



Verde Valley Medical Center
Northern Arizona Healthcare

Prehospital Care Department

UPDATES

December 2010

12/23/2010 **Minutes from November 16, 2010 Prehospital Care Meeting:** Reminder next meeting is January 13th for Prehospital Care at 12:30 at Cottonwood Public Safety Building. I attached the final versions of the documents discussed at the meeting if you would like to save for use at your agency. I will be gone from the 26th of December to return on the 3rd of January. Schelly will be in the office and will be checking voicemails. I will periodically be checking emails as well. Enjoy your holiday season and Happy New Year. Tish Arwine

Pre-Hospital Care Meeting November 16, 2010

Present:

Jeff Wassell, SFD

Matt Robertson, Clarkdale FD

Bonnie Reay, MRFD

Tim Wills, CFD

Dr Burns, VVMC

No Minutes from October- Meeting canceled

Daniel Elliott, Camp Verde FD

Carlos Pisano, MRFD

Bill Boler, VVFD

Michael Clonts, VVFD

Tish Arwine, VVMC

Old Business:

PHC Performance Improvement Plan has now been discussed with all the Chiefs in detail at a meeting previously. Changes were made on the form that was previously recommended- specifically disciplinary action. With no further discussion the form will be sent out by email for use officially by all agencies. If there are any questions regarding form please discuss with Tish or Dr Burns.

Run Review Schedule- was distributed with meeting dates for next year. We will continue to rotate the run reviews morning and afternoon. Peer Review and Pre-Hospital Care will meet every other month- schedule attached. If there are any issues that arise a meeting can be scheduled during off months. Tish encouraged communication by emails.

Policy and Procedure: Changes were made from last meeting. P&P was sent out prior to meeting for review for any additional changes. Bill Boler will publish on website. All providers will need to review this yearly and at initial orientation.

New Business:

Protocol Revisions: Plan is to roll out updates during February. We will schedule a few additional run reviews besides the monthly scheduled RR. January meeting will have the protocols for final discussion with the committee. If any of the providers within each agency has ideas or requests for revisions it is necessary to

submit by the beginning of January. Some changes that have already been discussed is Morphine dosing, increasing Zofran to 8mg, ACLS revisions, Valium for large muscle spasms, versed for agitated patients.

NAEMS money- discussion regarding what the group wanted to utilize the base station training money for this year. Last year we did the EMS EXPO Conference in Sedona. Airway lab similar to the one Sedona Fire did for their annual RSI refresher was suggested by Tish. She will discuss with Guardian Air for possible costs. It was suggested to do over two days so all shifts are able to attend. Tim suggested a week day conference. Bill also suggested some additional replacement pieces for the Simm Manekin.

No other business.

Next Meeting is January 18th, 2010

12/23/2010 **Rattlesnake Envenomation Guidelines:** Good morning, New first aid recommendations for treatment of rattlesnake envenomations were released in October 2010. These recommendations are not in line with those guidelines established by both of Arizona's poison centers. Please find the attached recommendations from the Arizona Poison and Drug Information Center and the Banner Good Samaritan Poison and Drug Information Center. Share these recommendations with your pre-hospital and emergency department staff. Please let me know if you would like to speak directly with a medical expert at one of the poison centers and I can connect you. Thank you for your assistance. Best, Becky....**Rebecca Armendariz** Public Relations Specialist, Banner Good Samaritan Medical Center, 1111 East McDowell Road, Phoenix, Ariz. 85006, (602) 839-4412 office, (602) 839-2472 fax, (602) 492-4770 media on-call, **See AZ Poison Center under "What's New"**.

12/21/2010 **2011 Annual Updates Scheduled:** 2011 Annual Updates.....Required attendance for all ALS providers.....February 15th 0830 Conference room B at VVMC....February 17th at 1900 Conference room B and C at VVMC....February 24th at 0830 Conference room B at VVMC....February 28th at 1900 McGee Auditorium at FMC....**Mark your calendars now.**

12/14/2010 **Performance Improvement Plan Form:** Attached is the form we have discussed in great detail over the last couple months. Please let me know if you have questions. Tish Arwine PIP is under "Forms".

12/14/2010 **December Run Review at FMC:** For those that haven't met their 4 run reviews! December 20, 2010 at 1900 Flagstaff Medical Center McGee Auditorium, Tish Arwine, Brian Smith. (See flyer on "Whats New".

12/08/2010 **January Run Review:** Please distribute. This will be a great topic. Many of you may have already seen him at different conferences we have had. He is very knowledgeable and great speaker. This training is being paid for with some NAEMS money- no cost to the VV Providers. Notice the Lecture is 4 hours. It will count as a Run Review – (only 1) but you will get credit for the 4 CE's. (See Flyer on "Whats New".

12/08/2010 **Airway Form:** Make sure the Airway form is filled out on any patient that has

Combitube
King Airway
OTI or NTI
Crics

This is the latest form as of 5/2010 with the King Airway Device Added. Please make sure updated in charts. Thanks, Tish (Airway Form is under "Forms").

12/07/2010 **VVEMS Airway Skills Lab Jan 4th & 5th:** **Verde Valley EMS**

Airway Lab, January 4th or January 5th. Morning and afternoon sessions available both days 09:00-12:30 or 1:30 to 5:00. Sessions are limited to 15 providers per session for more personal one on one training. **Difficult Airway Tricks of the Trade**

Little Piggy Cricothyroidotomy / Adult and Pediatric Simms Scenarios, No charge for Verde Valley EMS Providers. Register Early-

12/02/2010 **January Run Review on Patient Refusals:** Dr Burns spoke regarding a refusal lecture that she would like to have presented here by John Valenzuela. Some of you may remember him from previous lectures/conferences. John spoke at our last EMS Conference in Sedona. He is retired Phoenix Fire Dept and now works at Tempe Fire Dept. He is an amazing speaker!!!

He has agreed to coming up to do his 4 hour presentation for us as a run review. I have it scheduled **January 18th from 5pm to 9pm**. I thought instead of splitting it up over two different run reviews due to issues with mixed attendance and a large time span between we are doing one longer run review. You will still only receive credit for one Run Review. You will receive CE for 4 hours. I think anyone that attends will be impressed with the lecture. I will have a flier posted soon. It is not required but I think it would be very important for the leaders... Chiefs, BC's and Captains to attend this training. I am asking that the individuals that do internal QI let me know if they recall any particular calls that had an unusual/concerning refusal. Also let me know of any calls from here forward. Thanks, Tish Arwine

12/02/2010 **Ethics-Calling codes in the field:** Thought this might be an interesting thing to review. There may be some changes coming out with calling codes in the field based off these ethic statements. Read up!, Tish and Dr. Burns. (This is under "What's New").

