

2022 CITY OF FARGO 911 RESPONSE DATA

SANFORD AMBULANCE



OUR FAMILY

136 Team Members
123 Patient Care Providers



ACCREDITATION



CARDIAC & STROKE CARE



American Heart Association
Mission: Lifeline®
EMS

2022 Mission: Lifeline® EMS Recognition

The American Heart Association proudly recognizes

Sanford Ambulance
Fargo, ND

Mission: Lifeline®-EMS – GOLD PLUS
Achievement Award

The American Heart Association/American Stroke Association recognizes this EMS provider organization for demonstrating continued success in using the Mission: Lifeline® program. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy A. Brown

Nancy Brown
Chief Executive Officer
American Heart Association

Donald M. Lloyd-Jones

Donald M. Lloyd-Jones, MD, ScM, FAHA
President
American Heart Association

*For more information, please visit Heart.org/MissionLifeline



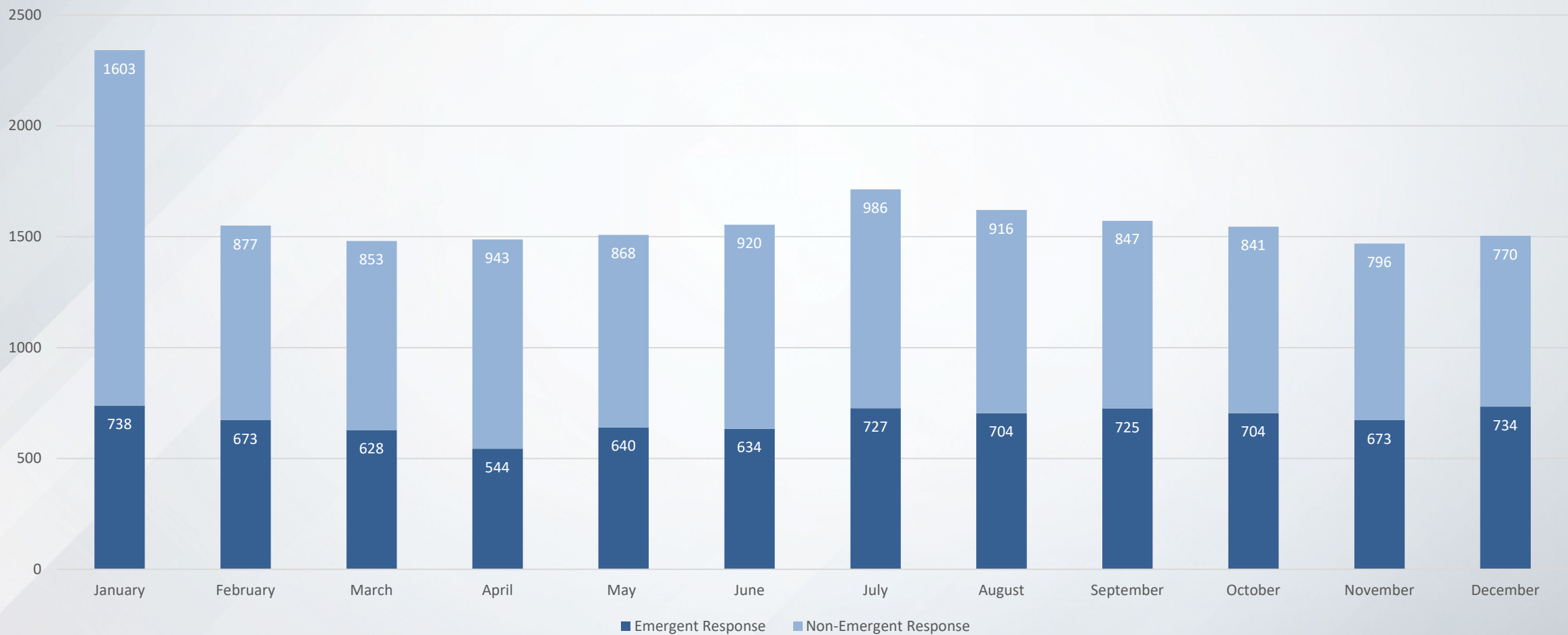
STROKE SCREENING TOOLS: BE FAST and FAST-ED

