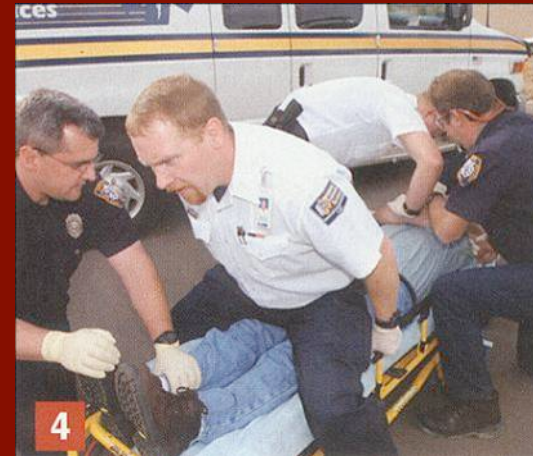


Nightmare EMS Communications

Christopher B. Colwell, M.D.

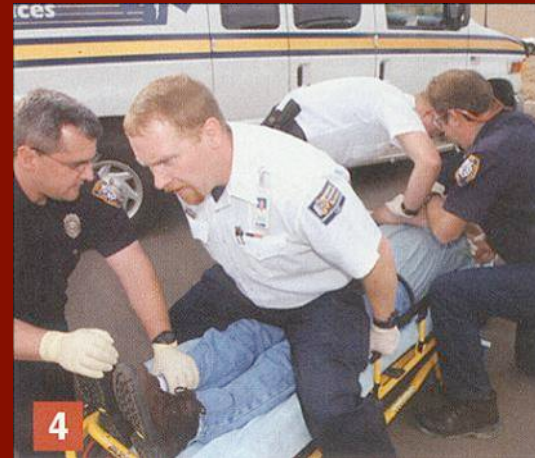
Medical Director, Denver Paramedic
Division and Denver Fire Department

Nightmare Calls



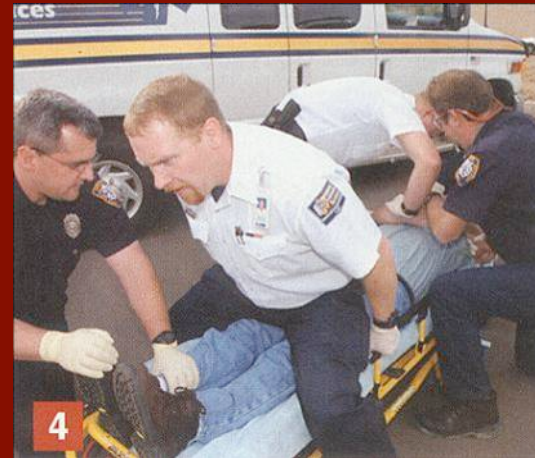
Nightmare Calls

- Bad airway
- Cardiac arrest
- Sick pediatric case
- Out of control patient



Nightmare Calls

- Bad airway
- Cardiac arrest
- Sick pediatric case
- Out of control patient
- Biophone cases?



Scary Biophone Calls



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- Not much written
- Average about 4-5/hr
 - Higher yield calls
- Who answers
 - Senior resident
 - Attending



Scary Biophone Calls

- Not much written
- Average about 4-5/hr
 - Higher yield calls
- Who answers
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- Scary
 - Medics
 - Docs



Biophone Calls



Biophone Calls

- 128 calls



Biophone Calls

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 - 65% are refusals



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 - 24% consultations
 - Procedures
 - What do I do?
 - DNR
 - Physician on scene
 - Pronouncements



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 - Busload of hemophiliacs...
- #1



Lessons Learned



Lessons Learned

- Refusals
 - High risk are called
 - Competency is the issue!
 - Capacity
 - Documentation is always lacking
 - There is no perfect protection



Lessons Learned



Lessons Learned

- Pronouncements
 - If the paramedic isn't sure, you shouldn't be



Pronouncements

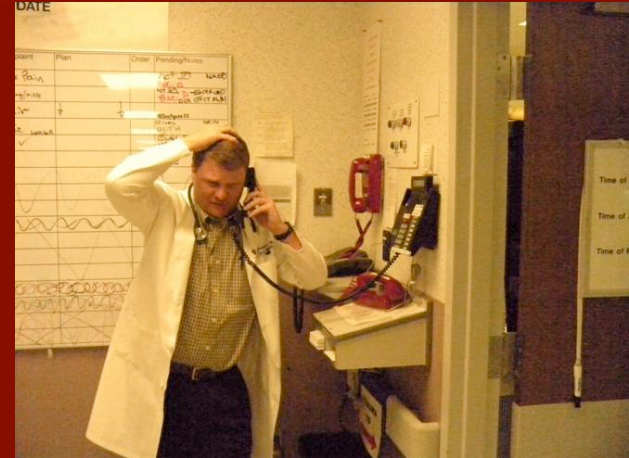


Pronouncements

- DNR status
 - Cannot be a spontaneous decision
 - DNR doesn't mean you can't
 - DNR doesn't mean you must



Say What?



Say What?

- If you have a question, ask!
 - Missing information
 - Medications ordered
 - Doses
 - “I assumed they knew what they were doing”



Procedures



Procedures

- “Lets see what the doc says”



Procedures

- “Lets see what the doc says”
- “Something just didn’t feel right”



Procedures

- “Lets see what the doc says”
- “Something just didn’t feel right”
- #2



Conclusions

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Conclusions

- Biophone calls are usually benign
- They can be as high risk as any patient in the ED
- Training is important
 - Medics
 - Docs!
- When in doubt, stop and ask
- Pay attention to what you are doing