November 2010

11/19/2010 **NREMT Recertification On-Line:** In case you are not aware National Registry has gone to electronic submission of recert. Dr Burns can also go in to sign off on the recert through this process. Please go to the website and make sure your information is correct and the training captain is listed. Also if the medics submit their recert through this process please make sure that I am notified by email so Dr Burns is aware and they don't get lost in the cracks. Thanks, Tish Arwine

11/12/2010 **November Run Review: Tuesday the 16th at 1900**

Conference Room B

Tension Pneumothorax

Presented by Dr. Adams, Banner Good Samaritan



11/10/2010 **November Prehospital Care Committee Agenda and September Minutes:** Next meeting is November 16th at 0930. I have attached the minutes from September meeting, Prehospital Care Performance Improvement Plan and the Policies and Procedures. Changes that were discussed were made to both the documents. Please review and bring any other thoughts to the meeting. Thanks, Tish

Prehospital Care Performance Improvement Plan revision is under “Forms” and “Policies and Procedure” changes are under “What’s New”.

Prehospital Care Agenda for November 16, 2010

Old Business

PHC Performance Improvement Plan
Run Review- Meeting Schedule 2011
Policy and Procedure

New Business

Protocol changes???
NAEMS Money – for 2011 Sept 29- Oct 1

Pre-Hospital Care -September 21, 2010

Present: Dr Burns, Tish Arwine, Bonnie Reay, Matt Robertson, Schelly Lindsey, Tim Wills, Madelyn Szep, Gail Jones, Bill Boler, Roland Wagenbach, Terry Keller

Minutes from last meeting accepted

Old Business:

PHC Performance Improvement Plan
Form given to group to review and discuss
Type of action was removed and left blank for the agency to fill in
Provider # should removed

Tool for tracking trends, to be given to Pre-hospital when they need to be made aware of when repeat offensives have been done.

This could be used for medical issues or behavior issues

No committee members voiced any concerns or issues with this form.

The committee members are to go back to the agencies and discuss with the captains and chiefs at their agencies. Tish will make the changes and send out the changes to changes to the committee members

New Business

Medical records requested to take out the shading from the computerized reports. This is being requested due to an area of the form not being visible after scanned into their medical record. When the handwritten forms are re-ordered, please order them without the shading. You can continue to use the hand written forms you currently have in stock.

Nasal Intubations:

The topic was discussed and the need for nasal intubations was addressed. Dr. Burns committed that with the use of CPAP the need for nasal intubations is decreased. Most of the patients that would have benefits from the nasal intubation are the patients that are now using the CPAP. Dr. Burns will look at the possibility of EMS using nasal intubations. She never objected to the use, but thinks there should be some additional training and she would like to check on some more current research.

Protocol Changes:

We are beginning the process of reviewing the protocols for 2011 Update. Please inquire with the other providers if there are any issues they have or recommendations for changes. Bill stated that each agency could have a committee within their own agency, and then the representative brings this to the table at Pre-Hospital Committee. Tish asked that all suggestions run through the Pre-Hospital Care Representative so can be discussed further at future meetings and minimizes the confusion.

Some possible changes that have been already discussed are:

Excited Delirium

Sedation for intubated patients (once already intubated)

Change in wording of morphine dosing routes

Meeting Schedule for 2011

Group discussion on the possibility of doing pre-hospital committee meetings every other month. This could change if there was an important topic that needed discussed prior to the next meeting. Tish asked that if we do change our schedule to every other month, that we utilize the communication skill of email to assure that communication is not lost.

Bill discussed that during the time of protocol updates, that there would be the need to have more regular meetings.

Gail discussed that it would work out better if we could have the meetings on the mornings of the run review. The group agreed that it is beneficial so that topics discussed at the meeting can be put out at Run Review. The group decided that in 2011 we will begin to have meetings every other month for Pre-hospital Committee meetings.

The Group decided to keep the run reviews at a morning/night rotation.

Remaining Agency based run reviews

CWFD Oct 21st – later changed to October 30th

VVAC Nov 15th

Dr Burns will be conducting the education topic. Dr. Burns would like 5 calls to review from the agency. Please get this to Pre-Hospital at least a week prior to agency run review so that we can gather the follow up and provide feedback to them. These calls could be whatever the agency is interested in doing a review on, the good, the bad or just interesting.

Drug Shortages

Pharmacy has updated that some of the drug shortages have been resolved. Bumex will be replacing Lasix for the current time. DHS is aware that there is no Thiamine available.

DHS does have rules on a code of conduct. This includes any crime that someone is charged with. Copies of the Rules were distributed to the group. Page 26 and Page 29 were referenced regarding reportable items to DHS. There are circumstances that require the agencies to report the issues to DHS. Convictions and paroles need to be reported to DHS. If a medic is arrested for a crime it does not need to be reported until actually charged with the crime. DUI's and domestic violence do not need to be reported under rules unless it involves probation as part of the charge. The EMT needs to report this within 10 days of the conviction. No policy on this in the pre-hospital realm, but this may change at some point.

Individual departments should have their own code of conduct as policies regarding how they want to deal with charges on their own. Susan Nichols at DHS works in Enforcement and is a great resource if anyone has any questions on whether something needs to be reported.

Bill discussed a Wizard Education issue. There may be a 12 day lapse in ACLS and CPR. Tish will check on this with DHS.

Policy and Procedures:

Tish has finally completed the Pre-Hospital Care Policies and Procedures. This is revision to the previous Orientation Manual that was put out about 5-6 years ago. Information has been updated and items removed that is no longer a process. This was previously sent out to the committee to review for any questions. There was no response by email. This document explains policies and expectations for base station at VVMC. New hires/new medics will go through this as part of their orientation. **Please review and familiarize yourself and your agency with this document.**

New items within this document:

Provider changes within the agency- Each department needs to notify Pre-hospital when a provider leaves or certification changes.

Emergency Inter-facility transports

Pronouncement of Death in the Field

Activity levels for maintaining medical directions

Discussion on some providers, chiefs and captains who do not do patient care what is their requirement going to be. Dr. Burns will review and will get back to the group

Back up medical control with fmc

ALS drug box maintaining control IE: narcotic outdates

Roland had questions/issues regarding document..