START HERE		Is the patient having a stroke?	Check if yes
Balance	<ul style="list-style-type: none"> • Perform bilateral pulse finger-to-nose test and bilateral heel-to-shin test • Does the patient have sudden loss of balance or coordination, trouble walking or dizziness? 		B
Eyes	<ul style="list-style-type: none"> • Assess 4 quadrants of visual field by having patient locate your index finger. • Does the patient have trouble seeing out of one or both eyes or sudden double vision? 		E
Face	<ul style="list-style-type: none"> • Ask the patient to smile or show their teeth. • Does the patient's face look uneven, have sudden drooping or numbness on one side? 		F
Arms	<ul style="list-style-type: none"> • Ask the patient to raise and extend both arms with their palms up. • Does one arm drift downward? • Does the patient have sudden numbness or weakness of the arm on one side of the body? 		A
Speech	<ul style="list-style-type: none"> • Ask the patient to say, "You can't teach an old dog new tricks". • Does the patient have slurred speech, trouble speaking, understanding or seem confused? 		S
Time	<ul style="list-style-type: none"> • What time did the symptoms start? _____ • What time was the patient last known well (last appear normal)? _____ 		T
Glucose level = _____			
<p>If these criteria are met, the patient qualifies for a stroke alert:</p> <ul style="list-style-type: none"> • Patient received one or more check marks (✓); and • Glucose is over 100 mg/dL; and • Last known well time is under 4.5 hours <p>BEFORE you request a stroke alert, obtain a FAST-ED score to see if the patient is having symptoms indicative of a large-vessel occlusion.</p> <ul style="list-style-type: none"> • If glucose is < 80, treat and then reassess BE FAST • If last known well is > 4.5 hours, obtain a FAST-ED score to see if they qualify for other treatment 			
<p>Remember:</p> <ul style="list-style-type: none"> • Minimize scene time as much as possible. • Severe headache with no known cause may be a sign of a hemorrhagic stroke. Continue your assessment but be sure to report the headache to the receiving hospital. • It is important to rule out seizure activity with the onset of symptoms. 			

