



## Our New Emergency Department Medical Director

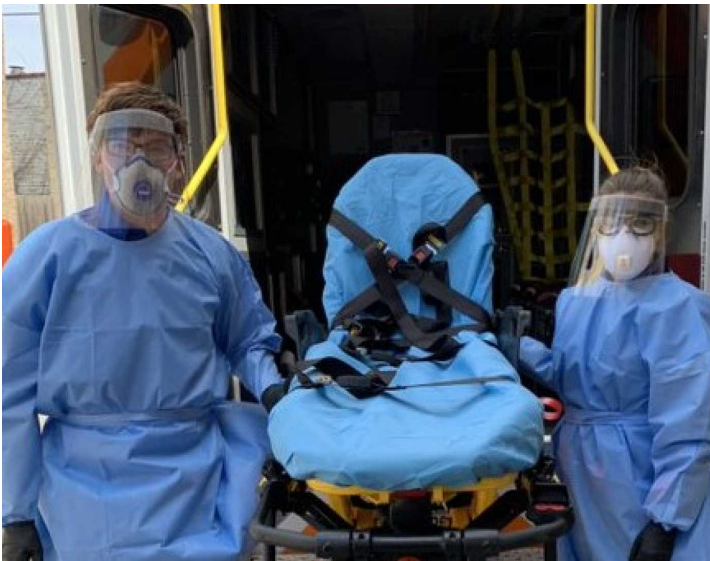
Carlos Holden, M.D. FACEP is Medical Director of the Waterbury Hospital Emergency Department.

Dr. Holden came to Waterbury HEALTH from Catskill Regional Medical Center where he served as medical director of the emergency department. Dr. Holden has also worked in emergency departments in Brooklyn and Staten Island.

Dr. Holden received his medical degree from University of Connecticut and went on to residency in Emergency Medicine at New York Methodist Hospital in Brooklyn, NY. Dr. Holden received his undergraduate degree in English from Rice University. He served in the United States Army Reserve for 8 years and was deployed to Camp Arifjan in Kuwait in support of Operation Enduring Freedom.

In his spare time, Dr. Holden enjoys performing in community theater, and has played roles as diverse as Gaston in *Beauty and the Beast* and Petruchio in *The Taming of the Shrew*.

We are currently going out to meet with Chief's of EMS Services so that you can become acquainted with him. We are very happy to have Dr. Holden on our team and hope that you welcome him with gratitude.



## COVID 19—PPE

Coronavirus has changed the way that we do EMS in a lot of ways. We have all gotten through the peak that Connecticut experienced not knowing if it was just a big hoax or if COVID-19 was actually something. I think we can all agree that it was something for many people, whether the symptoms were minor or serious. Some of us lost some great friends and family members while others are still recovering.

Moving forward though, there are still a lot of unanswered questions about PPE and the inability to get supplies. It seems that now that things have calmed down for Connecticut, we can't get the supplies for when something similar happens. We say that in hopes that it doesn't come back, but during this summer, California and

some other states have proved that wrong. The goal for ourselves should be to not become complacent and to keep training so that we are properly prepared for anything that returns. Our PPE is most important for us. Putting on the PPE was difficult in the beginning and now it feels like second nature. That's when we become complacent and may miss a step. Keep washing your hands and take all the steps to keep yourselves safe. If you are able to get PPE, grab it, it won't last.

## Town Spotlight—Middlebury

The Middlebury Volunteer Fire Department has been providing ambulance service to their town since the late 1950's.

Although the exact date is a matter of debate, unofficial fire department historian Bob Dawes believes the latter half of the 1950's was when a green Mercury ambulance was added to the cadre MVFD vehicles. Having only established itself as a fire department in 1941, MVFD was still less than two decades old when it began providing this crucial service.

"Back in the 50's and 60's, we were dispatched by Russ Clarke out his kitchen", explained Dawes. Clarke, lived on South Street and was disabled. When someone telephoned the fire department for an emergency, he would alert the volunteers. "He did it 24 hours a day", said Dawes. In later years, dispatching was done out of the basement of town hall, then to the police department in 1976. In the early 2000's, fire and EMS dispatch services were taken on by Northwest CMED. In recent years, police too are under dispatch control of CMED.