Signature on controlled substances on patch sheets

Wasting of narcotics, RN or MD needs to witness this waste

Engines and locked drug box cabinets

Shift change and drug box issues

Charge medic and restocking

The word licensed being used

"filled" out and given to..... (?)

Back up medical control at fmc

proof of recertification

wording of procedure #4 (suspension of medical direction)

submission of change form
application for medical direction (each agency is suppose to have a mentor with new medics)
students need to be monitored by qualified mentors
provide the pharmacy with pt care form when medications are given- narcotics
regional protocols vs. "guidelines"

Notation of changes/corrections that were discussed we noted. Changes will be made and sent out for final review.

Bill Boler announced that he is updating the EMS Website Verdevalleyems.org. He believes everything has been updated. Be sure to check out website for updates and refer new employees to it.

Meeting was adjourned.

11/10/2010 **New ADHS Rules for IEMT's:** To all, The following link is to the recent change in rule under R9-25-503 which includes a changes to Table one. Please forward this e-mail to all interested parties.

http://www.azdhs.gov/diro/admin_rules/documents/NER%20R9-25-503%209-9-10.pdf . Be advised this e-mail has gone out to all available e-mail address for Ambulance providers, Base Hospital Coordinators and Training programs . Edward J Armijo, Deputy Bureau Chief, Bureau of Emergency Medical Services and Trauma System, Department of Health Services, 602-364-3165

October 2010

10/26/2010 **Highlands Fire Pediatric Conference:** Presented by Maricopa Medical Center Pediatrics on December 9 at Highlands Fire District Station 23 1400-1700. Flyer under "What's New".

10/21/2010 Free Prehospital Stroke Class: **From:** Terry Mullins [mailto:Terry.Mullins@azdhs.gov]

Sent: Thursday, October 21, 2010 11:17 AM

Subject: 58 Slots left - ELECTRONIC REGISTRATION for Free On-line Stroke Training for EMS Personnel

Free Training on Prehospital Stroke Care!

Register through the hyperlink – **DO NOT RESPOND TO THIS MESSAGE**

58 slots for this free educational offering remain.

Dear EMS Personnel:

Our sister program here at ADHS (the Heart Disease and Stroke Prevention Program) has made us an offer that we can't refuse! In partnership with the Arizona Chapter of the American Heart Association they have purchased 620 (**only 58 remain!**) registrations for the course described below.

To register for this first come/first serve offering please visit the following website:

<http://www.azdhs.gov/bems/pdf/Stroke%20Prehospital%20Care%20Online%20Course.pdf>

Course Description:

Stroke Prehospital Care Online is a self-paced, interactive eLearning course designed to increase prehospital care provider's knowledge about the two types of stroke and demonstrate potential stroke-related complaints. This course teaches the pathophysiology and risk factors of stroke, as well as recognition, assessment, and management of potential stroke.

The Stroke Prehospital Care Online has the following key features:

- Four interactive cases that include stroke-related patient encounters
- Interactive prompts for participates to make management decisions.
- Content based on the latest science AHA/ASA Guidelines.
- Online exam and evaluations
- No skills test required
- Certificate of completion provided.

At the conclusion of the course:

At the conclusion of this course, the prehospital care provider should gain these benefits from this course:

- Improved decision making regarding stroke.
- Strengthened use of EMS triage and transport protocols
- Increased quality of stroke treatment
- Improved timely and effective hospital care.

Hours to Complete:

Generally this course takes 1 to 2 hours to complete.

10/20/2010 ADHS Rule Making-IEMT's: Attached is the link for draft version of the Rulemaking regarding different levels of certification. If you currently have any I99 this will be important for you to review. This is the rough draft currently being submitted. Let me know if you have any questions.

http://www.azdhs.gov/diro/admin_rules/EMSrulemaking.htm Tish Arwine

10/06/2010 **ADHS, Q.A/Q.I. Meeting:** This is the link on the DHS website that I talked about at our last Q.I. meeting. These are power point presentations from the QA conference that DHS put on last year. Pretty informative lectures from many individuals that are in the same line of work.

<http://www.azdhs.gov/bems/QApresentations.htm>

10/06/2010 **Hands-only CPR-AMA Morning Rounds:** From: Jim Dwyer, MD, To: James Bleicher; Nick J. Paslidis; Steven Lewis, MD; Kenneth Bescak, MD; Michael Browne, PAC; Samuel Butman, MD; Cohen, Eric <cohen.eric1@gmail.com>; Jim Dwyer, MD; Monica Kendall; Dan Lindenstruth, MD; Bruce Peek, MD; Steven Peterson, MD; John Schor, MD; Omar Wani, MD

"Hands-only CPR" may be associated with better survival than conventional method.

The CBS Evening News (10/5, story 11, 0:25, Couric) reported, "CPR saves lives every day." Now, a "major study suggests the best way to do it." According to the paper in the Journal of the American Medical Association, cardiac arrest "victims have a 70% greater chance of survival if CPR is administered by using only hand compressions rather than by using compressions and mouth-to-mouth."

The finding is noteworthy, because some 300,000 Americans suffer cardiac arrest every year, the Wall Street Journal (10/6, Dooren) reports. But, according to the American Heart Association (AHA), less than one-third of those patients receive CPR from bystanders. AHA maintains that many are hesitant about offering mouth-to-mouth to individuals who are more often than not strangers.

There are also "many reasons why mouth-to-mouth may not be advisable for lay people, beyond the fact that many simply do not want to perform it," the Los Angeles Times (10/5, Maugh) "Booster Shots" blog noted. "Among other things, there is a rapid deterioration of blood flow that occurs during even brief disruptions of chest pumping, the long ramp-up time for resumption of normal flow when compressions are begun again after a pause, the significant amount of time necessary to perform breathing, and the critical importance of keeping blood flow to the brain going during a heart attack. Moreover, most heart attack victims gasp for air every 15 to 20 seconds, and that provides more oxygen than mouth-to-mouth, experts said."

Lead investigator Dr. Ben Bobrow, of the Arizona Department of Health Services, told the AP (10/6, Johnson): "We wanted to take away all the reasons bystanders do nothing when they witness another person collapse." The state "reached 500,000 people through public service announcements, YouTube, free classes, emails, and inserts in utility bills, all promoting hands-only CPR." Aiming to gauge the success of those efforts,

Dr. Bobrow and his colleagues "looked at 4,415 adult cardiac arrests outside of hospitals in Arizona from 2005 to 2009 during the campaign."