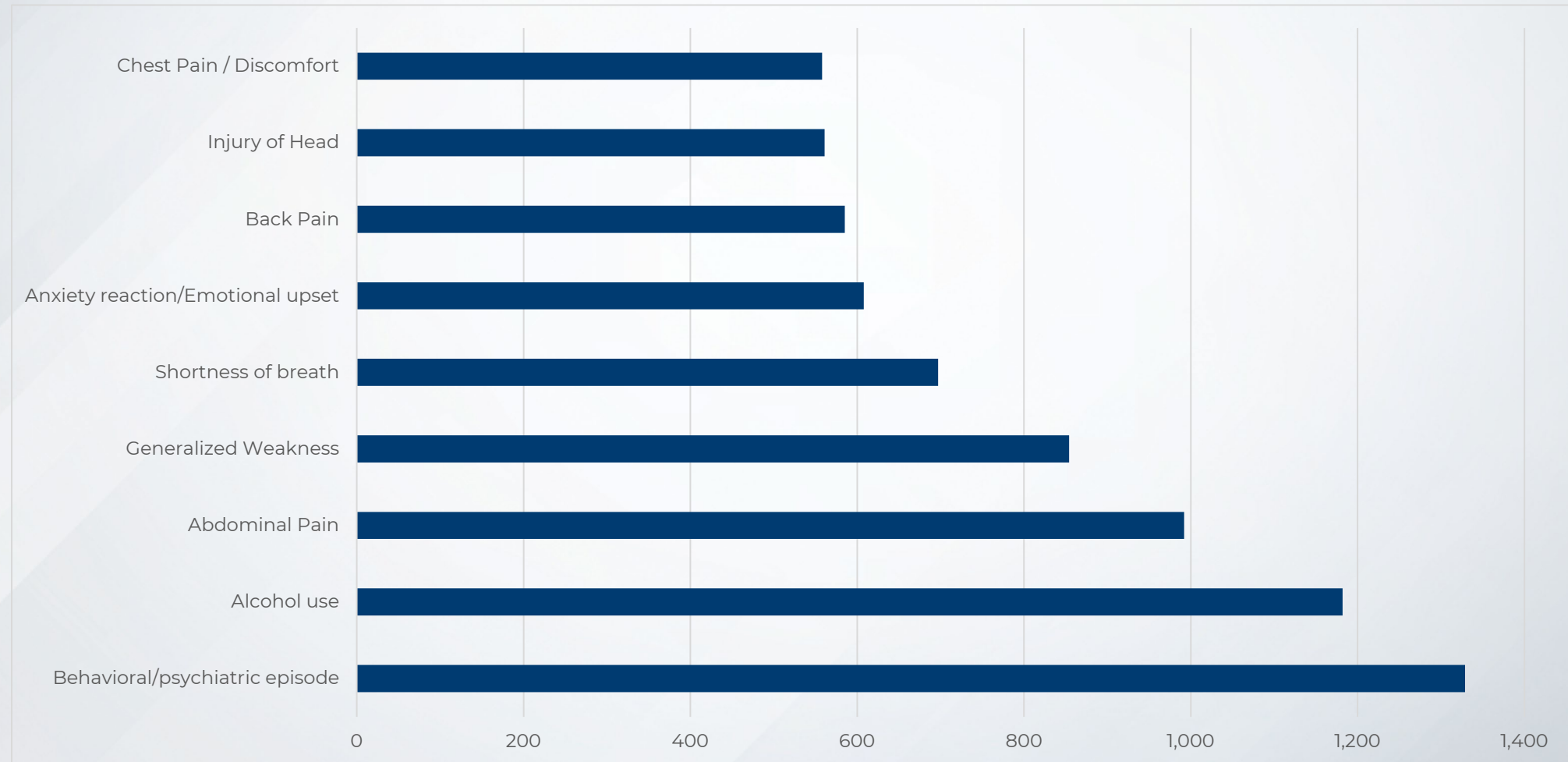
ANY POSITIVE BE FAST FINDINGS?		Score (Each)
Are their symptoms indicative of a large vessel stroke? ↓		
Ask if the patient is on any anticoagulant medications, such as:		
<ul style="list-style-type: none"> • Coumadin/Warfarin • Pradaxa/Dabigatran • Eliquis/Apixiban • Any other anticoagulants? (please list): 	<ul style="list-style-type: none"> • Xarelto/Rivaroxaban • Savaysa/Edoxaban • Heparin/Heparin • Time anticoagulant last taken: 	
F	Facial Palsy (ask the patient to show their teeth or smile)	Score:
	<ul style="list-style-type: none"> • Both sides of the face move equally or not at all • One side of the face droops or is clearly asymmetric 	0 1
A	Arm Weakness (with eyes closed, ask patient to hold arms out with their palms up and hold them there for 10 seconds)	Score:
	<ul style="list-style-type: none"> • Both arms remain up for > 10 seconds or slowly move down equally • Patient can raise arms but one arm drifts down in < 10 seconds • One or both arms fall rapidly, can't be lifted, or no movement occurs at all 	0 1 2
S	Speech Changes	Score:
	<ul style="list-style-type: none"> • Expressive Aphasia - ask the patient to name 3 common items • Names 2 to 3 items correctly • Names 0 to 1 item correctly • Receptive Aphasia - ask the patient to perform a simple command (Example: "show me two fingers") • Normal - patient can follow the simple command • Unable to follow the simple command 	0 1 0 1
T	Time	Score:
	<ul style="list-style-type: none"> • What time did the symptoms start? _____ • What time was the patient last known well (last appear normal)? _____ 	0 1 2
E	Eye Deviation	Score:
	<ul style="list-style-type: none"> • No deviation; eyes move equally to both sides • Patient has clear difficulty when looking to one side (left or right) • Eyes are deviated to one side and do not move to the other side 	0 1 2
D	Denial/Neglect	Score:
	<ul style="list-style-type: none"> • Denial - show the patient their affected arm and ask, "Do you feel weakness in this arm?" • Patient recognizes the weakness in their weak arm • Patient does NOT recognize the weakness in their weak arm • Neglect - show the patient their affected arm and ask, "Whose arm is this?" • Patient recognizes their weak arm • Patient does NOT recognize their weak arm 	0 1 0 1
TOTAL FAST-ED SCORE		
<p>When to call a STROKE ALERT:</p> <ul style="list-style-type: none"> • If any symptoms from BE FAST and within 4.5 hours - call a stroke alert regardless of FAST-ED score • If FAST-ED score of 1 - 3 and within 4.5 hours - call a stroke alert • If FAST-ED score ≥ 4 and within 24 hours - call stroke alert and discuss with stroke-ready hospital if the patient should be taken to a thrombectomy capable stroke center. • If symptoms on BE FAST or FAST-ED score of 1 - 3 and outside of 4.5 hours - discuss with receiving facility • If score ≥ 4 and outside of 24 hours - Discuss with receiving facility 		

