



# Hot Topics



The Genesee County Medical Control Authority's

Newsletter for EMS Providers - Also now available online at [GCMCA.org](http://GCMCA.org)

One Hurley Plaza, Flint 48503

Office Phone 810-262-2555

December 2022

## Suspected Stroke Patient Transport Stroke Symptoms Do Not Make It a Priority 1

We have recently received feedback that some EMS personnel may be confused about the transport priority for suspected stroke patients. Transport mode of patients is not based upon the nature of the call, but the presentation of the patient. We have two protocols that address this.

The first is 8.8 - Patient Prioritization, which classifies patients into priority levels (1, 2, and 3). Once you have determined what level your patient is then you should refer to 8.2 - Use of Emergency Lights and Sirens During Transport. Neither the finding of a possible stroke nor the time from of last known well are factors in determining how the patient is transported.

If the patient is hemodynamically stable, regardless of the nature of the call, then they would not be transported Priority 1 and lights and sirens should not be used. Stroke or suspected stroke patients do not automatically get transported in this mode unless they are unstable based upon protocol.



## Continuing Education Credits for Clinical Work

Did you know that you can receive up to two (2) preparatory and two (2) airway credits for the clinical work you perform? Based upon documentation by your employer the state will grant credits as follows:

- 1 Preparatory credit for every 10 successful IV starts for AEMT/Specialist and Paramedic
- 1 Airway credit for every 10 successful supraglottic airway insertions for EMT, AEMT/Specialist, and Paramedic
- 1 Airway credit for every 10 successful ET intubations, or combination of airways for Paramedic

Check it out! You are doing the work – you should be getting credit for it!



## Seizure Study Finds Great Results!

The GCMCA PSRO recently completed a study of treatment for seizure patients. Of the thirty-two actively seizing patients during a one-month period there was not a single case of medication administration that exceeded protocol.

As a reminder, the current protocol states that actively seizing patients should receive 5mg of Midazolam IV/IO slow push until seizure stops. If after the initial dose is given the seizure has not subsided an additional 5mg may be administered in the same manner and online medical control should be advised.

Keep up the awesome work!