



Summer 2012 CQI Learning Points:

STEMI 1 DO AND 2 DON'TS:

- ❗ **Do** remember the importance of proper lead placement when performing a 12-lead EKG. Improperly placed leads can give false results!
- ❗ **Don't** base treatment decisions on the results of the 12-lead. Most heart attacks are NOT STEMI's, so just because the 12-lead is normal doesn't mean the patient is not having a cardiac event.
- ❗ **Don't** rely entirely on the monitor's interpretation. There have been many cases where the monitor wasn't accurate in identifying a STEMI.

DOCUMENTATION OF MEDICATION ADMINISTRATION:

- ❗ Be sure to double check the dose when documenting your medication administrations on the iPads as there have been many documentation errors recently.

RESTRAINTS FOR 5150s:

- ❗ The intent of the recent policy change regarding restraining all patients placed under a 5150 hold is to protect you the responder as well as to protect the patient from harm. If you have a compelling reason to not use hard restraints for one of these patients you should discuss it with the base physician and document thoroughly on the PCR.

RAS vs. AMA:

- ❗ There is currently no spot on the PCR for documenting a patient who has decided to be released at scene, so please complete the PCR as if the patient was signing out AMA and document the RAS in your narrative. We will hopefully have a better solution in the near future.
- ❗ The intent of adding RAS to the policy was to give EMS providers in the county an option besides AMA for those minor, non-life threatening conditions where it is clear that there is not potential grave danger or liability in releasing those types of patients.