Of those cases, "2,900 received no CPR from witnesses, 666 (about 15 percent) received conventional CPR that includes rescue breathing and 849 (about 19 percent) received compression-only CPR," HealthDay (10/5, Goodwin) reported. "Over time, along with public education campaigns encouraging 'hands-only' CPR, the annual rate for bystanders attempting CPR improved from about 28 percent in 2005 to nearly 40 percent in 2009." That rise "coincided with the shift to the compression-only technique -- in 2005, only about 20 percent of lay rescuers did compression-only compared to nearly 76 percent in 2009."

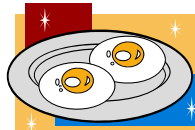
Overall, "13.3% of those who received chest-compression-only CPR survived to hospital discharge compared with 7.8% of those who received traditional CPR, and 5.2% of those who received no CPR from bystanders," WebMD (10/5, Mann) reported.

However, the author of an accompanying editorial called the "survival benefit...modest," MedPage Today (10/5, Smith) reported. Yet, David Cone, MD, of the Yale University School of Medicine, also "noted that standard CPR and compression-only CPR are currently considered equivalent by the American Heart Association and that new guidelines expected soon will concur -- and may even establish hands-only CPR as superior for nonmedical bystanders. For professionals, though, conventional CPR will continue to have a place, Cone wrote, because airway ventilation is important for some victims of cardiac arrest."

Notably, the JAMA paper "follows two studies in the New England Journal of Medicine that found chest compression-only CPR is at least as effective as the traditional method," the NPR (10/5, Wyckoff) "Shots" blog reported.

September 2010

9/15/2010 **ED Nurses Week:** ED Nurses Week Celebration, October 15th from 7am-9am, Come join us for Breakfast Goodies.



9/15/2010 **VVMC Drug Shortages:** There is a couple other drug shortages that have just started effecting EMS. VVMC Pharmacy does not have any Thiamine. They have completely removed all stock from in-house to previously stock the EMS pyxis. There is no more in house. I have already notified DHS that once the Thiamine is used there will not be any to restock. Also there is no Cardizem 25mg/5ml. Pharmacy will be restocking for expired Cardizem with 50mg/10ml. Obviously be aware of the concentration difference when administering. Please make sure this gets forwarded to crews. Tish

9/15/2010 **Drug Shortages:** This is the latest update regarding the drug shortages. Our facilities use Hospira for their drug supply. Based off the information below we hope to have some of the drug issued resolved by the end of the month. Continue to keep all "close to expiring" drugs until the end of the month. Thanks, Tish

From: Terry Mullins [mailto:Terry.Mullins@azdhs.gov]

Sent: Tuesday, September 14, 2010 3:26 PM

Subject: Latest FDA Updates - Resupply Dates Provided for Emergency Medications

FYI – Latest FDA update relating to drug shortage, Terry Mullins, Chief-Bureau of EMS and Trauma System

150 N. 18th Avenue, Suite 540, Phoenix Arizona 85007-3248. (602) 364-3149 – work, (602) 540-6907 - cell terry.mullins@azdhs.gov

Calcium Chloride Injection

- Hospira has calcium chloride 100 mg/mL syringes on intermittent back order and the company is releasing product as it becomes available.
- American Regent has calcium chloride 100 mg/mL injection available in 10 mL vials (NDC 00517-2710-25).
- Amphastar has available calcium chloride 100 mg/mL 10 mL Luer-Jet syringes (NDC 00548-3304-00).

Dextrose Injection 50%

- Hospira has dextrose injection 50% presentations on back order. The 50 mL vials and Ansyr syringes have an estimated release date of early- to mid-September, 2010. The Lifeshield syringes have an estimated release date of mid- to late-September, 2010.
- Amphastar (IMS) estimates a release date of dextrose 50% Luer-Jet syringes of late-September, 2010.

Diazepam Injection

Hospira is the sole supplier of diazepam injection and currently has all diazepam injection presentations on back order. The 10 mL multiple-dose vials and 2 mL iSecure syringes have an estimated release date of early- to mid-September, 2010. The 2 mL Carpuject Luer-Lock syringes are on back order and the company estimates a release date of early-October, 2010. The 10 mL multiple-dose vials in packages of 5 were discontinued.

Epinephrine 0.1 mg/mL Emergency Syringes

- Hospira has epinephrine 0.1 mg/mL Abboject emergency syringes on back order. The company estimates a release date of mid-September, 2010 for the 10 mL syringe with 1.5 inch, 21-gauge needle. They do not have a release date for the 10 mL syringe with 3.5 inch, 18-gauge needle.
- Amphastar (IMS) has available epinephrine 0.1 mg/mL 10 mL syringes (NDC 00548-3316-00).

Etomidate Injection

- Bedford has available etomidate 2 mg/mL 20 mL vials (NDC 55390-0763-20). The 2 mg/mL 10 mL vials are on back order and the company estimates a release date of early-September, 2010.
- Hospira has Amidate 2 mg/mL available as 10 mL ampules (NDC 00409-8062-01), 10 mL vials (NDC 00409-6695-01), 20 mL vials (NDC 00409-6695-02), and 20 mL ampules (NDC 00409-8061-01). The 20 mL Lifeshield syringes are on back order and the company estimates a release date of mid- to early- to mid-September, 2010.
- American Regent has available etomidate 2 mg/mL 10 mL vials (NDC 00517-0780-10) and 20 mL vials (NDC 00517-0781-10).

Furosemide Injection

- APP has all furosemide 10 mg/mL injection presentations on back order. The company estimates release of the 2 mL and 4 mL vials in October, 2010, and the 10 mL vials in November, 2010.
- American Regent has available furosemide 10 mg/mL 2 mL (00517-5702-25), 4 mL (00517-5704-25), and 10 mL (00517-5710-25) vials.
- Hospira has all furosemide 10 mg/mL injection presentations on back order and the company estimates a release date of mid- to late-September, 2010 for the 2 mL and 4 mL vials and the 10 mL luer lock syringes. The company cannot estimate a release date for the 4 mL syringes or the 10 mL needle-free syringes.

Glucagon Injection

- Bedford has their GlucaGen 1 mg vial and GlucaGen Diagnostic Kit on intermittent back order and the company is releasing supplies as they become available. They estimate product will become readily available by early-2011.
- Novo Nordisk has their GlucaGen 1 mg Hypokit on back order and the company cannot estimate a release date.
- Eli Lilly has their glucagon 1 mg emergency kit (NDC 00002-8031-01) available.

Lorazepam Injection 2mg/mL Injectable

- Baxter has Ativan 2 mg/mL 1 mL vials (NDC 60977-0112-01) available.

