Be Ready for Anything:
Preparing for Worst Case Scenarios
Dan Batsie
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@Danbatsie
It’s a jungle out there.
Know everything…

Faster, shorter, online…

There is no money …
Issues Impacting the EMS Profession

 Mediocrity is excellent to the eyes of mediocre people.
Confident, Competent Practitioners
Confidence
Vulnerability is strength.
Wallace, M, Tidwell, D, Powell, E. **Paramedic Pediatric Medication Errors and High Reliability Solutions.** TN EMS for Children – Com on Ped Emerg Care, TN Dept of Health - Div of EMS and Walters State Community College - EMS Dept
MY FRIEND TOLD ME I WAS DELUSIONAL.
I ALMOST FELL OFF MY UNICORN.
Reg. Season/GM
- FG% - .465
- Rebounds – 5.8

Game 6 1998
- FG% - .429
- Rebounds – 1
Crew Resource Management

Huddle/Rally

Task Cohesion (SMM)

Communication
Red Rule of Medication Administration
Medication Administration Cross-Check® (MACC) v3.7

Provider 1
(Giving the medication)

"Med-Check" or "Safety-Check" or "Cross-Check"

"I am going to give:"
Dose
Drug name
Route
Rate
Reason

Concurrence

"Contraindications?"
If none state "No Contraindications" Otherwise verbally verify

Concurrence

Volume?" (or "Quantity?" for PO)

Concurrence & Positive Visual Verification

Sounds good, give it, go ahead, etc.

Provider 2
(Remember: "R.C.V." or "R.C.O."

"Ready"

"Contraindications?"

Concurrence

If none state "No Contraindications" Otherwise verbally verify

Concurrence

Volume?"

Concurrence & Positive Visual Verification

Sounds good, give it, go ahead, etc.

"Contraindications" include: 1) verification of appropriate VS, 2) known patient allergies, and 3) expiration date.

If a discrepancy, disagreement, or need for clarification is encountered at any step in the process, it must be resolved prior to continuing the cross-check.

Essentially only Provider 2 can authorize the administration of the medication.

The MACC must be completed prior to the administration of any medication.

If there is an interruption or change in patient condition of any kind, the process must be re-initiated by Provider 1.

Avoid ambiguous statements or confirmations like "okay."

RED RULE of Medication Administration
(A Duty to Avoid Causing UNJUSTIFIABLE Harm)
NEVER give the contents of a syringe that is not labeled or without visualizing the vial or ampule from which it was immediately drawn.

Provider 1
(Giving the medication)

"Med-Check" or "Safety-Check" or "Cross-Check"

"I am going to give:"
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RED RULE of Medication Administration
(A Duty to Avoid Causing UNJUSTIFIABLE Harm)
NEVER give the contents of a syringe that is not labeled or without visualizing the vial or ampule from which it was immediately drawn.
Let them fail.
Ability is acquired

Errors as a natural part of the learning process

IT ISN’T FAILURE UNLESS YOU STAY DOWN
TRY TRY AGAIN SUCCESS
COMPE
TE
NCE
### 17-year-old reading

<table>
<thead>
<tr>
<th>Year</th>
<th>Almost every day</th>
<th>Once or twice a week</th>
<th>Less than once a week</th>
<th>Never or hardly ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>31%</td>
<td>9%</td>
<td>27%</td>
<td>33%</td>
</tr>
<tr>
<td>2012</td>
<td>27%</td>
<td>19%</td>
<td>21%</td>
<td>34%</td>
</tr>
</tbody>
</table>


Vocabulary exposure increases with daily reading time

A typical first grader reads about 15 minutes/day. At this pace, she’s on track to encounter about 5.7 million words by the end of grade 12. If reading time increases to 30+ minutes/day, the student will read, on average, 13.7 million words by the end of grade 12.

On average, kids who read less than 15 minutes/day are likely to encounter only 1.5 million words during the course of their schooling.
• Prehospital Emergency Care
• Resuscitation
• Academic Emergency Medicine
• Circulation
• Journal of Special Operations Medicine
• Western Journal of Emergency Medicine*
• Annals of Emergency Medicine
• Journal of Trauma
• EMS World
• Journal of EMS (JEMS)
• Journal of the American Medical Association
• Lancet
• https://emcrit.org/
• https://www.cpc.mednet.ucla.edu/pcrf/
• http://lifeinthefastlane.com/
• http://emnerd.com/
• http://www.smartem.org/
• http://edgydoc.com/about-ba/
• http://thesgsm.com/
• http://shortcoatsinemed.blogspot.com/
• http://dontforgetthebubbles.com/
• http://www.aliem.com/

• http://rebelem.com/
• http://blog.ercast.org/
• http://embasic.org/
• http://freeemergencytalks.net/
• http://www.smartem.org/aboutus
• http://hqmeded.com/
• https://vimeo.com/aem
• https://www.sciencebasedmedicine.org/i-refute-it-thus/
Excellent providers seek feedback and acknowledge their shortcomings.

