**EMS Olympics**

UW Health Emergency Education Center, in conjunction with the UW Office of Continuing Professional Development sponsored the 2008 EMS Olympics in June. Participating EMS services were scored on their EMT level of practice in different emergency scenarios, and an award was given at each station. The overall winner was Divine Savior EMS Service from Portage. Team members included: Cody Doucette, Melanie Brouette, Lynn Thornton and Bill Tierney.

![Image of EMS providers learning emergency techniques](image1)

*Left: An EMS provider honed her emergency techniques for dealing with an amputee from a mock car accident.*

![Image of EMS providers honing their skills](image2)

*Right: EMS providers learn the essentials of implementing ‘reverse triage’ when dealing with lightning strike victims.*

![Image of medals and plaque awarded](image3)

*Below: Medals and a plaque were awarded to the overall winner: Divine Savior EMS from Portage.*

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**Children and Falls from page 1**

3 seconds and pulse rate decreased to 96/minute. EMS was not completely satisfied with these results and began the second bolus of fluid. After this bolus, capillary refill increased to a brisk 2-3 seconds and his pulse was down to 96/minute.

Initially the child’s blood pressure was “normal.” But the EMTs were not fooled. They were aware that children can maintain a normal blood pressure even after losing 25% to 30% of their total blood volume. Prior to the two boluses, the child was in compensated shock.

After arrival to the emergency department, it was noted that the patient had a right pneumothorax, pulmonary contusions and a very contaminated right wrist fracture. A catheter placed in his bladder noted a large amount of red blood in the urine. The child became very agitated and he became tachycardic. Prior to Med Flight’s arrival, he received 2 units of O negative blood.

Further evaluation by the UW Hospital trauma team noted a fractured right kidney (noted to be “pulverized”), liver laceration, several broken ribs with increasing lung contusions and right wrist fracture.

He was taken to the operating room where he was stabilized and his kidney was removed.

His right wrist was cleaned and reduced prior to transferring him to the pediatric intensive care unit where he stayed for several days. During his stay in the intensive care unit, he remained intubated in order to support his respiratory system while his lung contusions healed.

After receiving extensive blood products due to the blood loss from the kidney injury, he was discharged to his home after 14 days of hospitalization.

One year later, the child is doing very well and is a member of his school’s track team. When asked what prompted him to climb the tall tree, he stated, “Because it was there.”
Falls from heights are second only to automobile crashes as the leading cause of traumatic injury for children. Kids fall from trees, roofs, balconies, trampolines, windows, playground equipment, second story open foyers and many other places.

The chances of a successful outcome for a child who has fallen often times depends on the information from the EMT’s assessment of the child and how much they share with the trauma team. One missing or inaccurate fact can make a huge difference in the outcome.

Take the case of a 13-year-old boy who fell from the top of a pine tree. When the boy got to the top of the tree, a branch that he stepped on snapped. As he was in free fall, the boy hit a number of branches on the way down which helped to slow down the fall. The 13-year-old’s chest and flank received most of the injuries. But he did not suffer any head trauma when he eventually landed in a soft, grassy area.

After bystanders called 911 and an EMS basic service responded, it was not communicated to the trauma team that the boy had fallen 40 feet!

On arrival, the EMTs found the child awake but drifting in and out of consciousness. He was able to tell the EMT’s that he did not hit his head. He also told them he remembered the fall. He had pain in his right wrist, chest and torso and stated that it was difficult and painful to breathe.

Exam revealed:
Airway: patent
Breath sounds: Labored and diminished on right side
Pulses: Thready, weak and tachycardic
Capillary refill: 3 to 4 seconds
Pain: 10/10
B/P: 102/68
HR: 128
RR: 30

Vitals:
B/P 102/68-128-30

The patient’s cervical spine was maintained, non re-breather was placed and right arm splinted. Med Flight was asked to meet the EMS crew at the hospital.

