VISIT MAINE EMS AT MAINE.GOV/EMS

# **EMSC** for ME

### IMPROVING EMERGENCY CARE FOR THE CHILDREN OF MAINE





### Welcome!

The Maine EMS for Children (EMS-C) Program is happy to share with you this monthly newsletter designed to share info, topics, education and events to better the care we all deliver to the pediatric population in Maine!

### Did you Know?

You can receive a free digital and/or print edition of EMSWORLD. Navigate to <a href="https://hmp.dragonforms.com/loading.do?omedasite=EMS\_n">https://hmp.dragonforms.com/loading.do?omedasite=EMS\_n</a>

Fill out the info and enjoy!

Have you visited the Maine EMS for Children webpage? Find information about the EMS-C committee, resources about the EMS-C performance measures, links to our many state and national partners, and other resources. Visit <a href="https://www.maine.gov/ems/EMSC%20Resources/index.html">https://www.maine.gov/ems/EMSC%20Resources/index.html</a>

## ALL EMS PROVIDERS ARE MANDATED REPORTERS IN MAINE

Maine EMS providers are required by statute and protocol to report any suspicions of child abuse. This report should be done as soon as possible after the EMS incident. Relay concerns to hospital staff during your care report, but you MUST also report suspicions to 1-800-452-1999. Available 24/7



1

# PEDIATRIC CONCUSSIONS

A **concussion** is a type of traumatic brain injury (TBI) sustained from a bump/blow to the head or body, causing the brain to bounce or twist in the skull and disrupting normal function of the brain. Even though most people will recover from a concussion within a couple of days or weeks, some will have enduring symptoms that last for months or longer.

While typically classified as mild TBIs, concussions are still dangerous and commonly left untreated. Nearly 2.8 million sports/recreational concussions occur every year, but only 1 in 6 of them are diagnosed. In addition, 25 to 50% of all concussions reported to emergency departments are sustained from sports/recreational activities.

### Signs and symptoms may include:

seems confused or dazed can't recall events prior to (or after) impact forgets instructions

is moody, irritable or changes behavior

is clumsy or off-balanced

exhibits slow or slurred speech

headache / migraine nausea or vomiting dizziness / double vision inappropriate laughing / crying sensitive to bright lights / noises lethargic

### **RED FLAGS**



inability to wake up, intense drowsiness seizure activity

severe, worsening headache repeated vomiting

agitation or abnormal behavior dilated pupil(s)

loss of consciousness (even if brief) worsening neurological exam

The symptoms associated with a concussion will usually appear within the first couple of minutes or hours after sustaining the injury. However, it's important to monitor the player throughout the following days, as some symptoms might progress or worsen.

The CDC recommends a six step "Return to Play" for those who have had a concussion, but each treatment plan is individualized and should follow the advice of the patients' primary care provider:

Step 1: return to school (classroom) activities

**Step 2:** light aerobic activity – five to 10 minutes of light jogging, low-level intensity exercise in some cases, NO weight-lifting

**Step 3:** moderate activity – brief running, moderate intensity exercise, weight-lifting (use lighter weight when starting)

**Step 4:** heavy, non-contact physical activity – sprinting, running, normal weight-lifting and non-contact sports drills

Step 5: full-contact practice - return to normal athletic activity in controlled environment of practice

Step 6: return to competition

Special thanks to Bryan Harrell & the Texas Children's Hospital for their assistance with this article.

Visit the CDC's "Heads Up" training program for providers at https://www.cdc.gov/headsup/providers/index.html for great resources and further education.