There is no “on the job training” for failed airway
SCALPEL FINGER BOUGIE CRIC

CTM = cricothyroid membrane

- Help
- Plan trigger point
- Personal Protective Equipment
  - Skin prep
- Position hyperextended
- Landmark CTM
  - Laryngeal handshake
  - Stabilize hand on sternum
  - Stay midline / Ultrasound
  - (sharpie)
- Inject local anesth...
- SCALPEL vertical cut skin
- SCALPEL palpate CTM
- SCALPEL CTM horiz cut to air, cut/dilate
- SCALPEL FINGER
  - CONFIRM HOLE labeled, +/- HOOK
- SCALPEL BOUGIE
- 6.0 ETT
- Cuff up (syringe)
- BVM
- etCO₂

@TBayEDguy
version beta 2
Dr. Laura Duggan
@drlauraduggan
https://emcrint.org/emcrint/wearable-cric-trainer/
<table>
<thead>
<tr>
<th>Round 1</th>
<th>Room 1</th>
<th>Room 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1700-1730</td>
<td>Team 1 (Team 4)</td>
<td>Team 2 (Team 3)</td>
</tr>
<tr>
<td>1730-1745</td>
<td>Debrief</td>
<td>Debrief</td>
</tr>
<tr>
<td>1745-1815</td>
<td>Team 3 (Team 1)</td>
<td>Team 4 (Team 2)</td>
</tr>
<tr>
<td>1815-1830</td>
<td>Debrief</td>
<td>Debrief</td>
</tr>
<tr>
<td>1830-1845</td>
<td>Wrap Up</td>
<td>Wrap Up</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Round 2</th>
<th>Room 1</th>
<th>Room 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900-1930</td>
<td>Team 5 (Team 7)</td>
<td>Team 6 (Team 8)</td>
</tr>
<tr>
<td>1930-1945</td>
<td>Debrief</td>
<td>Debrief</td>
</tr>
<tr>
<td>1945-2015</td>
<td>Team 8 (Team 1)</td>
<td>Team 7 (Team 6)</td>
</tr>
<tr>
<td>2015-2030</td>
<td>Debrief</td>
<td>Debrief</td>
</tr>
<tr>
<td>2030-2045</td>
<td>Wrap Up</td>
<td>Wrap Up</td>
</tr>
</tbody>
</table>
Bandage the Wound

Price: $12.95 prime

Get $40 off instantly: Pay $0.00 upon approval for the Amazon.com Store Card.

FREE Delivery by Sunday
If you order within 13 hrs 57 mins or
Faster paid delivery available at checkout.

In Stock.
Sold by Avalanche Brands and Fulfilled by Amazon. Gift-wrap available.

- TERRIFYINGLY REALISTIC FAKE BLOOD - Engineered with a guilty conscience to be terrifyingly realistic, this fake blood splatters, sprays, drips and dries just like the real thing.
- SIMULATE UNTOLD NUMBER OF GORY MISFORTUNES - Perfect for creating cuts, wounds, bites, tears, abrasions, gashes, lacerations, stab wounds, hemmorhages, amputations, de-glovings, and whatever else you can come up with.
- ALSO GOOD FOR CRIME SCENES - Like real blood, which is good for keeping you and your vampire paramour alive. I Can't believe it's not real blood is versatile. Apply it to skin as well as clothes, floors, doors, walls, and windows. It may or may not pass a CSI lab analysis.
- TIPS FOR BLOODY CLEAN UP - It looks good in person and on camera... and tends to keep looking good. While a few scrubings will get rid of it, consider applying Vasoline or lotion to skin before use. Also, we highly discourage drinking and consumption.
- LUCKILY THERE'S A LOT OF IT - Feel free to use this bottle liberally, as you have 16 ounces of quality fake blood that won't dry out any time soon and doesn't need to be refrigerated. Here at Maven Gifts, we only used half a bottle to convince our boss of a Bubonic Plague outbreak, securing a well-deserved three-day weekend.

New (2) from $12.95 prime

Report incorrect product information.
neuroplasticity
[HINDSIGHT BIAS]

[THOSE WERE THE DROIDS I WAS LOOKING FOR...]
“Mistakes are always forgivable, if one has the courage to admit them.”

-Bruce Lee
Thank You!

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@Danbatsie