- Baxter has available lorazepam 2 mg/mL 10 mL vials (NDC 10019-0102-10) and 10 mL Novaplus vials (NDC 10019-0105-02). The 2 mg/mL 1 mL vials and 1 mL Novaplus vials are on back order with no estimated release date.
- Hospira has available lorazepam 2 mg/mL 10 mL (NDC 00409-6780-02) vials. The 2 mg/mL 1 mL iSecure prefilled syringes are on back order with an estimated release date of mid-November, 2010. The lorazepam 2mg/mL 1mL Carpuject syringes and 1 mL vials are on back order and the company cannot estimate a release date.
- Bedford has lorazepam 2 mg/mL 1 mL and 10 mL vials on back order and the company cannot estimate a release date.

Naloxone Injection

- There are no manufacturers of naloxone 0.02 mg/mL strength.
- Hospira has all naloxone 0.4 mg/mL presentations on back order and the company estimates a release date of 4th quarter, 2010 for the Carpuject syringes and early-September, 2010 for the other presentations.
- Amphastar-IMS has available naloxone 1 mg/mL 2 mL syringes with needles (NDC 00548-1469-00) or without needles (NDC 00548-3369-00).

Succinylcholine chloride Injection

- Sandoz has Anectine 20 mg/mL 10 mL vials on intermittent back order and the company is releasing product weekly.¹
- Hospira has both Quelicin 100 mg/mL 10 mL vials and 20 mg/mL 10 mL vials on back order and the company estimates a release date of mid-September, 2010 for the 100 mg/mL 10 mL vials and late-September, 2010 for the 20 mg/mL 10 mL vials. This will only be a partial release.

Vecuronium Bromide Injection

- Bedford has vecuronium available in 10 mg (NDC 55390-0037-10) vials. The 20 mg vials are on back order and the company cannot estimate a release date.¹
- Caraco has vecuronium available in 10 mg vials (NDC 41616-0931-44) and in 20 mg vials (NDC 41616-0932-44).
- Hospira has both vecuronium presentations on back order and the company cannot estimate a release date.
- Teva has both vecuronium presentations on back order. The company cannot estimate a release date.

Hope to see you in Norfolk! Kathy Robinson, RN, EMT-P, Program Manager, National Association of State EMS Officials, 201 Park Washington Court, Falls Church, VA 22046, Voicemail: 703.538.1799 x1708
Email: robinson@naseonso.org

9/7/2010 Base Station Run Reviews-Updates: FYI - I have been asked by a few so I will put out to all.. On the recent spreadsheet that was sent out for run reviews the Annual EMS updates is listed as Updates. That does count as a run review. Also included is the run review schedule for VVMC and FMC. VVMC is September 21st at 1900 Conference Room B, October 19th at 0830 Conference Room C & November 16th at 1900 Conference Room B. FMC is September 27 at 1000 FMC McGee Auditorium, October 25 at 1900 FMC McGee Auditorium, November 22 at 1000 FMC McGee Auditorium and December 20 at 1900 McGee Auditorium.

9/2/2010 2010 VVMC Base Station Run Reviews: Attached is the spreadsheet for the run reviews attended for 2010. (Actually I did not post it on here—You can get it from your Supervisor). Medics must attend 4 a year. We only have 3 more run reviews scheduled for 2010. Many of the agencies still have their agency run review- but that is only for the providers at that department. The remaining Base Station Run Reviews Meetings are posted under training on this website.

Please remind personnel that if they don't make the 4 they will be suspended from medical direction until the remaining run reviews are made up. Please let me know if there are any discrepancies with the report. Tish Arwine

9/1/2010 **New Proposed VVMC Prehospital Policy and Procedures 2010:** These are all the policies that I have been working on for a while now. These came from the old orientation manual that was written when Jo was Prehospital Coordinator. I removed some of the things that don't apply- ex. blood draws, removed all the rules for DHS and added a couple into policy that have been the unwritten rule. Please read through these. This is what the medics get oriented to during their initial training. I will be putting them into VVMC policy soon.

Feedback is needed at the prehospital care committee meeting if there are any concerns or other policies that you wish to add. Thanks, Tish

August 2010

8/25/2010 **Bumex Replaces Lasix:** Pharmacy has placed Bumex in the EMS Pyxis for use for restock of Lasix. Please make sure each Captain receives this email and has all medics on shift review the drug profile for Bumex. Dosing: 1mg of Bumex equals 40mg of Lasix. So if patient currently is taking 20mg of Lasix the dose for Bumex would be 0.5mg. According to protocol max dose of Lasix is 80mg. Max dose of Bumex would be 2mg. Dosing can still be doubled if patient is currently taking Lasix. If there are any questions regarding dosing and use of Bumex get medical control guidance. Thanks, Tish Arwine.

8/25/2010 **Cardiac Transport Current Concepts 2010:** Guardian Air and FMC Education are presenting this conference at Little America in Flagstaff on October 2, 2010. Cost is \$ 85.00. Registration Form attached.

8/24/2010 **Cardiac Cath Lab Patients:** Effective today if you patch for an **ACUTE MI please give the name and date of birth**. This is necessary to check patient history and ensure quick flow to the cath lab. Currently this is the only circumstance when a name is to be taken. We are working on the glass around the nurse's station to protect from nearby rooms hearing. Thanks, Tish

8/23/2010 **Emergency Pediatric Course:** Emergency Pediatric Care (EPC) is an education program from the National Association of EMT's. The program is for prehospital practitioners committed to providing quality care for pediatric patients. Provider course on September 20th & 21st, 0800 and Instructor Course is on September 20th after class. Sponsored by ADHS, BEMS EMS Childrens and Summit Healthcare. The course is at Summit Healthcare in Showlow, AZ. Cost is **\$25.00 for provider and \$ 50.00 for instructor if received prior to September 6, 2010. After September 6 add \$ 50.00 to each.** Contact ed@epcarizona.com for registration and more information.

8/23/2010 **VVMC Drug Shortages:** I checked with pharmacy after my return. Unfortunately there is still no change in the drug shortages. Dr Burns said she heard rumor that it make be resolved by next month. In the mean time continue to keep all drugs until the end of the month of their expiration and rotate from any drug boxes not used as often. Please let me know if you have any issues with not having necessary drugs asap. Thanks, Tish

8/19/2010 **VVMC Ambulance Entrance:** At the Charge RN meeting this morning we were discussing the inappropriate use of the ambulance doors. Occasionally a patient or visitor attempts to get through those doors either entering or exiting. We have requested that signs be placed on the glass that these doors are only for ambulances or staff and not for anyone else. However, it's been observed that ambulance personnel will sometimes tell people who are trying to exit to use the open button for the outside doors and that way they can leave. **Please pass on to all ambulance departments that they are not to instruct anyone on how to open**

these external doors and they are not to let anyone other than staff through these doors whether entering or exiting. Muchas Gracias, Sylvia Fuentes, RN, CEN, Interim Nurse Clinician, Emergency Dept, VVMC, 928-639-5381, X-35381, Francisca.Fuentes@nahealth.com .