# Pediatric Educational Opportunities Atlantic Partners EMS

Atlantic Partners EMS is offering a variety of Pediatric Advanced Life Support (PALS), Pediatric Emergency Assessment, Recognition & Stabilization (PEARS) and Emergency Pediatric Care (EPC) courses. For more info and to sign up, visit www.apems.org, or contact APEMS at 207-877-0936, or by e-mail at staylor@apems.org

PEARS- Thursday, Mar 27 at Northern Light Medical Transport

PEPP Hybrid (BLS & ALS) - Wednesday, Apr 17 Location TBD

PEARS - Thursday, May 16 at Northern Light Medical Transport

PALS Provider - Thursday, May 22 & Friday, May 23 at St. Mary's Regional Medical Center

PALS Refresher - Friday, May 23 at St. Mary's Regional Medical Center

PEARS - Tuesday, June 11 at St. Mary's Regional Medical Center

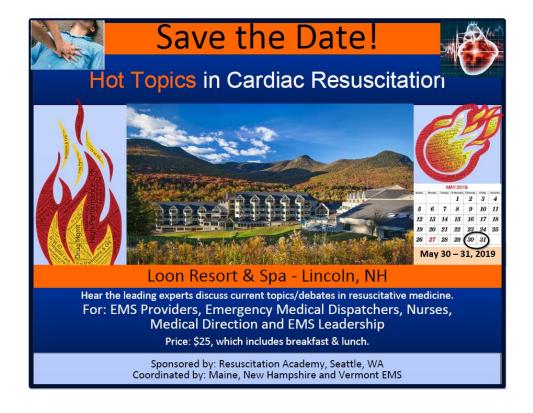
EPC - Tuesday, June 25 & Wednesday, June 26 Location TBD



United Training Center in Lewiston is offering the following pediatric education programs:

**PALS** Refresher 8:30a-5:00p Apr 26 (Lewiston) PEPP ALS/BLS Hybrid May 18 (Stoneham) 8:30a-5:00p PEPP ALS/BLS Hybrid 8:30a-5:00p Jun 11 (Lewiston) 8:30a-5:00p Aug 13 (Lewiston) **PALS** Refresher PEPP ALS/BLS Hybrid Oct 22 (Lewiston) 8:30a-5:00p **PALS** Refresher 8:30a-5:00p Nov 12 (Lewiston)

To register for the above programs, please visit www.unitedambulance.com



3

# Trauma Across The Spectrum 2019

### Friday, April 26, 2019

Location:

Dana Health Education Center
Auditorium
Maine Medical Center
Portland, Maine

OEC
Outreach Education Council





### Friday, April 26, 2019

7:15 AM Registration & Continental Breakfast

8:00 AM Welcome & Opening Remarks
Amy Stafford, MN, RN, CCNS

8:05 AM The State of Trauma Care in Maine Joseph Rappold, MD

8:30 AM A Case Study in Trauma Care

- When Resources are Maximized Joseph Rappold, MD Michael McGrath, MD (Followed by panel discussion including

Followed by panel discussion including interdisciplinary team members)

9:45 AM Break

10:00 AM Blood Product Administration

in Trauma
Timothy Hayes, DVM, MD

10:30 AM Stop the Bleed

David Ciraulo, DO, FACS

11:00 AM Resuscitative Endovascular Balloon Occlusion of the Aorta and the Step Up

Approach
Forest Shepard, MD, FACS

11:45 AM Lunch

Stop the Bleed Skills Station in Lobby

12:45 PM Urologic Injuries Graham Verlee, MD

1:45 PM Pediatric ACS Level 2 Verification

- How, Why, and When?
Ian Nailson, MD

2:05 PM Pediatric Blunt Abdominal Trauma Christopher Turner, MD, MPH

2:25 PM Traumatic Brain Injury in Children Michael Ferguson, MBBS

2:45 PM Break

3:00 PM Forensics in Trauma

Tammy LaChance, BSN, RN, CEN, TCRN

4:00 PM Closing Remarks, Evaluations

4:15 PM Adjourn

For the full brochure and registration information, visit the Maine EMS website, under latest news.

https://www.maine.gov/ems/

Free Online CAPCE approved Opportunities (https://www.boundtree.com/university/free-online-ceus )

Pediatric Shortness of Breath

Safe Transport of the Pediatric Patient

We are happy to share your pediatric related education opportunities. Contact marc.a.minkler@maine.gov

This project is supported by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB), Emergency Medical Services for Children (EMSC) State Partnership grant program, Grant # H33MC31622.

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.