALES

When you are calling in GCS scores please report them to the receiving facilities in individual categories (Eye, Verbal, & Motor) as opposed just a total score. Facilities should start asking for the individual categories if only a single score is given. Please pay close attention to the differences in adult vs. pediatric criteria. Below are the criteria for your review.

PEDIATRIC GLASGOW COMA SCALE (PGCS)				
	> 1 Year	< 1 Year	Score	
<b>EYE OPENING</b>	Spontaneously	Spontaneously	4	
	To verbal command	To shout	3	
	To pain	To pain	2	
	No response	No response	1	
<b>MOTOR RESPONSE</b>	Obeys	Spontaneous	6	
	Localizes pain	Localizes pain	5	
	Flexion-withdrawal	Flexion-withdrawal	4	
	Flexion-abnormal (decorticate rigidity)	Flexion-abnormal (decorticate rigidity)	3	
	Extension (decerebrate rigidity)	Extension (decerebrate rigidity)	2	
	No response	No response	1	
	<b>&gt; 5 Years</b>	<b>2-5 Years</b>	<b>0-23 months</b>	
<b>VERBAL RESPONSE</b>	Oriented	Appropriate words/phrases	Smiles/coos appropriately	5
	Disoriented/confused	Inappropriate words	Cries and is consolable	4
	Inappropriate words	Persistent cries and screams	Persistent inappropriate crying and/or screaming	3
	Incomprehensible sounds	Grunts	Grunts, agitated, and restless	2
	No response	No response	No response	1
<b>TOTAL PEDIATRIC GLASGOW COMA SCORE (3-15):</b>				

GLASGOW COMA SCALE*	
<b>Eye Opening</b>	
Spontaneous	4
To sound	3
To pain	2
Never	1
<b>Motor Response</b>	
Obeys commands	6
Localizes pain	5
Normal flexion (withdrawal)	4
Abnormal flexion	3
Extension	2
None	1
<b>Verbal Response</b>	
Oriented	5
Confused conversation	4
Inappropriate words	3
Incomprehensible sounds	2
None	1
* The highest possible score is 15	

## Research Corner

### The New & Improved Valsalva: The Revert Trial

As the Roundup continues to develop we would like to be able to include interesting research topics and publications that can potentially impact prehospital care. For the initial go around we would like to thank Tim Webb, CCEMT-P, WEMT-P, FAWM for bringing this published study to our attention. Please follow the link below to read about the study.

<http://www.nuemblog.com/blog/the-new-valsalva>

The REVERT study was published in *The Lancet* described a randomized multicenter parallel group trial that gave its two study groups instructions to complete either the traditional Valsalva maneuver or a modified maneuver.

Please keep the research heading our way.

**Until next time!!!!**

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