

# PREHOSPITAL and DISASTER MEDICINE

Médecine Pré-Hospitalière et Médecine de Catastrophe

Volume 10, Number 2

April-June 1995

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Case Law and Base-Station Contact  
Liability Immunity as a Legal Defense  
Disagreement Between Paramedics  
Elder Abuse  
Mechanics of Mask Ventilation

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Volcanoes

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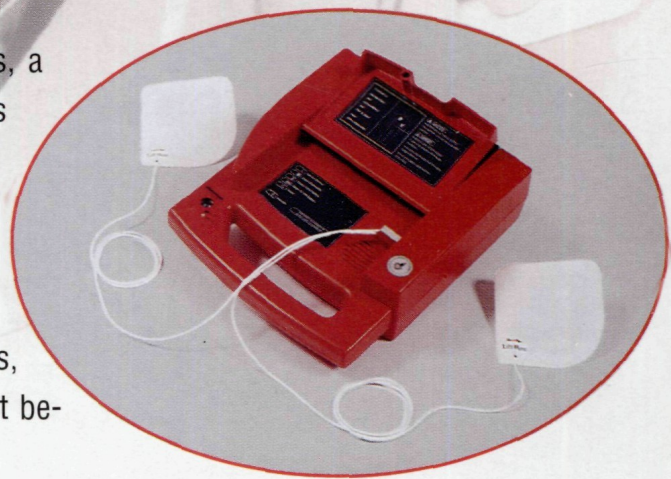


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**INDICATIONS AND USAGE:** Epinephrine is indicated in the emergency treatment of allergic reactions (anaphylaxis) to insect stings or bites, foods, drugs and other allergens as well as idiopathic or exercise-induced anaphylaxis. The EpiPen Auto-Injector is intended for immediate self-administration by a person with a history of an anaphylactic reaction. Such reactions may occur within minutes after exposure and consist of flushing, apprehension, syncope, tachycardia, tremor or unobtainable pulse associated with a fall in blood pressure, convulsions, vomiting, diarrhea and abdominal cramps, involuntary voiding, wheezing, dyspnea due to laryngeal spasm, pruritis, rashes, urticaria or angioedema. The EpiPen is designed as emergency supportive therapy only and is not a replacement or substitute for immediate medical or hospital care.

**CONTRAINDICATIONS:** There are no absolute contraindications to the use of epinephrine in a life-threatening situation.

**WARNINGS:** Epinephrine is light sensitive and should be stored in the tube provided. Store at room temperature (15°-30°C/59°-86°F). Do not refrigerate. Before using, check to make sure solution in Auto-Injector is not discolored. Replace the Auto-Injector if the solution is discolored or contains a precipitate. Avoid possible inadvertent intravascular administration. Select an appropriate injection site such as the thigh. DO NOT INJECT INTO BUTTOCK. Large doses or accidental intravenous injection of epinephrine may result in cerebral hemorrhage due to sharp rise in blood pressure. DO NOT INJECT INTRAVENOUSLY. Rapidly acting vasodilators can counteract the marked pressor effects of epinephrine.

Epinephrine is the preferred treatment for serious allergic or other emergency

situations even though this product contains sodium metabisulfite, a sulfite that may in other products cause allergic-type reactions including anaphylactic symptoms or life-threatening or less severe asthmatic episodes in certain susceptible persons. The alternatives to using epinephrine in a life-threatening situation may not be satisfactory. The presence of a sulfite in this product should not deter administration of the drug for treatment of serious allergic or other emergency situations.

Accidental injection into the hands or feet may result in loss of blood flow to the affected area and should be avoided. If there is an accidental injection into these areas, go immediately to the nearest emergency room for treatment. EpiPen should ONLY be injected into the anterolateral aspect of the thigh.

**PRECAUTIONS:** Epinephrine is ordinarily administered with extreme caution to patients who have heart disease. Use of epinephrine with drugs that may sensitize the heart to arrhythmias, e.g., digitalis, mercurial diuretics, or quinidine, ordinarily is not recommended. Anginal pain may be induced by epinephrine in patients with coronary insufficiency. The effects of epinephrine may be potentiated by tricyclic antidepressants and monoamine oxidase inhibitors. Hyperthyroid individuals, individuals with cardiovascular disease, hypertension, or diabetes, elderly individuals, pregnant women, and children under 30 kg (66 lbs.) body weight may be theoretically at greater risk of developing adverse reactions after epinephrine administration.

Despite these concerns, epinephrine is essential for the treatment of anaphylaxis. Therefore, patients with these conditions, and/or any other person who might be in a position to administer EpiPen or EpiPen Jr. to a patient experiencing anaphylaxis should be carefully instructed in regard to the circumstances under which this life-saving medication should be used.

**CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:** Studies of epinephrine in animals to evaluate the carcinogenic and mutagenic potential or the effect on fertility have not been conducted.

**USAGE IN PREGNANCY:** Pregnancy Category C. Epinephrine has been shown to be teratogenic in rats when given in doses about 25 times the human dose. There are no adequate and well-controlled studies in pregnant women. Epinephrine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**PEDIATRIC USE:** Epinephrine may be given safely to children at a dosage appropriate to body weight (see Dosage and Administration).

**ADVERSE REACTIONS:** Side effects of epinephrine may include palpitations, tachycardia, sweating, nausea and vomiting, respiratory difficulty, pallor, dizziness,

weakness, tremor, headache, apprehension, nervousness and anxiety. Cardiac arrhythmias may follow administration of epinephrine.

**OVERDOSAGE:** Overdosage or inadvertent intravascular injection

of epinephrine may cause cerebral hemorrhage resulting from a sharp rise in blood pressure. Fatalities may also result from pulmonary edema because of peripheral vascular constriction together with cardiac stimulation.

**DOSE AND ADMINISTRATION:** Usual epinephrine adult dose for allergic emergencies is 0.3 mg. For pediatric use, the appropriate dosage may be 0.15 or 0.30 mg depending upon the body weight of the patient. However, the prescribing physician has the option of prescribing more or less than these amounts, based on careful assessment of each individual patient and recognizing the life-threatening nature of the reactions for which this drug is being prescribed. With severe persistent anaphylaxis, repeat injections with an additional EpiPen may be necessary.

**HOW SUPPLIED:** EpiPen and EpiPen Jr. Auto-Injectors are available singly or in packages of twelve.

**CAUTION:** Federal (U.S.A.) law prohibits dispensing without a prescription. Issued: April 1992



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## **CALL FOR ABSTRACTS**

### **General Information**

#### **Submission Deadline: May 1, 1995**

The National Association of EMS Physicians is now accepting abstracts for review for oral and poster presentation at the NAEMSP 1995 Mid-Year Meeting. Authors are urged to submit original work involving EMS or resuscitation research.

Abstracts accepted will be delivered in either a poster presentation or in a 10 minute oral slide presentation and the slide presentation will involve 5 minutes of questions and answers in a general session format.

Abstracts submitted and accompanying manuscript must not appear in a refereed journal prior to the publication of the meeting abstracts in *Prehospital and Disaster Medicine* and they must not have been presented previously at a national meeting.

All abstracts must be submitted on the official abstract form, and must be received no later than **May 1, 1995**.

### **Cash Award Information**

Cash awards will be given for the Best Resident/Fellow Presentation, Best Scientific Presentation, and Best Poster Presentation. Awards will be presented at the 1995 Mid-Year Meeting.

To obtain official NAEMSP abstract forms, call the National Association of EMS Physicians at (412) 578-3222.



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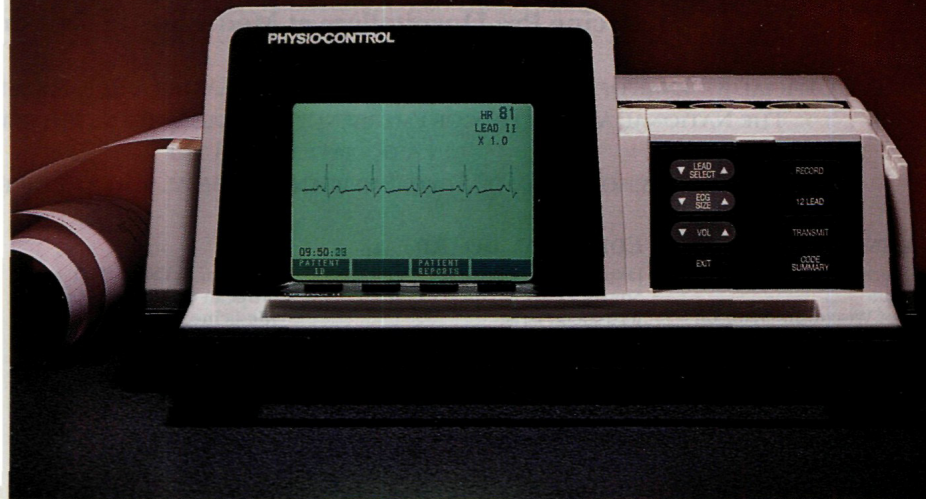
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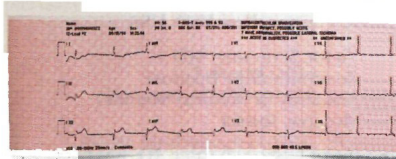
Brian S. Zachariah, MD  
Houston Fire Department  
Houston, Texas



Lifesaving Tools for Lifesaving Teams



# AMI STRATEGY: Timing & Teamwork



*Rapid identification and treatment* is the key factor identified by the National Heart Attack Alert Program in reducing the damage of acute myocardial infarction.