IMPORTANT PATIENT DEMOGRAPHICS	
Patient Name: _____	Patient DOB: _____
Emergency Contact Name: _____	Emergency Contact Phone: _____
Medical History: _____	
Allergies: _____	
Medications: _____	
Is this patient on blood thinners? <input type="checkbox"/> Yes <input type="checkbox"/> No	Incident Date: _____

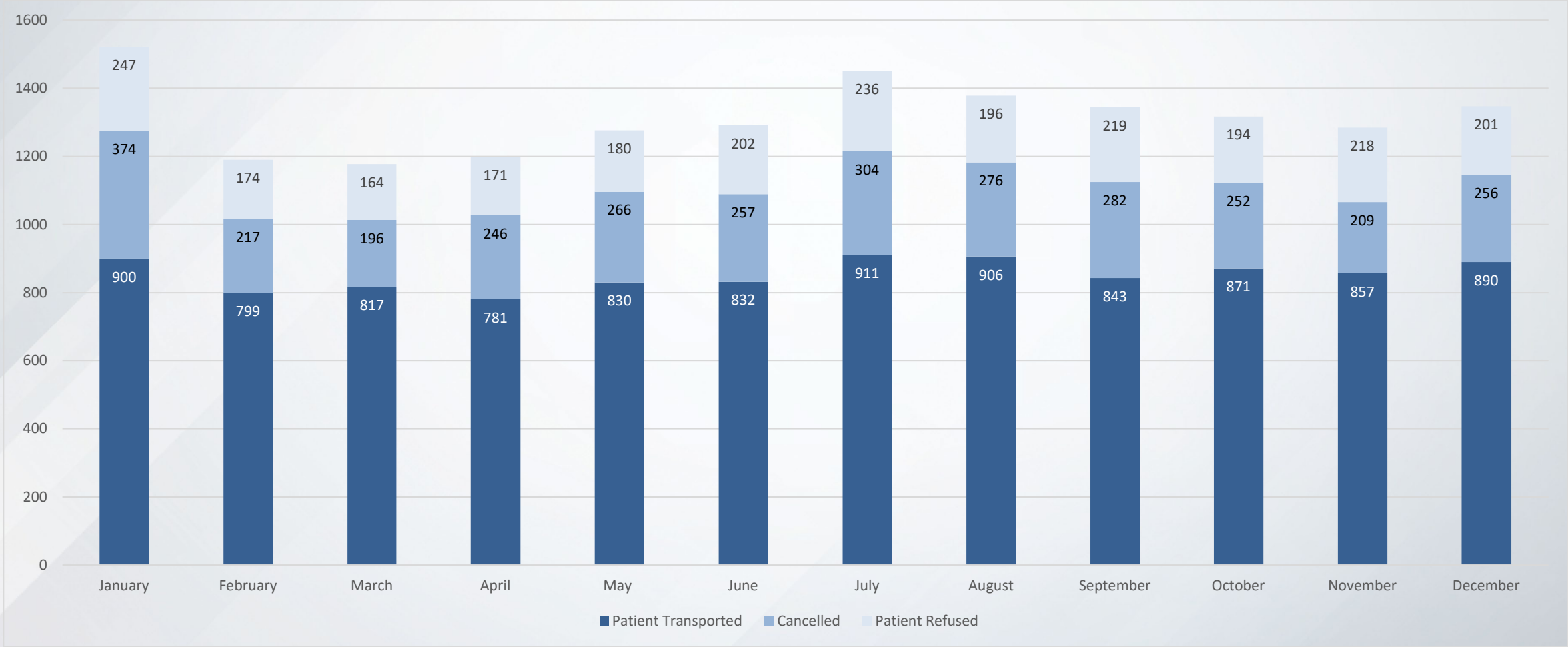