Middlebury operates two BLS ambulances out of their Tucker Hill Road headquarters. A new ambulance is slated to be delivered in August. "We were supposed to have our new ambulance earlier, but COVID caused some delays", said Deputy Chief Jim Grohs.

Although most of the EMS members in Middlebury are also firefighters as well, some are exclusively EMS responders. "We have a great bunch of people here. They care about the town and each other. Very tight knit", Grohs remarked.

### STATISTICS:

Number of EMS Vehicles: Two

Number of FD Members: 46

Number of EMS Members: 32

Number of Civil Defense (Juniors) Members: 15

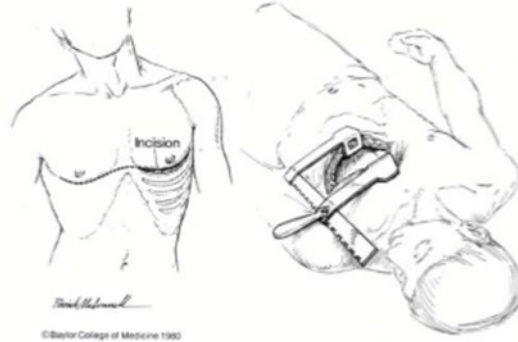
Annual EMS Call Volume: 900 - 1000



## Waterbury Hospital—Trauma Time

### “Cracking the Chest” – The ED Thoracotomy

**What is the ED Thoracotomy?** The Emergency Department Thoracotomy (EDT), or emergency resuscitative thoracotomy, has been around since the early 1900s. It is a drastic, last-ditch effort to save the life of a patient due to their injuries. This procedure involves making an incision in the left chest, spreading the ribs, and lifting the left lung in order to visualize the heart and aorta. This is done very quickly as time is of the essence.



**What is the goal?** The goal of the ED thoracotomy is to perform one of the following:

- Evacuate pericardial tamponade;
- Control hemorrhage from the heart, lung, or vessel;
- Cross-clamp descending thoracic aorta to improve coronary/ cerebral arterial blood flow;
- Allow for internal cardiac massage.



These interventions are in hopes of resuscitation and obtaining vitals, and are immediately followed by taking the patient to the operating room for definitive repair and treatment.

**When is it done?** There are specific indications for performing an ED thoracotomy:

**Blunt Trauma** – ED thoracotomy is only considered

in blunt injury if cardiac arrest/ loss of vital signs are witnessed by the provider, and it must be performed immediately. Otherwise, meaningful survival is almost nonexistent.

**Penetrating Chest Trauma** – ED thoracotomy is considered for penetrating chest injury if there is witnessed signs of life and a short transport time, typically within <15 minutes.

**Penetrating Abdominal Trauma** – ED thoracotomy for penetrating abdominal injury has a low survival rate, but can be considered if the injury involves the chest.

**Does it work?** The literature on this topic, though vast, has very little statistical validation. The overall survival rate has been around 8% (11% for penetrating trauma, and 1.6% for blunt).

The best survival rate was seen in penetrating cardiac injury (31%). However, from the patient’s perspective, there is only an upside to performing an ED thoracotomy, as without it there is 100% mortality. So this is truly a last-ditch effort in saving a life.

References: <https://www.facs.org/-/media/files/qualityprograms/>

[trauma/publications/thoracotomy.ashx](https://trauma/publications/thoracotomy.ashx); <https://regionstraumapro.com/post/11611979226>; <https://emedicine.medscape.com/article/82584-overview>

Any questions, thoughts, ideas, concerns, or feedback in regards to the care of the trauma patient at Waterbury Hospital?

Please contact:

**Monika Nelson, Trauma Program Coordinator** – [monika.nelson@wtbyhosp.org](mailto:monika.nelson@wtbyhosp.org)

both Waterbury Hospital and for EMS.

- Contact Ryan via phone or text at (860) 538-8001 or by email ([ryan.crichton@wtbyhosp.org](mailto:ryan.crichton@wtbyhosp.org)) to set up the invite for Zoom.

**Wednesday, July 29, 2020 (18:00 – 19:30),**

### COVID Hot Wash (Zoom or Teams CME)

- We will have a Hot Wash to discuss the things that went well and the areas of improvement needed for