The LIFEPAK 11 diagnostic cardiac monitor gives identification a head start, putting transmittable 12 lead ECG capability in the field, a timesaving link in prehospital-hospital teamwork.

Field tough and easy-to-use, the LIFEPAK 11 monitor features interpretable 12 lead capability and utilizes cellular technology to allow you to transmit ECG and event data files to the emergency department before or during transport.

With diagnostic-quality data in hand, the hospital team can diagnose and direct further care of the patient during transport and prepare for the patient's arrival.

Developed expressly to aid in shortening time to treatment, the 11 features recognizable 12 lead format, expanded data collection and storage, multipurpose patient cable, and CODE SUMMARY™ critical event record.

The LIFEPAK 11 diagnostic cardiac monitor puts teamwork on the patient's side against AMI.

I N T R O D U C I N G

**PHYSIO CONTROL** **LIFEPAK® 11**  
diagnostic cardiac monitor

USA Customer Support Center 800.442.1142, USA Fax 206.867.4146,  
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# See JERUSALEM

and participate in the 9th World Congress on  
Emergency and Disaster Medicine  
May 28–June 2, 1995



In 1995, Jerusalem is the site for the biannual Congress of the World Association for Disaster and Emergency Medicine (WADEM). Every two years WADEM brings together the leading exponents of emergency medicine, disaster management, international relief and related professions to discuss issues of mutual concern.

This is a fine opportunity for all persons, medical or non-medical, to participate in an international forum that provides an interdisciplinary approach to disaster planning and management, and facilitates exchanges between members of rescue, security, community and medical services.

It is also an opportunity for exploration and wonder. Ask about pre- and post-conference tours!

## Oral Presentations, Roundtable Sessions and Workshops include:

- Lessons from Yugoslavia
- Industrial Hazmat Incidents
- Coordination of Community Emergency Services
- War Injuries/Refugee Management
- Environmental Hazards
- Integrated Disaster Exercises
- Natural Disasters
- Civil Wars and Terrorism
- Hospital Management in Disasters
- Environmental Protection
- Transport Accidents
- Civil Defense Exercises

A professional exhibition of emergency and medical equipment will be held concurrently with the Congress.



DOTTY STRATTON

St. Anne's Church, located in the Muslim Quarter of Jerusalem, was built in 1140 and is noted today for its exceptional acoustics.

## Congress Location

The Jerusalem Renaissance Hotel, Jerusalem  
Tel: 972 2 528111 Fax: 972 2 511824

## Hotel and Tour Registration

U.S. only

Gil Travel, 1617 JFK Blvd. Philadelphia, PA 19103  
215/586-6655 Fax: 215/568-0696 800/223-3855

Europe and elsewhere

Kenes Tours, P.O. Box 50006 Tel Aviv, 61500 Israel  
972 3 5140014 Fax 972 3 51 75674

To register, please use the form below.

## REGISTRATION FORM

### 9th World Congress on Emergency and Disaster Medicine

Jerusalem, Israel, May 28–June 2, 1995

Surname \_\_\_\_\_  
Please type or print in block letters

First Name(s) \_\_\_\_\_

Title:  Prof.  Dr.  Mr.  Mrs.  Ms.

Address \_\_\_\_\_

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Fax \_\_\_\_\_

Names(s) of accompanying person(s) \_\_\_\_\_

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#### I enclose herewith US\$ \_\_\_\_\_ or equivalent

Cheque No. \_\_\_\_\_ Bank \_\_\_\_\_  
made payable to: 9th World Congress on Emergency and Disaster Medicine

I have made a bank transfer of US\$ \_\_\_\_\_ through  
Bank Leumi Le'Israel, Gan Ha'ir Branch, Tel Aviv, Israel  
Account Number 816-569 37/34

Payment by credit card:  Visa  MasterCard  Diners Club  
Name as shown on card \_\_\_\_\_  
Card Number \_\_\_\_\_ Expire date \_\_\_\_\_ / \_\_\_\_\_

#### In payment of registration fees, as follows:

	Until Feb. 28, 1995	From March 1, 1995
<input type="checkbox"/> Participant	US \$410	US \$450
<input type="checkbox"/> Accompanying Person	US \$120	US \$140
<input type="checkbox"/> Festive Farewell Dinner (per person)	US \$60	US \$60

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_

Return by airmail to:  
Secretariat, 9th WADEM World Congress, P.O. Box 50006, Tel Aviv 61500, Israel  
Tel 972 3 5140014 Fax 972 3 5175674

# TEAM ROLLOUT '95

## Medical Oversight Strategies to the 1994 EMT-Basic: National Standard Curriculum

### Presenters

Leading EMS Physicians from the local area  
and

Walt A. Stoy, Ph.D.