RESPONSE VOLUMES



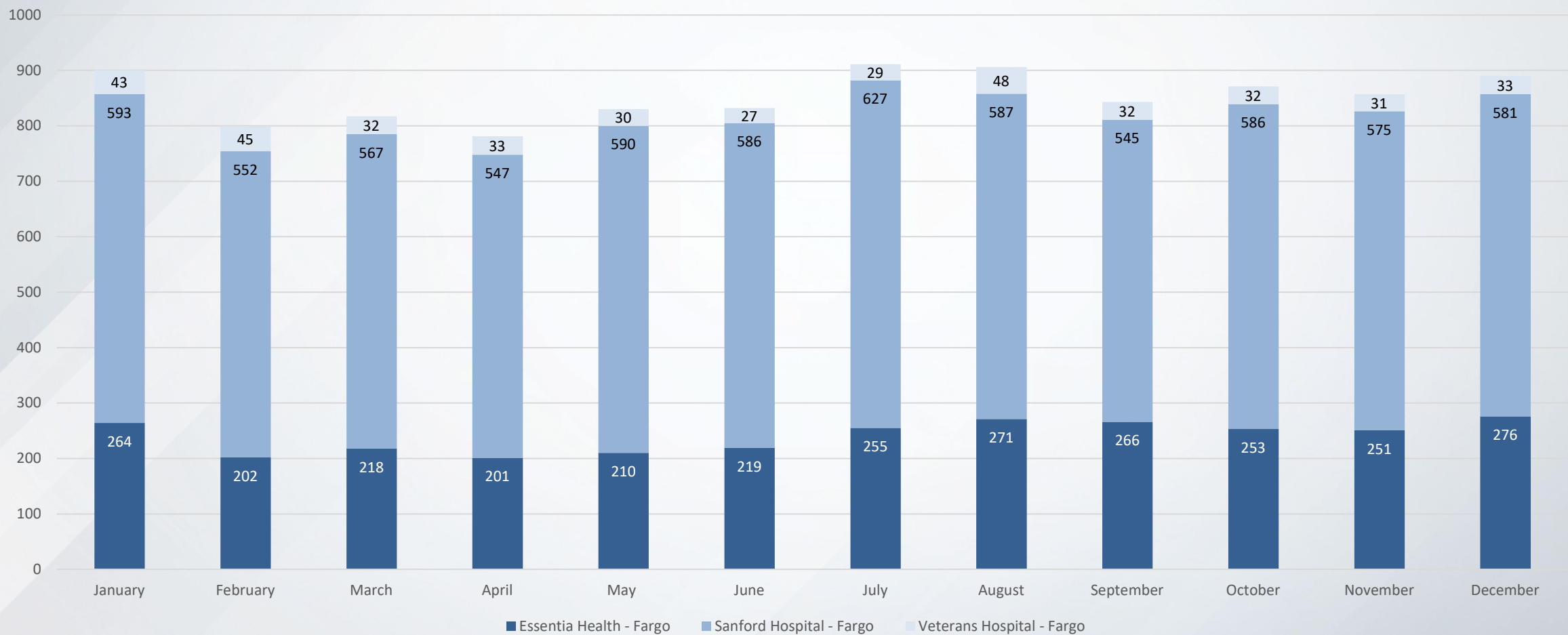
TOP 10 PRIMARY IMPRESSIONS



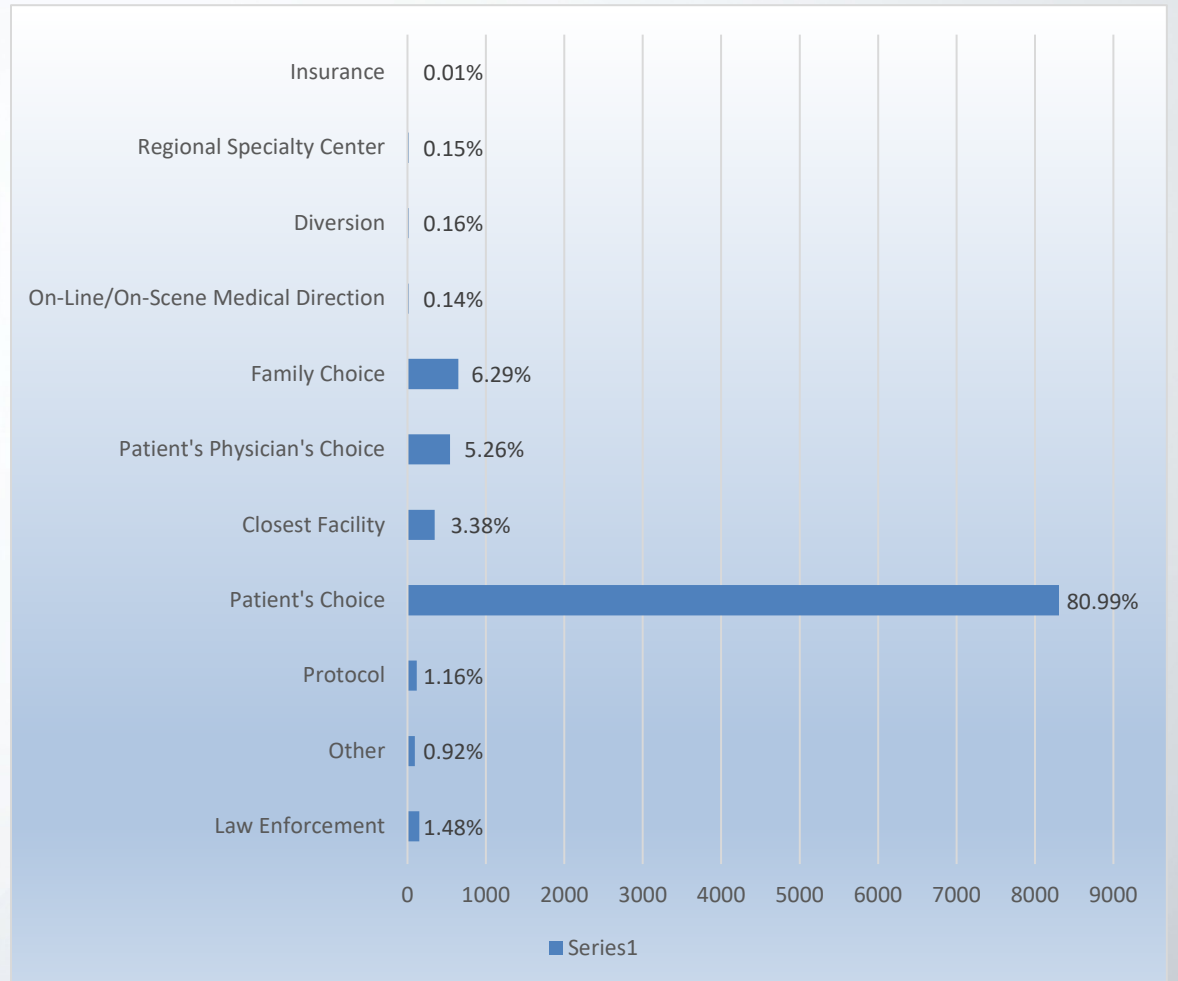
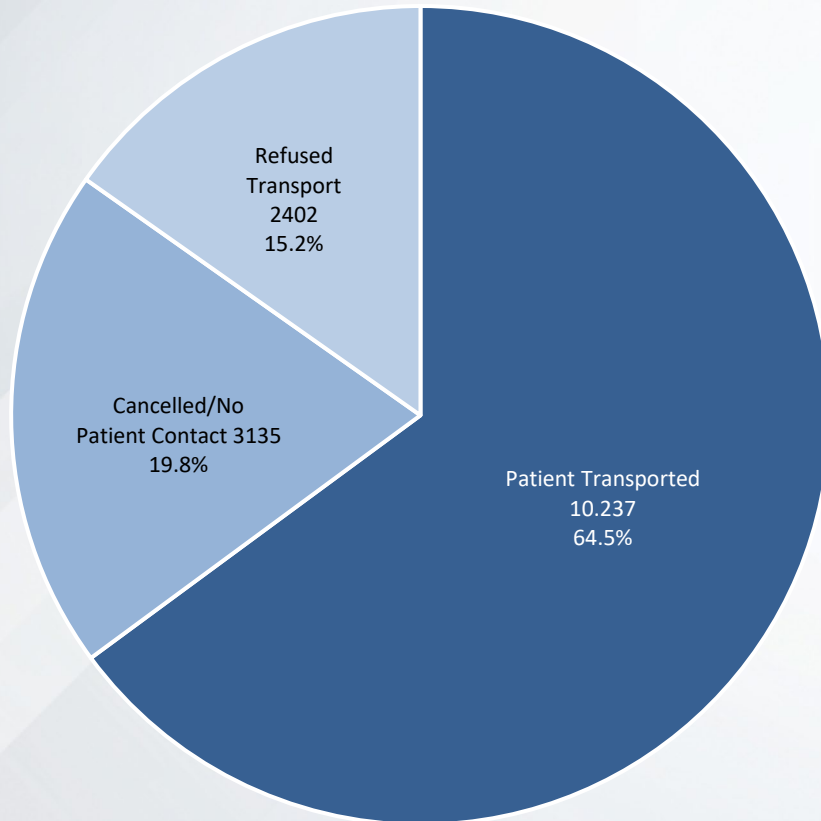
DISPOSITIONS



