



# CENTRAL SHENANDOAH EMS COUNCIL

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July 6, 2003

To: CSEMS ALS Providers

From: Matt Painter RN, CCEMTP  
Director

Re: **New Drug Box Items**  
**Skills Drill Performance**

As you are aware from my mailing on May 22, 2003 the drug boxes now have needle less tubing. This to be in compliance with the safe needle stick act. I hope this transition is going well. We have been working with the local hospitals to stock the same items throughout the region, however availability and cost may cause some variation. We have strongly requested they stock the boxes exactly the same.

One major change is the extension tubing. The shorter tubing we used to use is no longer available. The only tubing available is the ridiculously long tubing you are finding in there now. We recommend you not use the tubing to make a saline loc or INT. Use the end cap and place it directly on the end of the IV hub (see attached pictures). You may then connect IV tubing directly to this for IV fluids or INT flush by using a 5ml luer loc syringe to flush at least 3ml of saline if making the INT. There are other extension set options available, however the lumen of these extension sets is small reducing the amount of fluid you may infuse. For example if you started a 16ga IV and put some of the smaller extension sets available on the market you would reduce the size of the infusion to the equivalent of a 20ga. Hence the reason we are not putting these in the boxes.

We realize this change has or will likely cause some problems for you. We have made every effort to avoid problems. The pharmacies indicate continued problems obtaining supplies. We also remain quite patient with them since they provide this as a free service to our region.

MCRC met today regarding the performance of ALS providers at skills drill in June. Overall you are to be commended for doing a great job. (you studied your protocols!) 11 providers out of 140 attending drill were suspended for critical errors.

Some common repeated errors we noted:

1. In anaphylaxis Epinephrine is the second drug past oxygen! Many were starting IV's prior to giving Epi in the severe allergy protocol on patients who were in severe distress. Epinephrine may be repeated in 10 minutes if the patient's condition does not improve. Also many providers did not know SoluMedrol was in the boxes.
2. Do not intubate a patient who is hypoglycemic or narcotic OD with a manageable airway by BVM and or OP airway, only to wake up them up with D50 or Narcan respectively.
3. Be careful with the fluids!!!! The ED's are complaining many patients are getting IV fluids unnecessarily by EMS. Look for congruent signs and symptoms of dehydration or other



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history supporting possible hypovolemia. One provider stated I will give a fluid bolus “since the patient is diaphoretic” in a patient who had a blood sugar of 25 and normal vitals.  
Review shock protocol in general.

4. Don't forget the SAMPLE history and vitals!

Please understand we are trying to help and make better providers out there. I point out some of these mistakes not to make fun of providers rather as a learning tool for others and to let you in on the big picture of what is happening so you understand why MCRC has directed us to conduct drills this way.

Feel free to contact the Council office if you have questions or concerns.

Sincerely,

Matt Painter