Director of Educational Programs  
Center for Emergency Medicine

*The Conference Meant to Unite the Physician Advisor and EMT-Basic Instructor*

### Cities and Dates

Naples, FL January 19	Denver, CO May 12
Atlanta, GA February 10	Minneapolis, MN June 9
Indianapolis, IN March 10	Bozeman, MT July 21
Dallas, TX March 24	San Diego, CA July 27
Phoenix, AZ April 7	Lake Placid, NY August 18
Reno, NV May 5	

**Registration Fee: \$94.95**

For details, contact Pamela Westfall  
(412) 578-3203

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The Center for Emergency Medicine



Center for  
Emergency Medicine



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### CLIP AND MAIL OR FAX TO:

#### **Team Rollout '95**

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230 McKee Place, Ste. 500  
Pittsburgh, PA 15213  
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# EMERGENCY CARDIAC CARE UPDATE

Presented by  
Citizen CPR Foundation Inc.

## COMMUNICATION: A MATTER OF SURVIVAL

**MAY 16-19, 1996**  
MONTRÉAL, QUEBEC CANADA

The ninth annual Emergency Cardiac Care Update conference to be held in Montréal, Quebec Canada will feature the theme, "Communication: A Matter of Survival."

### Montréal™

A Northern oasis in the midst of the St. Lawrence River, Montréal is a magical island city mingling the glitter of a North American metropolis with the tranquillity of a French village.

The world's second largest French-speaking city, Montréal is like no other on this continent. A cosmopolitan center, it owes its unique flavor to an original bouillabaisse of Amerindian, French and British traditions spiced with the customs and styles of all the Montréalers who came later.

Montréal's charm lies not just in its romantic past, but also in a unique melange of artistic and cultural offerings, urban life and natural environment.

cardiac care. It provides a dynamic forum for individuals interested in developing, improving, providing and expanding the horizon of CPR.

### CONFERENCE SPONSORS

The conference is sponsored by the following organizations: Citizen CPR Foundation Inc., American Heart Association, American Red Cross, European Resuscitation Council, Heart and Stroke Foundation of Quebec, Heart and Stroke Foundation of Canada and Jems Communications.

### WHO SHOULD ATTEND

EMS personnel, laypersons, dispatchers, health care educators, BLS and ACLS instructors, physicians, health care providers and administrators, researchers, nurses, public information officers, the media and anyone interested in improving the quality of emergency cardiac care, including those concerned with ethics, pastoral care and social services.

### FEATURED TOPICS

- CPR in perspective
- CPR Training
- Acute MI
- Stroke
- Psycho-social aspects of CPR
- Changing trends in public care
- "Spaced-out" medicine: new frontiers in ECC

### CONFERENCE PURPOSE

Emergency Cardiac Care Update is the ninth in a series of biennial conferences on CPR and emergency

### CITIZEN CPR FOUNDATION BOARD OF INDUSTRY ADVISORS

- Actronics
- Ambu, Inc.
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- Michigan Instruments, Inc.
- Physio-Control Corporation
- First Medic/Spacelabs Medical Co.
- Simulaids, Inc.
- SurVivaLink Corporation
- Zoll Medical

### CALL FOR PRESENTATIONS

This conference has a tradition of featuring presentations in concurrent sessions from people who administer, provide, research and teach emergency cardiac care—people with innovative ideas and practical experience—as well as featured topics by national experts. Topics for the ECCU concurrent sessions will include the four links in the Chain of Survival: early access, early CPR, early defibrillation and early advanced cardiac life support. These are listed in the matrix below in conjunction with four categories of interest—science, education, ethics and issues in implementation.



### PROGRAM SUBJECT

SUBJECT EMPHASIS	Early Access	Early CPR	Early Defibrillation	Early ACLS
Science				
Education				
Ethics				
Issues in Implementation				

Individuals may submit proposals for concurrent session presentations, poster presentations or scientific abstract. All proposals received by August 1, 1995, will be evaluated by a presentation review committee. Recommendations from this committee will be reviewed by the conference planning committee, which will be responsible for the final selections. A limited number of proposals will be accepted for presentation during concurrent sessions. Applicants whose proposals are not accepted for concurrent session presentation may apply to present their work in poster format for display during the conference. Presentation application packets are available from:

Jems Communications  
P.O. Box 2789, Carlsbad, CA 92018-2789  
(800) 266-5367 or (619) 431-9797  
(See request form below)

### REQUEST FORM

YES! PLEASE SEND ME THE FOLLOWING:

- Conference brochure and registration form     French     English
- Call for Presentation application packet     French     English

(Please note: the Call for Presentations deadline is August 1, 1995.)

Company \_\_\_\_\_ Contact Person \_\_\_\_\_

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