8/18/2010 I.T.L.S. on the River: ITLS on the River/Beating the Odds Conf - Oct 4-6, 2010, Online registration now available for the ITLS on the River/Beating the Odds: Emergency Care in the 21st Century Conference, Oct. 4-6, 2010, The Aquarius Resort & Casino, Laughlin, NV, www.itlsaz.org/itlsriver, ITLS Adult and Pediatric courses available OR A Lecture Track is being offered

- Hear about a first hand experience of the disaster in Haiti from Dr. Feinstein.
 - Dr. John Gallagher from Phoenix Fire will be on hand to lecture.
 - A session on Hi-tech Kids presented by Dr. Tellez.
 - Dr. Maher will speak on Flight Physiology.
- Lectures on Excited Delirium & Med/Legal Documentation by John Valenzuela.
 - Jim Boise will give a talk on burned airways.
 - Plus more...a conference not to miss!!

Contact Stephanie (602-336-4599 or itlsaz@gmail.com) with additional questions...or download a registration flyer if you need to pay by check or a PO. Registration Flyers are also on this website: www.verdevalleyems.org under "What's New".

8/18/2010 C.A.T. (Combat Application Tourniquet) Device: Please make sure that all the crews are familiar with the C.A.T device. It was approved for use over a year ago and should have been placed on the ambulances for use. The powerpoint is on this website: www.verdevalleyems.org under training and what's new. Very easy to use and effective. This should be used for uncontrolled extremity bleeding. Thanks, Tish

8/18/2010 New Patch Sheet: This was the final version that has been in use for a couple months now by the ED staff taking the incoming patch. This is not intended to replace your field worksheet- but a tool for you. This is the format that was requested by Dr Burns in patching, in order to give a more systematic and organized patch.

Some of the agencies have said they have it on their clip boards and are using this instead of the field medical sheet. We will continue to monitor the patches to ensure that they have improved since the annual update. If you have any concerns with any patches please let me know so I can look into it. Thanks, Tish Arwine

8/17/2010 FMC Airway Lab: Attached is some information regarding an Airway lab. This is a cheap opportunity and should be taken advantage of. If your agency is currently doing RSI I encourage maximum participation in airway skills opportunities. Brochure is under "What's new on this website: www.verdevalleyems.org.

8/17/2010 Prehospital Care Committee Minutes: Prehospital Care Meeting, August 17th 2010.

Announcements:

Tish has returned from military training as of this morning. She will be making her way through emails. If there are any issues that need to be addressed more urgently contact Tish in her office.

Meeting is open forum to address any outstanding issues or recent issues that may have occurred while Tish was gone.

Tish will resend out the final Patch sheet that the committee worked on a couple months ago. The ED staff has been using the new format for the last 2 months. Dr Burns has commented that she feels the patches have improved. Some of the agencies have been using them in place of the field worksheet. This was created as a tool to help the flow of the ED patches. Patches will continue to be reviewed and played at Run reviews in an effort for overall improvement. Form is available on this website: www.verdevalleyems.org under "Forms"

Tish will remind the ED RN's that if the Morphine protocol is used that a signature from the MD on duty is required.

Tish will be checking with pharmacy to get an update on the national drug shortage. Dr Burns said she believes that most of the shortage is going to be corrected by next month. Update will be sent out when Tish gets clarification.

Agency based run reviews will need to start locking down some dates soon. Tish will send out some open dates for September and October based off Dr Burns availability.

Dr Burns stated she hasn't locked in any dates yet because there still is no answer from the Emergency department physician group as to whether she can remain EMS Medical Director. Hopefully that will be resolved in the near future.

NAEMS has additional money for Pediatric training through the EMS-C grant. Money needs to be spent by February 2011. Tish will look into that and see if we want to schedule some additional training in the area. Latest version of the Supervisory Action report will be resent. Please provide all comments/ suggestions to Tish ASAP so the final version can be approved for use at the September meeting. Form is available on this website: www.verdevalleyems.org under "Forms"

No further announcements-Next meeting is September 21st at 0930.

8/9/2010 August VVMC Base Station Run Review: August 17th at 0830, Conference Room C-**Pediatric Trauma**- Presented by Jim Boise, Pediatric Nurse Coordinator at Maricopa Medical Center



8/8/2010 Hands only CPR: CNN-Hands only CPR as effective as traditional CPR:
<http://www.cnn.com/2010/HEALTH/07/28/chest.compressions/index.html?hpt=T2>

8/4/2010 Stolen Drugs: To all, I want to make you aware of some recent medication thefts. Two agencies in Northern Arizona, one based here and one at another hospital, have been the subjects of medication thefts of controlled substances and other medications. These thefts occurred several days apart. Exactly the same drugs were taken in both thefts indicating the possibility it is one person or same set of persons doing this. They have occurred in fairly remote settings. It has not been determined at this time whether the thefts occurred while on calls, in the stations, or while the vehicle is left unattended for other things. There is probably a good chance the individual/s are familiar with EMS operations by both first response agencies and ambulances and may be following the intended victims around until an opportune moment arrives.

Please advise your personnel to take extra precautions, not that they shouldn't be anyway, to not leave vehicles unlocked when not absolutely necessary and that all the locking mechanisms available are operating adequately.

Brian--Brian Smith, EMT-P, Prehospital Care Dept., Flagstaff Medical Center, P- (928)773-2316, F- (928)773-2461

July 2010

7/15/2010 Airway Lab: Flagstaff Medical Center Pre Hospital Care Department &

NAEMS -- Advanced Airway Lab By Wizard Education -September 11, 2010, 1000-1500 at Highlands Fire Department--Station 23 Mountainare Side--Fee: \$ 75.00 for NAEMS Members Providers

7/13/2010 **Bio-hazard Waste:** Could you please remind everyone not to throw trash into the red biohazard receptacles? Housekeeping is noticing a large amount of waste in the biohazard receptacles that could be discarded in the trash. This ends up being very costly for the hospital. Thanks, Cathy

7/13/2010 **July Meetings:** Reminder-There will not be a Peer Review/Prehospital care committee meeting for July. The regular meeting schedule will resume in August. Thank you, Cathy

7/06/2010 **Combi-Tube Training:** The new VVEMS Combi-Tube Training Power Point is on the website.

