



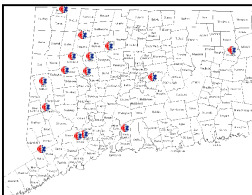
VINTECH^{LLC.} Management Services



SUMMER 2010 VMS EMPLOYEE NEWSLETTER

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Vintech Management Services, LLC
Serving:

Brookfield
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Have something you would like to submit?

Send it to
Jon
Barbagallo's
e-mail at
jbarbag@vintechems.com

OWNERS FORUM

As we head into the summer heat, Vintech continues to grow, adding Echo Hose Ambulance of Shelton as our newest client. As of July 1, Vintech has been brought on board to staff their “Tactical Car” which provides mutual aid service to the entire Naugatuck Valley. Echo Hose Ambulance, led by Chief Michael Chaffee and Assistant Chief Joe Laucella, has an annual call volume of over

4500 calls. Their equipment includes 4 BLS ambulances, several first responder and officer vehicles, a bike team, all terrain vehicle, and even a Segway. The department looks to add a rescue boat and to enlarge their headquarters in order to properly service and maintain their fleet. The Vintech staff, which will complement their own paid staff and volunteers, will be stationed at the new Echo

Hose Training Center located on Howe Avenue. With the addition of Shelton, we now service two departments in “The Valley” with Storm Ambulance of Derby having joined us in 2003. We look forward to working with Echo Hose and we welcome the newest employees to the Vintech Team and thank them for making this a smooth transition.

TRAINING UPDATE

Altered Mental Status

When you encounter a patient with an altered mental status, what are the 4 H's that you can use as a differential diagnosis to get a clinical impression as to what is going on?

Hypoxia—is the patient getting enough oxygen to the brain? What is their SPO2 on room air? If it is low, give them oxygen to see if their mental status improves.

Hypovolemia—is the patient losing blood somewhere? Take their blood pressure; look for any signs of internal or external bleeding. Control any external bleeding, start an IV if needed to get the blood pressure up. Look for signs of shock; remember a low blood pressure is a late sign for shock.

Hypoglycemia—does the patient have low blood sugar? Ask if there is a diabetic history. Even if there is not a diabetic history, check their blood sugar level. It could be an undiagnosed diabetic patient or a hypoglycemic event. If their blood sugar is below 60 and

the patient is able to swallow consider giving them glucose. But before giving them glucose you want to rule out the last of the 4 H's (Head injury; consider a stroke)

Head Injury—first you want to consider a stroke. Test the patient using the Cincinnati Stroke Scale or use the mnemonic FAST

Face: ask the patient to smile and look for symmetry of the smile; if one side droops, that is a positive sign

Arm: ask the patient to close their eyes and hold their arms out in front of them. If one drifts downward or the patient is not able to lift up the arm, that is a positive sign

Speech: ask the patient to say a simple sentence. “Today is sunny” or “You can't teach an old dog new tricks”. Listen

for slurring of the speech. If you hear this, that is a positive sign.

Time: if the patient shows any of the above signs, try to find out the time they started to show these signs. Current studies are showing that we may have longer times that previously noted to administer clot busting drugs if the patient is a candidate for them. The standard has been 3 hours; studies may extend that to 4.5 hours.

Consider any other head trauma; has the patient fallen or struck their head on anything? Is the patient under the influence of alcohol or drugs? Has the patient been involved in any altercation where he or she may have injured their head?

THE REAL DEFINITION OF "A & O"

My partner Jean and I were sitting at the conference table discussing our plans for world domination starting with CT OEMS when the tones went out for a sixty-ish year old male with hip pain. Matt, a NMCA volunteer, who was sitting plotting with us, joined us on the call. As we approached the address, Matt told us he thought he knew this patient, saying, "he's a friend of mine." Matt went in while Jean and I retrieved the gurney and jump bag. Matt directed us to enter through the garage. We went through the garage and found the PT in his house seated on an office chair. He was slouching and leaning to the side with an obvious deformity to his right hip. My first thought was, 'wow, that's gotta hurt!' Matt was attempting to gather info from the PT but our PT was being, well, less than forthcoming. Each time he responded to Matt, he called him "Fred." We each asked him, in our own way based on many years of dealing with uncooperative patients, how he got his injury, the only answer he would curtly offer up (while looking away from us in disgust) was he was on the floor and it just happened. He was aggravated, did not want

to answer questions, and made it very clear to us that we were all pissing him off. It went something like this:

CREW: "Did you have a fall?"