Two large bore IV lines were inserted and the appropriate fluid bolus was administered (10-20ml/kg). After the bolus was infused, it was noted that the capillary refill improved to

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continued on page 4
The Life of a Child Life Specialist

A child life specialist is a health care professional who helps children develop their coping skills in order to reduce anxiety and promote a more positive health care experience.

Child life specialists hold a bachelor’s degree or higher in child development, child psychology, therapeutic recreation or a related field. They use play, procedure preparation, education and self expressive activities to improve a child’s understanding of their health care experiences. A child life specialist collaborates with other health care providers (RNs, physicians, therapists) to facilitate the child’s growth, development and healing.

Lisa Peck and Amanda Shedeed are two full-time child life specialists who work with pediatric patients in the UW Hospital and Clinics emergency department.

Services provided by child life specialists include:

- Procedure support such as distraction for an IV start
- Support for siblings who may also be affected by a patient’s illness or trauma
- Support for grief or bereavement concerns
- Pre-admission hospital tours
- Education to parents and the public about the needs of children
- Special events and play activities

Our child life specialists offer these tips for working with children:

- Use age-appropriate language and remember that kids are very literal thinkers.
- Explain what you are going to do in a step-by-step format.
- Kneel down to a child’s eye level
- Explain according to their senses, what something is going to feel like, taste like, smell like, sound like or look like.
- Only give a choice when a choice is possible. For example: when assessing lung or heart sounds, avoid asking a child “Can I listen to you?” Instead say something like “Would you like me to listen to your back or front first?” Or, “which finger can I use to put this sticker on?”
- Let a parent be in a comfortable position for the child. Example: let a parent hold a child for an IV start.

Prevention Post

Drowning is the second leading cause of accidental death in children less than 14 years of age. Each year 5,000 children are hospitalized from near drowning incidents. According to the ThinkFirst National Injury Prevention Foundation, a child can become submerged in just 10 seconds, 2 minutes later lose consciousness and in 4-6 minutes sustain permanent brain damage.

Teaching children and families to ThinkFirst when they are at the pool, beach or boating can save lives.

Water Safety at the Pool and Beach

Adults and teens should always watch the children they are responsible for when at the pool or beach. Even when lifeguards are present, don’t assume someone is always watching. The ThinkFirst Foundation says young children do not cry, call for help or splash, which puts them at greater risk for drowning.

Safety tips to keep children safe:

- Don’t rely on floatation devices or inflatable toys. Adult supervision is necessary when floatation devices are used to prevent drowning.
- Teach children to swim with a buddy and never swim alone.
- Teach children not to reach into the water from the sides of pools or docks. They should ask an adult to retrieve toys and floatation devices.
- Children should walk, not run, and avoid pushing or rough housing near swimming pools and on docks.
- Have children enter the water feet first to check for water depth and obstacles.
- Instruct children to dive only in designated diving areas that are supervised.

Boating Safety

You never know when a wave might hit your canoe, kayak or boat.

Following these tips could help keep children safe:

- Everyone should wear life jackets when boating. A type I life jacket, one rated to keep the boater’s head and chin above water, will keep children and adults upright in the water.
- Supervise children and teach teens to never boat alone and always go boating with a buddy.
- Teach teens to boat safely. They should take a safe boating class, boat at prudent speeds, observe the rules of boating and be respectful of swimming and wildlife areas.

The American Family Children’s Hospital Kohl’s Safety Center, ThinkFirst National Injury Prevention Foundation and Safe Kids Coalition want you to prevent drowning and injuries when at the pool or the beach.

Additional resources: ThinkFirst Injury Prevention Foundation, thinkfirst.org
North American Safe Boating Campaign, safeboatingcampaign.net
Pediatric Emergency Medicine

Children are not merely small adults. They require medical care catered to their individual needs and their physical, emotional and social development.

