

# NEWSLETTER

Yakima County Department of  
Emergency Medical Services

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The YDEMS will continue to offer the following classes. They will be based on number of applicants for the class.

EMT-Basic in the Lower County area, usually beginning in January and ending in March, as well as an EMT-Basic at the YDEMS office, beginning in March and ending in June.

EMT-Advanced will be offered at the YDEMS office beginning after the spring EMT-B class.

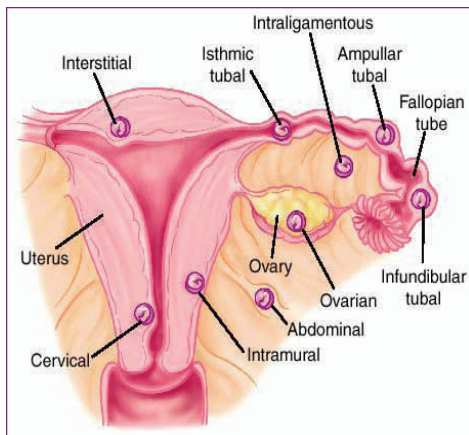
FR classes will be available for purchase and will not be offered as an initial class through YDEMS.

For more information on classes upcoming, contact the office at 509-966-5175 or visit us on the web @ [www.yakimacountyems.com](http://www.yakimacountyems.com)

## Ectopic Pregnancy

One of the most serious gynecological emergencies an EMT may encounter is ectopic pregnancy. The word 'ectopic' is Latin for 'out of place'; an ectopic pregnancy occurs when a fertilized egg implants outside the mother's uterus. Due to the extreme risk to the mother, most ectopic pregnancies are ended with medicine or surgery, as the location of implantation is usually too confined to allow the fetus to grow to full term. About 1-2% of pregnancies are ectopic, and 98% of those occur in the mother's fallopian tubes, commonly referred to as a tubal pregnancy. Ectopic pregnancies can also occur in the ovaries, stomach, or cervix. I will explore the potential causes, general symptoms, and emergency management of a potential ectopic pregnancy.

After conception, if the journey of a fertilized egg through the fallopian tube is slowed or stopped, it may result in an ectopic pregnancy. Hormones such as progesterone or estrogen, commonly found in female contraception and in vitro fertilization, can reduce the rate at which a fertilized egg travels toward the uterus. The movement of a fertilized egg may also be impeded by a physical blockage, resulting from birth defects, abnormal growths, injury to fallopian tubes (caused by infection, surgical scarring, or previous ectopic pregnancy), damage from pelvic surgery, or complications of a ruptured appendix. Another common cause of fallopian blockage is from pelvic inflammatory disease or PID, often caused by gonorrhea or Chlamydia. Ectopic pregnancies may occur after elective tubal sterilization surgery (also referred to as "tubes tied") or a reversal of the same procedure. Smoking increases a woman's risk of developing an ectopic pregnancy. Rarely, a woman will have fertilized eggs implant in both her uterus and fallopian tube. This is known as a heterotopic pregnancy, and is more common in women treated with fertility drugs.



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Some of the signs and symptoms of an ectopic pregnancy are similar to what a woman experiences during the early stages of a normal pregnancy. These symptoms include late or missed menstrual cycles, tenderness of the breasts, fatigue, frequent urination, lower back pain, and nausea or vomiting. More serious and specific signs can also be associated with miscarriage or PID, and include abnormal or excessive vaginal bleeding, cramping, and pain in lower abdominal or pelvic areas. This pain is often described as sharp or stabbing. Low blood pressure, dizziness, fainting, and shock may result from internal blood loss if the area of the ectopic pregnancy ruptures. Other signs of a ruptured abdominal pregnancy include pale, clammy, or sweaty skin, rapid or faint heart rate, an urge to defecate, and extreme pain causing the patient to revert to a fetal position. Pain can be sudden and severe or intermittent, and may

occur anywhere in the woman's abdomen, but is usually worse on one side. Pain may intensify with movement such as bowel activity or coughing. A red flag alerting EMTs to the potential of an ectopic pregnancy is shoulder or neck pain, particularly when acute if the patient lies down. This is caused when nerves that travel to the shoulder area are irritated from internal bleeding. If you are called to a scene where a woman is complaining of acute abdominal pain and exhibiting symptoms similar to those stated above, be sure to ask whether your patient is pregnant, and when her last menstruation was when conducting your SAMPLE interview. Complications from ectopic pregnancies are usually noticed about six weeks after conception; however ectopic pregnancies don't always register on home pregnancy tests, so the patient may be unaware that she's pregnant. Based on your patient assessment, if you suspect she has an ectopic pregnancy: administer O2, record vital signs, control any bleeding, keep her warm, and prepare her for transport in the trendelenburg position. If you suspect a ruptured ectopic pregnancy, treat her for shock: maintain ABCs, continue O2, administration, and transport immediately.

Most ectopic pregnancies cannot continue to term; the fetus will grow beyond the capacity of the organ it is implanted in before it is developed enough to survive on its own. The resulting growth will rupture the organ, causing internal bleeding, shock, and eventually death of the mother/ When a patient is successfully delivered to the hospital, a physician will most likely terminate the pregnancy. If the ectopic pregnancy is still intact, the physician may administer medication to induce a miscarriage of the fetus. If a rupture occurred, surgery by either laparoscopy or a laparotomy is required to stop blood loss, remove the fetus, and repair tissue damage. If the fallopian tube is damaged beyond repair it is removed. In extreme cases, the mother may need a blood transfusion. Ectopic pregnancies have the potential to become a major medical emergency. With careful evaluation, an EMT can determine the possibility that they are dealing with an ectopic pregnancy and take appropriate action. Knowing what causes ectopic pregnancies, common signs and symptoms, and treatment methods will help an EMT give the best care possible to their patient.