7/01/2010 **July Run Review:** July Run Review is July 20 at 1900 in Conference Room B on 12 Lead EKG

6/29/2010 **Prehospital Care Meeting:** June Pre-Hospital 2010-June 15th Meeting minutes from May approved. Dates for agency run reviews need to be finalized. Tish will send out the schedule that was previously created with the month each agency requested. Each agency needs to give a couple possible dates to schedule so a date can be confirmed with Dr Burns schedule.

Patch format:

1 set of vitals for a BLS refusal is acceptable.

2 sets of vitals are required for ALS refusals.

The patch form does not become a part of the patient's permanent record.

Tish asked the agency how they want to use this form. The initial intention was to create some format to the flow of patches. The RN patch sheet was unorganized and didn't correspond to the information the medics were giving. It was requested by many medics at the Annual Updates to have a flow sheet reflecting how patient information is to be presented. At this time none of the agencies wanted any formal change to their Field Worksheet. It was suggested to have the patch sheet copied on the back of the field worksheet. Final decision was to leave it up to each agency. The patch format will be sent out once the last revisions are made. If the information presented on the patch improves no other action will be necessary. We will revisit the quality of the patches in 3months.

Exposure packets:

EMS Exposure packets were handed out to the committee again. Committee members are expected to present the information to the trainer. Please make sure that the senior personal are trained proficiently on the process. No further questions/discussion.

Orientation:

Initial orientation period was further discussed from last meeting. Chiefs were receptive of having the new hire/ new certification medics have a mentor. The committee decided that the mentor would be someone on their shift to provide direct feedback and review their treatment/documentation initially. The agency QI person will also review their documentation and provide a monthly report to VVMC Prehospital Department of the calls and whether they met guidelines or needed some coaching/improvement.

New business:

Drug shortages:

There are several drug shortages at this time from the vendor Hospira.

EPI 1:10000, Lasix, Dextrose, and Sodium Bicarb--As of right now we have EPI 1:10000 still available. Supplies have been pulled from hospital crash carts and given to EMS. Bumex will be replacing Lasix. We will do PowerPoint training for this drug.

When we have exhausted the supply of Dextrose and Sodium Bicarb Abbojetts, Dextrose and Sodium Bicarb will be supplied in single dose bottles in the medication Pixis, and 60 cc syringes will be supplied in the EMS supply Pixis. Keep the expired drugs until the last day of the month, unless the expiration date is otherwise specified. Please do not return drugs to pharmacy until it is time for them to expire.

SHARE:

As of January 1st all the agencies are suppose to be submitting the codes on their own. Send them a copy of the patient care report. CWFD is having a difficult time getting into the system due to the fact that VVAC is the transporting agency. Tish will look into this issue with Paula Brazil and get back to Tim Wills

Pre-Hospital Care supervisory action report:

NOT meant to just be used as a disciplinary form. This form will allow for potential mistakes to be caught prior to a large problem occurring. Discussion took place in regards to the "type of action" included in the form. Take out boxes and leave blank for the agency to fill out. There was some concern over the name of the form. Provider improvement plan was agreed on. Agencies were asking about a "positive" form as well. It was decided that such a form should come from individual agencies.

Code of Conduct:

Medical Direction needs to know of these incidents as well. IE: DUI, etc.

Poison Control:

Please use 1-602-253-3334

This number is the phoenix number and has trained RN's and MD's online.

CE and Run Review Credit:

Run Review credits are given ONLY when attending a monthly or agency run review.

CE credits are given for items such as AR meetings (in depth) for large events.

Schelly will be making CE forms for Peer Review meetings for the providers that our on that committee.

Airway/RSI:

Matt Robertson suggested that a group of agencies get together and train on airway and RSI.

Airway 911: a group in New Mexico that Dr. Burns would like to get for us to train with.

Bougees, lighted scopes, and trach lights should be considered as intubation adjuncts.

Valium and Versed are not a good alternative to RSI for a difficult intubation.

Trauma guidelines state that BLS airway with ventilations is preferred.

King Airway cost is expensive for smaller agencies. VVMC will not be stocking King Airways. It was discussed that maybe agencies could get together to purchase in larger quantities and share cost.

Tish is leaving next wed for 9 weeks. Cathy and Schelly will be in the office.

Combi tubes:

ALS is preferred, but BLS is allowed as long as there is documented training for the BLS providers.

King Airway is only ALS.

Next Meeting: Next Meeting is set for August. July will be cancelled for Peer Review and Pre-hospital Care Committee.

June 2010

6/16/2010 Proxy Badges: The double doors by the Cath Lab are in the process of having the 911 access code removed as well for security measures. Please have the guys bring in their badges so I can get their current prox badges programmed to that door. Each ambo should have two badges. Thanks, Tish

6/16/2010 ALS Refusals: Dr Burns has asked that there be two vitals documented and reported on ALS refusals. This will show a trend in determining the patient's medical needs- assessment. I have attached the QI form that reflects the change for ALS patients. Please make sure to educate the providers that on ALS refusals they will need two sets and will be asked for them on the patch phone. Thanks, Tish (QI Form is under "Forms")

6/16/2010 July Meetings: There will not be a Prehospital Care meeting scheduled in July – Next meeting will resume August 17th at 1100. Peer review will also not have a meeting in July – their next meeting will be September 21st at 0800. If there are any issues that need to be addressed before the next meeting please bring them to Cathy Murphy or Dr Burns. Thanks, Tish

6/16/2010 Tish Gone: Tish will be gone for 9 weeks beginning on June 24. Cathy Murphy will be covering for her. Use Tish's email address and phone number for Cathy. She will be in the prehospital office minimal, but available.

6/16/2010 Agency Based Run Reviews: This is the initial months that were chosen by each agency. Look at your schedule and give at least 3 possible dates for Dr Burns. We would prefer to have the morning of a change of shift because we want- expect most of your medics to attend. We also need 4 calls from your agency to review – interesting cases, good cases, ones you have learned from..... Thanks, Tish June 23rd MRFD, July Blue Ridge, August Cottonwood FD, September VVFD & SFD, October SFD RSI Training and November VVAC/Jerome combined.

