What Eagles do in the Off-Season
Top Ten Eagles Blogs to Call your Attention to
The Eagles Visit the Library
Questions arise: Protocols, policies, personnel

» How do we share?
» How do we organize?
» How do we remember?
» How to keep filling the library?
» And we have “Short Stories” only in the library
Why do Eagles Visit the Library?

» Industrial tourism
» Efficient way for rapid sharing
» Not enough time to get all research done on your own
» Limited literature on most of what we do
» Need consistency in Best Practices
» It is OK to steal!!!!
How do we share?

» Discipline set a while ago
» “Short Stories” only
» Quick questions
» Attach a document if needed
» Short answers acceptable
» Thread consolidated and back to group
Issues

» This is unvarnished
» It is brutally honest
» Needs better indexing
» Need summary of results, not just raw language
» Protecting IDs, emails
How do we organize?

» The library uses a decimal system with organized categories
» Infinite expansion capability
» Good for hard copy or digital files
» Notate with a data (This month is 214)
» Annual sharing of file contents
Fire EMS Filing System

1. ORGANIZATION
2. LEGAL, REGULATORY, FINANCE, STATS
3. PERSONNEL AND TRAINING
4. FIRE RESCUE AND INCIDENTS
5. MEDICAL CARE
6. SYSTEMS AND ORGANIZATIONS
7. TECHNOLOGY
8. RESPONSE, TRANSPORT, HOSPITAL
9. EQUIPMENT
10. MAJOR INCIDENT MANAGEMENT
The Indexing System

8. **RESPONSE/TRANSPORT/HOSPITAL**
   8.1. Transport policy
      8.1.1. Patient refusal
      8.1.2. Lights and sirens
   8.2. Response/Scene/Transport times
   8.3. Crime Scene Issues
   8.4. Interfacility Transport
   8.5. Hospital Interfaces
      8.5.1. Diversion
9. **EQUIPMENT**

9.1. Design regulatory standards

9.2. Prehospital Medical Care
   9.2.1. Cardiac
      9.2.1.1. AEDs
   9.2.2. Airway and Respiratory
      9.2.2.1. Oximetry & End Tidal CO2
   9.2.3. Thermometers and Pt Assessment
   9.2.4. Lift/Immobilize/Cut Rings
   9.2.5. Disaster Medical
   9.2.6. Medications/Drugs
   9.2.7. Drug Shortage for EMS

9.3. Vehicles
   9.3.1. Ambulance Safety
   9.3.2. Fire/Rescue
      9.3.2.1. Paramedic Engines
   9.3.3. MICU’s
   9.3.4. Air
      9.3.4.1. Appropriate Use of Air

9.4. Personal Protective Equipment

9.5. Fire EMS Stations
5.3.4.1 Cardiac Arrest
5.3.4.1.1 RATES OF ARRESTS 510
5.3.4.1.2 AUTOMATIC REPORTING TO MEDICAL DIRECTOR 410
5.3.4.1.3 USE OF HYPOTHERMIA 411 AND 311
5.3.4.1.4 ITD USE 1109
5.3.4.1.5 USE OF COMPRESSION ONLY CPR 1009
5.3.4.1.6 EPI USE IN CPR 912
5.3.4.1.7 HOW ARE CPR CASES PRESUMED AS CARDIAC ORIGIN 113
5.3.4.1.8 USE OF MECHANICAL CPR DEVICES 313
5.3.4.1.9 CPR TOOLS AND TECHNIQUES 313
5.3.4.1.10 USE OF ALS AND BLS SKILLS ON ARRESTS 513
5.3.4.1.11 VIDEOTAPING ARRESTS 513
5.3.4.1.12 CPR IN MOVING AMBU AND ARREST TRANSPO
5.3.7 Trauma
   5.3.7.1 Multiple trauma
   TRANSPORTING TRAUMA TO NONTRAUMA HOSPITALS 512
   IS TRANEXEMIC ACID USED 912
   TRAUMA ARREST MGT 113
   IS PERMISSIVE HYPOTENSION USED 213
   VFIB TRAUMA ARREST TO CATH LAB? 1213

5.3.14 Toxicology
   5.3.14.1 INEBRIATE PROGRAMS 1111
   5.3.14.2 SOBRIETY CENTERS 1111
   5.3.14.3 USE OF NARCAN AND RELEASE POLICY 413 AND 713
   5.3.14.4 NARCAN INTRANASAL BY BLS 114
      5.3.14.4.1 Carbon Monoxide
      5.3.14.4.2 Cyanide
5.3.16 Prehospital Procedures

5.3.16.1 Airway management, ventilation
  5.3.16.1.1 NUMBER OF INTUBATIONS 1208
  5.3.16.1.2 CATHETERS KINKING WITH CRICS 1211
  5.3.16.1.3 HOW DO FIRST RESPONDERS VENTILATE 1210
  5.3.16.1.4 AIRWAY FIRST CPR 1110
  5.3.16.1.5 HOW ARE AIRWAY SKILLS TRAINED 1112
  5.3.16.1.6 IS REVERSE INTUBATION AN OPTION 212
  5.3.16.1.7 IGEL USE 213

5.3.16.2 VSS/ Bleeding
  5.3.16.2.1 USE OF DIGITAL THERMOMETERS 1010

5.3.16.3 Drug Therapy
  5.3.16.3.1 IS GLUCAGON USED 212
  5.3.16.3.2 IS RACEMIC EPI IN PROTOCOL 212

5.3.16.4 Pain Control/Sedation
  5.3.16.4.1 USE OF INTRANASAL MEDS 211
  5.3.16.4.2 USE OF KETAMINE 213 AND 114
  5.3.16.4.3 LASIX FOR CHF 1010
  5.3.16.4.4 ACE INHIBITORS 313

5.3.16.5 Immobilization
  5.3.16.5.1 USE OF IMMobilIZATION EQUIP 310
  5.3.16.5.2 IMMOBILIZING PENETRATING TRAUMA 210
  5.3.16.5.3 USE OF SELECTIVE IMMobilIZATION 912
  5.3.16.5.4 PEDS IMMobilIZATION 513

5.3.16.6 Intravenous Therapy/Access
How to keep filling the library?

» Innovative questions and problems to solve
» Concepts that arise from innovative minds in the field
» Product developers: What do you need
» “Short Stories” again are the feature
What does the Industry Need?

» A library of protocols
» Great sharing capability
» Timely sharing of problem solving
» Innovation
» Sharing of information with product developers
The Library Isn’t so Bad