Written by Maureen McCormick, Spring 2010 EMT  
Duplicated with permission of Maureen McCormick.



## Ponder This

### The Rules for Being Human

1. You will receive a body. You may like it or hate it, but it will be yours for the entire period this time around.
2. You will learn lessons. You are enrolled in a fulltime informal school called life. Each day in this school you will have the opportunity to learn lessons. You may like the lessons or think them irrelevant and stupid.
3. There are no mistakes, only lessons. Growth is a process of trial and error, experimentation. The "failed" experiments are as much a part of the process as the experiment that ultimately "works."
4. A lesson is repeated until learned. A lesson will be presented to you in various forms until you have learned it. When you have learned it, you can go on to the next lesson.
5. Learning lessons does not end. There is no part of life that does not contain its lessons. If you are alive there are lessons to be learned.
6. "There" is no better than "here." When your "there" has become a "here" you will simply obtain another "there" that will again look better than "here."
7. Others are merely mirrors of you. You cannot love or hate something about another person unless it reflects to you something you love or hate about yourself.
8. What you make of your life is up to you. You have all the tools and resources you need. What you do with them is up to you. The choice is yours.
9. Your answers lie inside you. The answer to life's questions lie inside you. All you need to do is look, listen, and trust.
10. This will often be forgotten, only to be remembered again

It was a bright, sunny 4th of July many years ago, early in my career. My partner and I received a call for an assault early in the afternoon. We responded to a residence and were greeted by a gentleman.

As he walked us to the patient, he told us that he and his wife were taking a nap when they woke up to find a man in their bedroom babbling about being injured and he was obviously drunk. The man said he got up and threw the drunk out of his house.

We followed the man into the back yard and there was someone lying on the ground under a large tree. Upon getting closer, my partner and I immediately recognized Gene. It was Gene, Gene, the drinking machine.

Gene was a regular and we picked him up several times a week. He was always drunk and his most prominent feature was an incredibly large nose. There was many a shift that I entered the emergency room and looked down the hallway and recognized Gene by that bulbous nose.

At this point looked down at Gene and said, "Gene, what is wrong with you?" The man that had led us out to the back yard suddenly asked incredulously, "Do you know this man?" I told him we did. Gene said that he had been at his apartment about a block away and was enjoying his afternoon with a couple of beers when his neighbor came over and asked him to watch her daughter until the father came to pick her up.

It was hard to believe. Then Gene said a while later a man with a ball-peen hammer crawled through his back window and beat him on the head and stole the girl. Then he stumbled out of his apartment and went door to door until he found an open front door so he could get help. At this point I said "Okay Gene, whatever you say" and I began to treat him. Gene was very stable and his mental state seemed normal ... for him.

It was a busy night so we got our truck together after the call and we went on several other calls. In my report I wrote down what Gene had told me, but my partner and I did not believe a word of it. Most likely Gene had gotten drunk and maybe fallen down, but that was what we thought was the end of it.

Later that evening as we were taking yet another patient to the emergency room, I saw the police officer that was working Gene's call. I asked him if he knew anything about what had happened.

"Funny thing", he said, and began to tell me and my partner the story. He told us that the next door neighbor wanted to go to a 4th of July function and that her ex-husband was supposed to pick up their child, but he was late. So she went next door to see if Gene would watch the child until the ex got there. Gene said he would and sat down with the child to watch some television.

Next the ex arrived and found out from another neighbor that his child was with Gene inside his apartment. The man went to his truck and got a ball-peen hammer and crawled through Gene's back window, hit Gene in the head and took off with his daughter.

Gene had a linear skull fracture. It was that exact moment that I decided to never discount what a patient told me, no matter who they are.

By Mac Kemp  
Leon County EMS (Fla.)



**PROVIDERS RECERTIFICATION RE-MINDER**

**September**

- ALS
- AMR
- Northwest MedStar
- White Swan
- YCDEMS
- YTC Fire

**December**

- Grandview Fire
- Granger Fire
- Mabton Fire
- Toppenish Fire
- Wapato Fire
- YCFD # 5

*View the Yakima County Department of EMS website at [www.yakimacountyems.com](http://www.yakimacountyems.com)*

**July**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5 <b>OFFICE CLOSED</b>	6	7 Module 9 Selah 1 Module 9 Selah 4	8	9	10
11	12 ALS OTEP Skills "Medical"@AMR	13 ALS OTEP Skills "Medical"@AMR	14	15	16	17
18	19	20 Module 12 EVFD	21	22 ALS OTEP Skills "Trauma"@ALS	23 ALS OTEP Skills "Trauma"@ALS	24
25	26	27	28	29	30	31

**August**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4 Module 10 Mattawa	5 Module 11 YFD	6	7
8	9 Module 11 YFD	10	11	12	13 Module 11 YFD	14
15	16	17 Module 11 UGFD	18	19	20	21
22	23	24	25	26	27	28
29	30	31				