



DATE: April 23, 2015

TO: Region XI EMS Participating Hospitals ED Directors, ED Managers, and EMS Coordinators

FROM: Region XI EMS Medical Directors Consortium

Dear Emergency Department Colleagues,

As you are hopefully aware, the Chicago EMS community has placed considerable emphasis on prehospital cardiac arrest care over the past several years. Core concepts such as a team approach, uninterrupted chest compressions, and working all patients on scene, has resulted in an increase in patients with return of spontaneous circulation arriving in your Emergency Departments. Our goal, of course, is an increase in neurologically intact individuals who are returned to their families and their communities.

As a result of these current practices, an increase in “field termination” of patients who remain in an asystolic rhythm despite paramedic efforts has also occurred. We have worked with the Chicago Police Department and the Cook County Medical Examiner’s office to substantially increase their involvement with these cases at the scene, which should markedly decrease the number of deceased that arrive in your ED for body aftercare processing. While there still may be situations that necessitate the bodies to be transported to the ED, we hope to reduce this number. Beginning June 1st, for cases of field termination in which the bodies are left on scene in custody of the police department, paramedics will present to your ED to replace the medications and supplies that were used on these patients. They will be able to provide your staff with a simple checklist of the supplies used, as well as demographic information for your internal tracking.

You should see no net increase or decrease in the replacement of supplies as a result of this procedural change. The paramedics will be reporting to the closest ED for supplies as if they had brought you the patient had the resuscitation continued. ‘Bypass’ status is irrelevant as they are arriving for supplies only. Your staff will now spend considerably less time processing the remains of these patients whose resuscitation is terminated in the field, which will keep them available for your current ED needs. The paramedics can efficiently resupply and return to service for the communities they serve.

On behalf of the EMS Medical Directors, I want to thank you for your support for this upcoming procedural change.

Kenneth Pearlman M.D. FACEP
Chairman, Region XI EMS Medical Directors Consortium