PT: (*irritated tone*) "What are you talking about I told you what happened."

CREW: "You told me you were on the floor, how did you get on the floor, did you fall?"

PT: (*very irritated tone*) "What are you stupid?! I just told you I didn't!"

CREW: "No you told me you were on the floor, but you didn't tell me how you got there. We need to know what happened so we can properly assess and treat you. I am concerned that you may have additional injuries. Sir, do you know what day it is?"

PT: (*irritated tone, raised voice*) "Yes I know what day it is, what a stupid question."

CREW: "Well what day is it?"

PT: (*very irritated tone, raised voice*) "Why don't you tell me if you're so smart."

This went on as we all took turns trying to get some basic information. Jean was sure she would get through to him with her failsafe "you-wouldn't-be-so-mean-when-a-pretty-gal-is-trying-to-help-you." Not so much.

Matt, aka "Fred," tried to appeal to him as someone who was familiar to him, a friend. Our kind, compassionate approaches were only making him more annoyed. We were not getting anywhere - we needed a different approach. Since I was the driver, I decided to sacrifice myself. I said "you know what I think? I think you fell down and hit your head and you don't remember what happened, You don't know what day it is and you don't know who Fred is. Unless you let us do our job and start answering some questions we are going to have to call a paramedic and a chopper to take you to Hartford."

Voila!!!

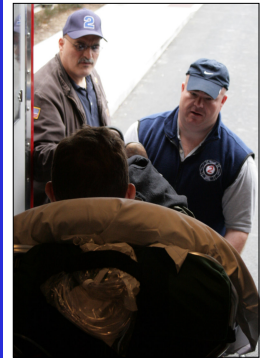
Apparently the message got through. His mood and nasty attitude did not change, but he told us what happened and suddenly was able to remember everything. The hip was his only problem. Turns out he wasn't confused, just A and O...

Alert and Ornerly.

- William Keane, EMT
New Milford Site

LOOKING FOR AN EMT REFRESHER?

Check out our schedule on our website on the calendar



VINTECH PHONE SYSTEM OPTIONS

(860) 496-8199

Main Menu:

- Ext. 1 - Jamie
- Ext. 2 - John W.
- Ext. 3 - Jon/Cathy
Cleveland
- Ext. 5 - Vinny
- Ext. 9 - Company
Directory
- Ext. 0 - Employee
Issues

Under Employee
Issues:

- 0 - Time Card/
Payroll
- 1 - NW Division
- 2 - Jerry Myers
- 3 - Derby
- 4 - N. Branford
- 5 - Glastonbury
- 6 - Mortlake
- 9 - E.A.P. Rep.

SHOPPING LIST: MILK ✓, EGGS ✓ & SAVE A LIFE ✓

Here is a true story that I still can't believe what happened.

I was shopping at Walmart in Naugatuck in the early afternoon with my 2 kids. We had just finished our shopping and were headed to the check out area when I noticed a woman on the floor in the aisle about 20 feet from the 1st cash register. I and a gentleman, stating he was an RN, found that she was in Cardiac Arrest. We started CPR within 30 seconds of finding her on the floor. The RN with barrier

device was working on the breathing and I was working on chest compressions. Another gentleman and a lady employee came in to help. The Patient started to aspirate a couple of times and we turned her to her side. Naugatuck EMS Brian came on scene. I knew Brian through Campion Ambulance and assisted him with ALS protocols while the other people were working on CPR. We shocked the Patient and she came back with a heart beat. We loaded the patient

on a back board provided by Naugatuck EMS and they transported to St. Mary's Hospital. I followed up with Paramedic Brian at around 7PM and she was in stable condition in ICU on Saturday evening.

Update as of 5/24/2010:
Patient is still in ICU but is alert and breathing on her own.

- Michael Wilmot, EMT-I
Northwest Division