» BY A.J. HEIGHTMAN, MPA, EMT-P

FIRST CONTACT

The value of initial information

I had a front row seat at the Australian College of Ambulance Professionals' Simulation Challenge held in Queensland, Australia, in September and watched as several teams performed in a myopic manner, focused on the high-priority patients and ignoring a patient with minor injuries who knew vital patient information about one of the more critically injured patients.

Don't get me wrong; the teams didn't ignore the "patient" in a rude manner. They simply assumed he was a lower-priority patient and didn't elicit important information he possessed that would have helped them treat one of the critical patients.

The teams were sent to a drug bust gone bad and, on arrival, they were confronted with three patients: a patient with a serious gunshot wound and falling vital signs; an unconscious patient with changing cardiac rhythms; and a male patient who was handcuffed, seated near a tactical officer and complaining that he was "hot."

The teams that chose to bypass the minor patient until later in the scenario didn't fare as well in the overall competition because that patient was aware of significant medical information about his unconscious friend that the teams never learned or were able to use early in their assessment of the critical patient. But the two teams that did assess him early and used the information were able to resuscitate him sooner and ended up winning gold and silver in the competition.

We chose to be in EMS because we want to help people, whether we're on or off duty. We'll never walk by a person who's "down" or a child we come across who's bleeding. We often happen across incidents in our travels and get involved, making what I term "first contact."

When we make first contact with a person, we often spend five to 10 minutes with them before the area's fire and EMS responders arrive, learning a significant amount about the patient. One of two things will then occur when the primary EMS crew arrives: They'll either graciously accept your assessment and patient information, or they'll disregard the information you've gathered (and its importance) and begin their own patient assessment.

The danger in a crew not using that initial information is that they may not have the same tenure or depth of experience you do, may not ask the important questions you did, or, worst of all, may not zero in on the condition your information would have made them aware of.

First contact personnel often spend five to 10 minutes with your patient before you arrive & learn a significant amount of valuable information about them.

Having been involved in EMS for a few decades, I occasionally find myself in a position to be that first contact person. One incident occurred in January during the NAEMSP Conference in Phoenix.

An individual in the hotel room next to mine had an MI at 10 p.m. one night. Hearing the security guard knocking and advising the patient that paramedics were on the way, I offered to assist him until the crew arrived.

In the few minutes it took for the Phoenix Fire Department crews to arrive, I had six sheets of hotel notepaper full of patient information, including not just his name, age, DOB, past medical history, vitals and meds, but the time of symptom onset, his experience of symptoms the previous day, location of his radiating pain and date of his last MI. I even documented the coronary artery locations where stents were inserted five years earlier.

When the Phoenix crews entered the room, I identified myself and stated my level of certification. They thanked me for assisting the patient, and one paramedic transcribed all of the information I handed to them onto his report form. I left the room feeling I had contributed to the patient's care and proud of the professional courtesy I received from the Phoenix crews.

In contrast to that incident, just before Christmas I was shopping with my wife in an outdoor mall when two people ran by us in a panicked manner. We soon saw them kneeling next to a pregnant patient lying supine on a bench.

I offered my assistance and quickly learned she was eight month's pregnant, that this"was'the patient's-sec---ond pregnancy, and that her water broke after she worked out and ran several miles an hour earlier.

I recorded a significant amount of information on this patient as well. But when the local fire/EMS crews arrived on scene and I attempted to identify myself and present the information to the first-arriving paramedic, he abruptly stated, "That's OK. We'll get all that and take it from here."

I was floored and stood nearby to listen to his assessment of the woman. I won't knock his assessment. It was good and complete. But the experience left me wondering what could have happened if he hadn't obtained the same information I had, or if the patient went unconscious on him.

Appreciate the experienced first contact personnel you encounter on your scenes and include them on your team. They just might have winning information to present to you and help you bring home the gold for your patient. JEMS

Learn more from A.J. Heightman at the EMS Today Conference & Expo, March 25-29 in Baltimore.