Michael Kim, MD has devoted his professional life to furthering that philosophy. An associate professor of pediatrics and medicine at the UW School of Medicine and Public Health (SMPH), Dr. Kim has come to Madison to launch the pediatric emergency medicine program at American Family Children’s Hospital.

His goal is to build a program with a regional and national reputation for providing comprehensive and appropriate care to children with emergent medical needs.

To be certified in pediatric emergency medicine, physicians must complete a three-year fellowship training program. Dr. Kim is the only Madison-based physician with such training, which he says has prepared him for the demands of pediatric emergencies.

Dr. Kim has hit the ground running. He plans to introduce his concept of care to as many primary care physicians as possible and points to the recent creation of a state-of-the-art emergency department at UW Hospital as well as SMPH’s emergency medicine residency program as evidence of UW Health’s commitment to the emergency medicine cause.

South Central Regional Trauma Advisory Council Update

The SCRTAC is excited to introduce Chris Hammes, Matt Hurtienne and Chris Carbon as the three new trauma system specialists (TSS). These individuals officially started with the SCRTAC on February 1, 2008, and will be working with Dan Williams, the SCRTAC EMS Coordinator to develop a trauma educational program for our region’s pre-hospital and ED trauma care providers.

The plan is to have a hands-on, interactive and educational program that the RTAC will bring to each area of our region. If you are interested in having this presentation in your area, you may contact Dan Williams at dan@scrtac.org.

Please take a look at the retooled SCRTAC website at www.scrtac.org. Dan is always looking for pictures and news items to add. Feel free to send him information. Meeting times, dates and locations can be found at the website as well. We value your participation. We hope you attend!

Ryan Brothers Offer Tribute

On the night of Saturday, May 10, UW Health lost three extraordinary men when a UW Hospital and Clinics Med Flight helicopter crashed near La Crosse, killing all three crew members on board. Emergency physician Darren Bean, MD, flight nurse Mark Coyne, RN, and pilot Steve Lipperer were uniquely gifted individuals whose lives enriched everyone around them. They and their families remain daily in our thoughts and prayers. The EMS community has been devastated by the loss of these three men who tirelessly worked to improve delivery of emergency care across South Central Wisconsin.

As a tribute to the Med Flight crew members, Ryan Brothers Ambulance Service is producing a memorial decal to honor their lives and service. The tribute decal is available to all emergency response programs. The decal is shown below and actual size is about 5” x 5”. The decal is UV protected so it can be mounted on the inside or outside of a vehicle.

Ryan Brothers is covering all costs for the decal and asks that programs donate $5 per decal. The proceeds will be donated to Med Flight for safety equipment.

To order a Med Flight tribute decal, e-mail Ryan brothers at pryan@ryanbros.net with the number of decals your program would like. Please include your program mailing address for delivery. Please send your donation, noting “Med Flight” on the check, to: Ryan Brothers Ambulance, 922 S. Park Street, Madison, WI 53715.

At UW Health, we are determined to honor the memory of Darren, Mark and Steve by continuing the compassionate, life-saving work they loved, believed in and for which they gave their lives. Their passion and talent for helping others set a very high bar—one that we pledge to keep raising.

Ed Update

Meet the new UW Emergency Department Nurse Manager

Tami Morin, RN, has assumed the role of nurse manager for UW Hospital’s Emergency Department. Tami brings extensive knowledge to her new role. Much of her experience has centered on intensive care nursing, leadership and education. She is well aware of the importance that our prehospital providers play in the continuum of patient care.

“There should be a seamless transition. I think we have a lot to learn from each other. The relationship goes beyond a 5-10 minute exchange when a patient is brought in,” said Morin.

If you have questions or suggestions related to work with UW Hospital’s Emergency Department, you may notify EMS Liaisons Ann Krainyk at ak2@medicine.wisc.edu or Jan Beyer at jsb@medicine.wisc.edu. You may also drop your questions or comments in the secure patient follow-up box in the Emergency Department EMS room.