6/15/2010 Shortage of Drugs: There is a national shortage of drugs. Currently there is no more Epi available in abbojets, except what is currently in- house. There will be a kit that is made up by VVMC pharmacy for use if VVMC is completely out. The kit will include: Sodium Chloride Flush, Filter needle and Ampule of Epi. Epi needs to be diluted. These may be on the EMS Pyxis at some point.

Lasix – is also short- only have what is at VVMC. VVMC is currently replacing their supply with Bumex. I have asked that EMS be stocked with the Lasix on hand. There also is a shortage of Dextrose, Sodium Bicarb and Lidocaine.

Some actions that we need to now is limit the exchange of medications that are near outdate. Do not exchange any drugs now until the end of the month they are expiring.

Also make sure that all the drug boxes have a couple 60 CC syringes so that you can dilute the drugs.

From: Renita Stipes
Sent: Thursday, June 10, 2010 7:54 AM
To: Tish Arwine
Subject: National shortage of abboject syringes

Tish,

We received this e-mail and wanted to pass it on to you. The shortage of Epinephrine, and Dextrose has hit us now. We have a plan for in house code carts to make up a kit to be used for each item as it comes up short. We will be placing Epinephrine amps and all the supplies to make up a syringe in the

code carts. Dextrose and SodiumBicarb can be pulled out of the vial so we can just place vials in the EMT pyxis to cover for them. The Lidocaine, Atropine, and Epinephrine will have to have kits made. At this point we have nothing to give to the EMT's for their boxes in Ambo's Please get back to me as to how you would like to go about this and if you have heard anything. At this point we are ok on the Morphine, but not sure how long that is going to last.

Renita

The Bureau of EMS and Trauma System has had two reports of shortages dealing with supplies of (1) Morphine Sulfate and (1) Epinephrine. There are indications that this shortage may become more acute and affect additional medications.

We encourage agencies to proactively seek out alternate supplies and/or suppliers early in the process if they anticipate a shortage. If special accommodations are required, notification will be distributed broadly through our office. For specific questions relating to meeting the requirements for drug boxes listed in R9-25-503, Table 1 (http://www.azsos.gov/public_services/Title_09/9-25.htm#Article_5) please contact your regional coordinator.

Peggy Lahren – (602) 364-3183

Noreen Adlin – (602) 364-3179

Kimberly Briggs - (928) 699-9013

Tom Bortell – (520) 209-5110

Robin Gil – (520) 770-3018

Terry

Terry Mullins, Chief

Bureau of EMS and Trauma System

150 N. 18th Avenue, Suite 540

Phoenix Arizona 85007-3248

(602) 364-3149 - work

(602) 540-6907 - cell

terry.mullins@azdhs.gov

6/14/2010 Prehospital Care Supervisory Form: Attached is the document that was previously discussed during our meetings. This is the form that Dr Burns would like utilized for feedback comments to the providers. Please utilize this form as a learning tool as well as if there needs to be any additional education given/corrective actions done. Please fax a copy of this form to Tish at 639 5064 or place in my office. The Prehospital Care Department would like to stay informed on any issues that may arise. Thanks, Tish Arwine (PHC Supervisory Form is under "Forms")

6/11/2010 Epi Issues: There is some EPI abbo jets that have been placed on the EMS pyxis. These have been pulled from Crash carts throughout VVMC. These may have near expiration dates. Pharmacy has again asked to make sure that drugs are not exchanged until the end of the month. Tish

6/10/2010 Combi-tubes: This is clarification regarding Dr Burns direction on the use of Combi-tubes: Combi-tubes are not a definitive airway device, but may be necessary and should be used if an ET tube intubation is unsuccessful after two attempts. Utilization of Combitube by BLS providers is authorized if the situation warrants as long as the BLS provider has been trained and completed ongoing training requirements. If an ALS

provider is present then the more definitive airway is the preferred but a combi-tube is authorized to be placed by the BLS provider. Please disseminate. Contact me if there are any questions. Tish

6/10/2010 **ALS Refusals:** ALS Refusals need to be called into VVMC Base Station. This must be done before the patient or crew leaves the scene. This is required so that if the on line medical director has any questions on the refusal the patient is still in EMS care. The post patch line is no longer in use. Don't leave messages on Tish's line. Tish

6/10/2010 **Intubations:** Dr Burns is requesting that on all intubations the use of an EDD Device or Easy Cap (End tidal CO2 Detector) is utilized as a confirmation device before patient is placed on Capnography. There has recently been some complications where they were just placed immediately on Capnography. Please make sure this is disseminated and this practice starts immediately. If you have any questions contact Schelly or myself. Thank you, Tish Arwine

(Editor's Note: Any time you use Capnography, PRINT A COPY OF THE WAVE FORM and attach it to your report)

6/4/2010 **Prehospital Guideline Changes April 2010:** Cant remember if sent this out previously.. Bill Boler – can you please update this on the website--- thanks, Tish

6/3/2010 **EMS Week Prizes:** Hello All, We finished drawing the prizes for EMS Week and the winners are: Dale Duns: Movie Tickets, Marcus Koistinen: Beer Mug, Travis Powell: Water Bottle, Chad Winton: Water Bottle, If these providers work for your agency, please let them know they have won a prize and have them stop by the EMS office to claim it. If you attended May's Run Reviews and won a prize that you have not yet claimed, please bring your claim ticket to the EMS office to claim your prize. Thank you all for all that you do! ANYTIME, ANYWHERE.....YOU ARE THERE Tish and Schelly

6/3/2010 **EMS Pyxis-IV Extension Tubing:** On the EMS pyxis there is currently a large bore extension tubing for restocking. That is being changed out for a smaller bore tubing to be compatible with Cat Scan infusions of IV contrast. We will be keeping the large bore extension tubing on there and in trauma cases please continue to use the larger bore. In the near future there will be an extension tubing that will replace the need for two different sized extension.

6/1/2010 **EMS Forms:** Just want to make sure everyone has the necessary forms to complete and forward over to me with patient care report. Thanks, Tish Arwine (All Forms are listed under "Forms")

6/1/2010 **Morphine:** FYI – Pharmacy is having trouble getting Morphine syringes or ampoules currently. Apparently there is a shortage. Be aware that when restocking on the Pyxis there may be amps instead of the normal syringes. In the mean time until Morphine supply is back up all Morphine that is near expiration needs to wait until the end of that month to change out. So any that are scheduled to expire in June should not be brought to pharmacy until the last week of June. Also if you have Morphine that is near expiring on one of the second out ambos that may not be used as often exchange with the first out. Let me know if there are any questions. Tish Arwine