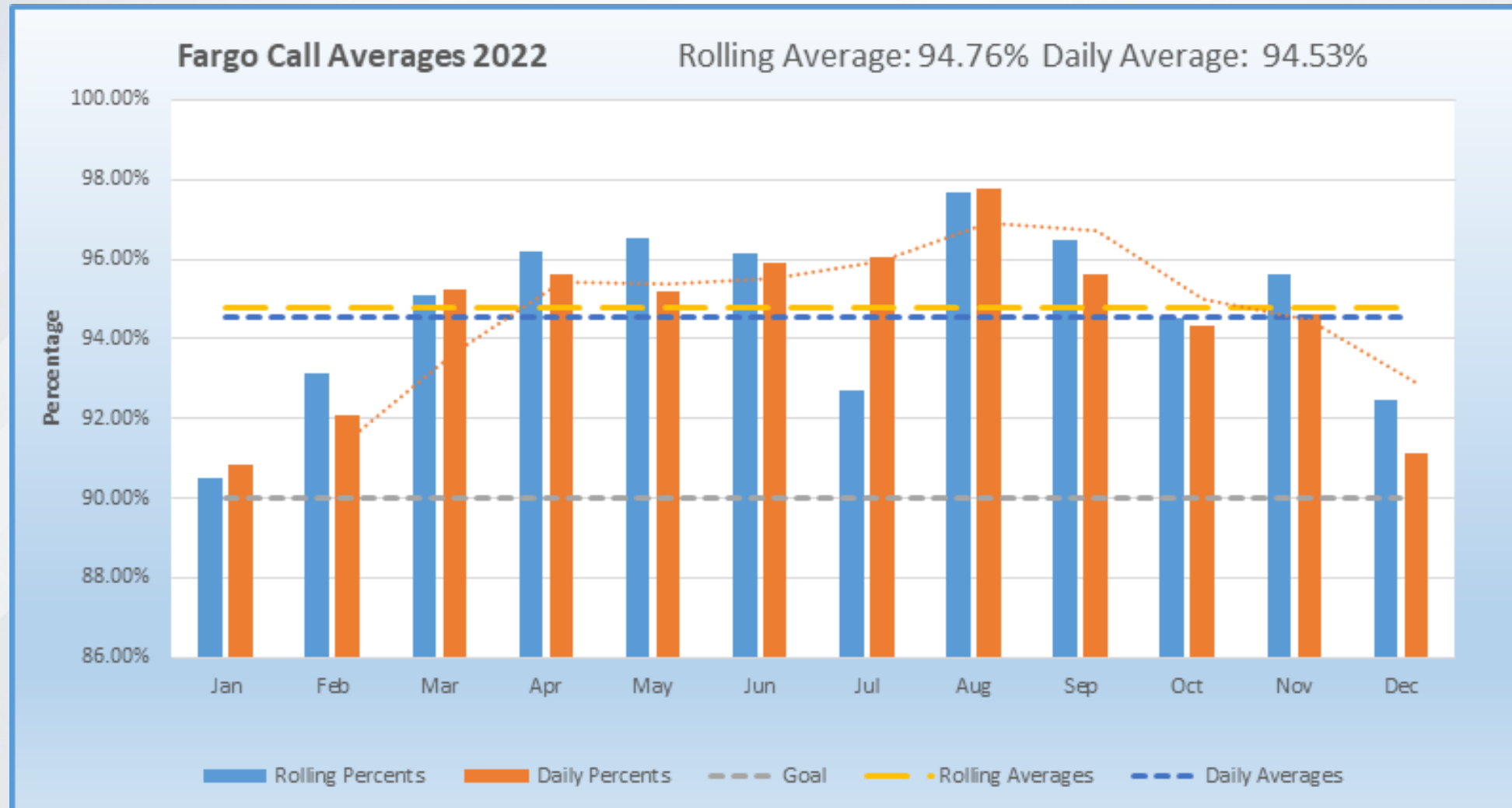
DESTINATIONS



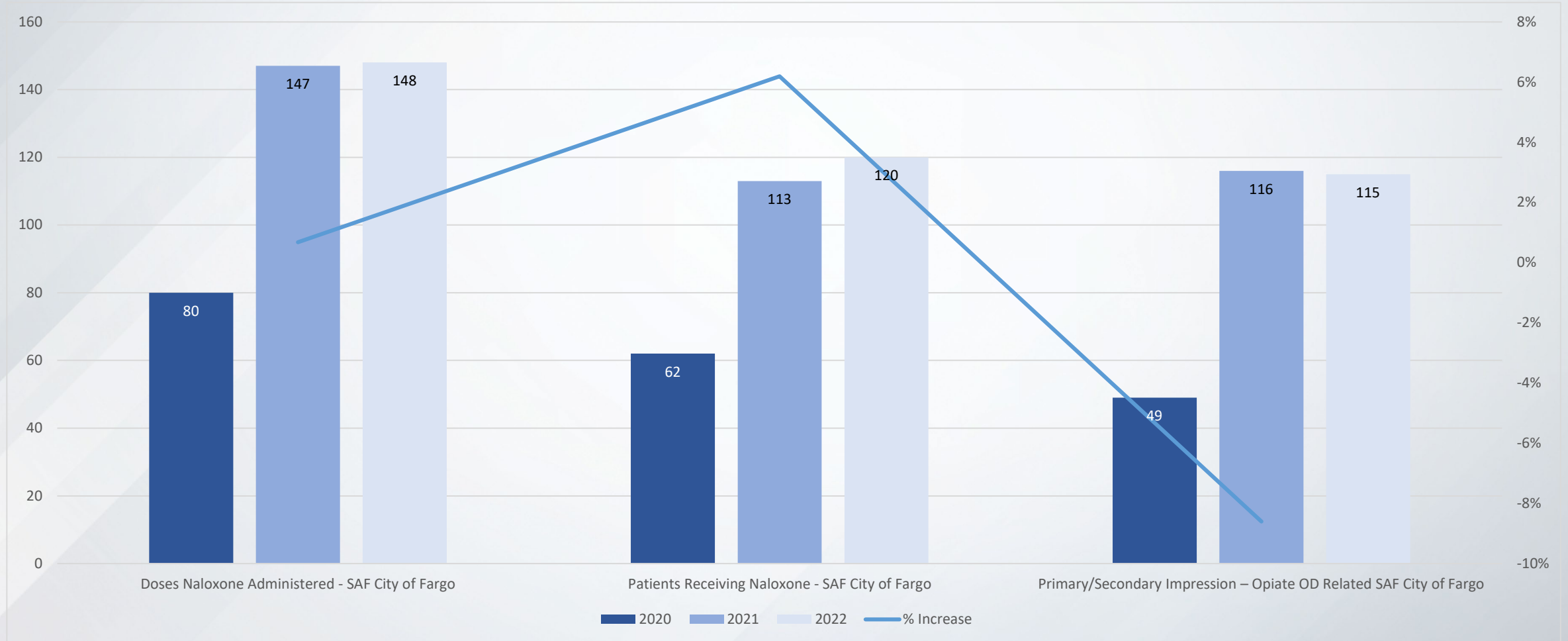
DESTINATION CHOICE



EMERGENT RESPONSE PERFORMANCE



OPIATES & NARCAN



THANK YOU

