

**TABLE 1**  
**Characteristics of the 90 Patients with Blunt Splenic Injury**

	<b>Present</b>	<b>Percentage (95% CI)</b>	<b>Data unavailable*</b>
Prehospital hypotension	15	18% (10 – 28%)	6
ED hypotension			
Initial	14	16% (9 – 26%)	3
Developed	11	12% (6 – 21%)	3
Complaints of abdominal pain	22	24% (16 – 35%)	
Abdominal tenderness	51	57% (46 – 67%)	
Glasgow coma scale < 15	36	40% (40 – 62%)	
Hematocrit decline > 6% points	7	11% (4 – 21%)	28
Gross Hematuria	11	12% (6 – 21%)	

CI = confidence interval

ED = emergency department

\* Data unavailable indicates medical records without this information available. Hematocrit decline was not able to be determined in 28 patients as they were transported from the ED prior to a second hematocrit being obtained.

**TABLE 2**  
**Characteristics of the five patients with significant left lower chest injury as the sole indicator of splenic injury**

<b>Age</b>	<b>Mechanism</b>	<b>Radiographic Rib Fracture</b>	<b>Additional Injuries</b>	<b>Therapy</b>
25	Assault	CXR, Abdominal CT	None	Observation
30	MVC	Abdominal CT	None	Observation
33	Assault	None	Head laceration	Splenectomy
39	MVC	Abdominal CT	None	Observation
40	Auto v. Ped	CXR, Abdominal CT	Hemopneumothorax Shoulder dislocation	Observation

CXR = plain chest radiograph

CT = computed tomography

MVC = motor vehicle collision,

Auto v. Ped = automobile versus pedestrian

## **EMS Column**

Howard Michaels, MD

I have reviewed the proposed guidelines for EMT-1s from the State EMSA agency. This upgrading of EMT skills, while primarily for rural areas, can be used on a selective basis by local agencies to provide higher quality EMT services and smooth coordination of services when working with paramedics.

There are eight new procedures and the removal of one skill. The State has removed the option for EMT-1s to intubate, but have added the possible use of the following procedures and medications:

1. Albuterol by a nebulizer or by a hand held metered dose inhaler
2. Sublingual nifedipine
3. Oral administration of ASA

4. Glucagon by I-M injection
5. Epinephrine 1:1,000 by sub-q injection
6. Naloxone by I-M injection
7. Oral administration of activated charcoal
8. Blood glucose check

There is also the addition of two new skills for rural counties, the starting of IVs and giving IV glucose. While the new skills will overlap with the current availability of paramedics in many areas, the new procedures should be considered by all departments to improve their level of patient care. These procedures can be used to enhance the team concept of Pre-hospital care.

*Dr. Michaels has 25 years of EMS experience in the Bay Area and works at Regional Medical Center in San Jose, California. He can be reached at: grendel32@aol.com*