



EMS Provider ALS Infraction "3" Detail Report

Paramedic:

Group # 3

Call Demographics

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|--------------------------------|---------------------------------------|
| Run Number: 10-3000276 | Call Disposition: Medical |
| Date of Call: 08/09/2010 | Response Time: 7 |
| Sex of Patient F | On-Scene Time: 17 |
| Patient Age: 82 years 0 months | Hospital Destination: Caritas Norwood |
| Nature of Call: Chest Pain | Hospital Destination Needs Review No |

Documentation

| | | |
|----------------------------|------------------------------------|-------------------------------------|
| SOAPIEA Format Used: True | Past Medical History Recorded True | ECG Strip Attached to PCR: False |
| Complete Assessment: True | Times recorded in Flow Chart: True | ECG Interpretation Correct: Unknown |
| Vital Signs Recorded: True | Medical Control required: False | 12 Lead ECG Attached to PCR: No |
| Allergies Recorded: True | Medical Control Recorded: True | |
| Medications Recorded True | Stroke Protocol Used: N/A | |

***Note: 1 = Done 0 = Not Done**

Auditor's Infraction: 4 - High Probability of an Adverse Outcome

Patient complains of chest pain/pressure which is noted to be on the right side, while at her PCP office. MD called 911 because of the chest pain. Of major concerns: 1. Patient complains of chest pressure/pain, but as per report, treatment was withheld because the paramedic felt that "this was not true cardiac pain." Treatment should have been initiated regardless, to rule out that this was not a cardiac event. This would include 12-lead EKG and the administrations of ASA and nitrates, none of which were done. 2. Paramedic notes that a cardiac monitor was placed on the patient. What did the monitor show? There is no documentation that a 12-lead was done and therefore this leaves open the possibility that the paramedic(s) missed a possible STEMI. 3. To make assumptions such as the paramedic did can be detrimental to the patient; particularly a female patient with chest pain as studies and statistics have shown that female patients can present with atypical chest pain and still have STEMI's. Sent for review and recommend discussion at M&M rounds.

Medical Director's Infraction: 3 - Medium Probability of an Adverse Outcome

An 82 y/o woman c/o right sided chest pain and dyspnea at her cardiologist's office and he called 911. Why not give the patient ASA and nitrates ? The patient was subsequently given ASA and nitrates . What did the 12 lead EKG show ?

Follow-up Action Forwarded to QI Coordinator for Follow-up

Physician

Date of Completion

9/20/2010 12:00:00 AM