

ED News FLASH

> Emergency Department Expansion Campaign <

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A Glimpse into the ED

By Michael Gerardi, MD, *director of pediatric emergency medicine for Atlantic Health*



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If any dimension defines the specialty of Emergency Medicine, it is time.

“Morristown ER, this is Medic 11 on scene with 16-year-old sudden cardiac arrest victim. AED used. CPR in progress. ETA 7 minutes. No pulse. Instituting Advanced Life Support protocols.”

In this example, shortening the time to get this young man to an ED, either by ground or helicopter, will mean life or death. It's the few minutes of time that nurses, techs, physicians and others have to prepare for resuscitation. Their efforts within minutes could prevent a young man from dying.

“16 year old collapsed getting out of the pool. We may have just felt a pulse. At the scene, the lifeguard noted no pulse, instituted CPR and used AED. One shock – we have return of perusing rhythm, but no pulse. Time down before CPR – 30 seconds. Time down before our arrival and ALS – 4 minutes. Total time down – 15 minutes. Parents contacted and on the way.”

We can see how a series of events can lead to the loss of precious time when the brain, heart and other organs are not receiving adequate oxygen and glucose. In emergency medicine, our dispatch and transport systems have become very sophisticated

to get medics to the scene in minutes. Research has driven change in treatment protocols that stress the immediacy of care. Time is critical to saving heart muscle in a heart attack victim. Minutes can mean the difference between life and death in a bleeding motor vehicle crash patient. Time dictates a full recovery versus a lifetime of neurologic devastation in a stroke victim. Our young cardiac arrest victim's survival hinges on a few minutes of critical actions.

“Emergency physician (EP): Let's continue CPR. Nurse: I think I feel a pulse. EP: Hold CPR. He appears to be moving his arms. Nurse: BP 70/40; Pulse 118. EP: Start fluids, prepare a dopamine drip. Check his temperature. Admit to Intensive Care. When will the parents be here?”

As the specialty evolves and more patients make their way to the ED, having the space for staff to attend to patients in a timely manner has never been more critical. We are all thankful for our current ED expansion.

Epilogue: This young man received basic life support from a lifeguard who learned how to use an AED and perform CPR only three weeks before this event. The patient had almost died and initially had mild hypoxic-induced effects to his brain. They resolved and he ended up with an implantable defibrillator. He was out of the ICU within a week and back in school three weeks after his cardiac arrest.



Therapy dog Nadia with Jenny and Emma Deery

Therapy You Can Really Embrace When Komar, a black Labrador and retriever mix, visited the ED recently, all it took was a tail wag to calm patients.

“The level of stress de-escalated when the dog walked in,” says Carol Jones, RN, manager of the ED and Trauma Center at Morristown Memorial.

Through a pilot program, therapy dogs certified through St. Hubert's Animal Welfare Center will visit the Gagnon Pediatric Emergency Department and less acute areas of the ED for a trial period, after which patients' responses will be evaluated.

“The dogs are trained to be calm, gentle and well-mannered,” says Ms. Jones, who adds that these sessions support the hospital's culture of healing.

To help fund pet therapy in the ED, please contact Susan Johns, major gifts officer, at 973-593-2413.

Morristown Memorial
HEALTH FOUNDATION

The Kirbys: Championing ED Excellence



Jeff and Karen Kirby

As a steering committee member of the Emergency Department Expansion Campaign, Karen Kirby was quite comfortable asking friends and acquaintances to contribute to the cause.

“This was an easy ask – supporting your local

hospital should be on everyone’s list,” she says. “If you have to use the Emergency Department, it should be first-rate.”

Her friends and family, apparently, agreed: “It was wonderful; I didn’t have to do a lot of explaining,” she says. “People agreed with me and contributed, even in these hard economic times.

Quick Action for Stroke Sufferers

For some patients who’ve suffered an acute ischemic stroke, there’s one FDA-approved treatment that can be administered to break up stroke-causing blood clots. The caveat? It must be given within three hours of symptom onset. In these cases, timing is everything.

To that end, Morristown Memorial adopted a lofty goal: to administer the tissue plasminogen activator (tPA) to those who qualify for it within 60 minutes of their arrival at the hospital.

Paying Tribute to the Trauma Team

Seventy-year-old Richard Pascoello’s memory is sketchy regarding Oct. 12, 2009 – the fateful day he fell 10 feet from the roof of his Newton trailer. He still has no idea why he climbed up there. He has been told that the police, alerted by his Lifeline®, found him barely conscious. An ambulance rushed him to Newton Memorial Hospital, but once the extent of his injuries were revealed, he was airlifted to Morristown Memorial, where he remained for two weeks, the first four days in a coma.

“They gave me an 80 percent chance I’d make it and a 40 percent chance I’d ever walk again,” he says. His injuries were extensive: bleeding to the brain, cracked ribs, a fractured neck vertebra, a punctured lung and damage to his left shoulder and both hips and wrists.

But the Vietnam War veteran survived and, after two months of rehabilitation, was able to walk with a cane and return home. He credits the hospital with putting him back together.

I’m happy that our friends came out to support this wonderful renovation.”

Mrs. Kirby was already serving her second term on the Health Foundation board of trustees when she volunteered to champion the ED renovation cause. She and her husband, Jeff, hosted a campaign kick-off party in their New Vernon home. The two also gave generously to the campaign, as did the F.M. Kirby Foundation.

When construction is complete, Mrs. Kirby says that the ED will be up to the excellent standards of the other areas of the hospital, such as Gagnon Cardiovascular Institute, Carol G. Simon Cancer Center, the Maternity Center and Goryeb Children’s Hospital.

“Our family has used the ED for minor injuries here and there,” says Mrs. Kirby. “No one wants to use the hospital, but it’s our duty to be sure it is the best it can be.”

“EMS workers recognize patients are having a stroke and pre-activate the acute stroke team so we can meet the patient in the ED,” says Stephanie Rizzo, RN, stroke program coordinator. Then the team collaborates closely to determine if the medication is appropriate.

Morristown Memorial has risen to the challenge. Last year it received the Target Stroke Award from the American Heart Association/American Stroke Association as recognition of achieving its goal of tPA administration under 60 minutes from patient arrival.

“There are no words to describe the treatment the nurses and doctors gave me,” he says. “If it wasn’t for these people, I wouldn’t be here today. The trauma team, working with neurosurgeons, saved my life and beyond that, they saved my quality of life.”



Richard Pascoello