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Medical Emergencies in the Audiology Practice
(in partnership with the American Academy of Audiology)

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Dr. Bob DiSogra is a retired audiologist (now consultant) and sought-after lecturer from Millstone, New Jersey. Before retiring in 2016, he maintained a private practice for 30 years in Freehold, New Jersey. Dr. DiSogra has an extensive teaching, publication and lecture history on pharmacology, COVID 19 and brain fog, chronic illnesses and adverse drug reactions. He was the 2020 recipient of the award for Clinical Excellence in Audiology from the American Academy of Audiology. Bob is US Navy veteran and served during the Vietnam era.

Additional credentials:

- Doctor of Audiology from Osborne College of Audiology at Salus University (now Salus at Drexel University)
- Masters in Audiology from Hofstra University, New York
- Bachelors of Science in Speech Education from St. John's University in New York
- Dr. Joel Wernick Award – Academy of Doctors of Audiology
- Audiology Representative for the Centers for Disease Control Diabetes Management Collaborative

Disclosures

- **Presenter Disclosure**: Financial: Robert DiSogra received an honorarium for presenting this course. Non-financial: Robert DiSogra has no non-financial relationships to disclose.
- **Content Disclosure**: This learning event does not focus exclusively on any specific product or service.
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Limitations/Risks

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

1. Explain how to modify a case history form to provide information about ongoing medical issues
2. Describe how to identify, prepare for, and provide initial interventions for the most common medical emergencies encountered in audiology practices
3. Identify the steps to initiate an emergency action plan and list equipment that should be available in offices/clinics

Special Thanks

Kailtyn M. Kennedy, AuD

Dept. of Special Education

St. Louis (MO) School District

The content of this program is strictly *for informational purposes only*

It is not a substitute for professional medical or
legal advice and should not be relied on as health advice

Consult your local emergency medicine physicians,
Emergency Medical Technicians
or a personal injury attorney
for any specific information and/or guidance

Today's Agenda

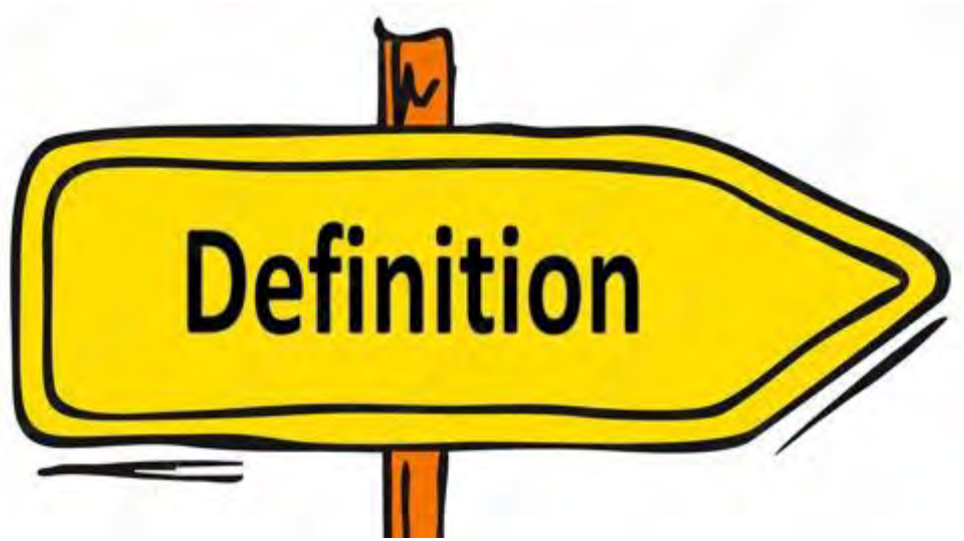
- What is a Medical Emergency?
- Are You Ready?
- Online Survey Results
- Intervention
- Equipment
- Recommendations
- Q & A

What is a Medical Emergency?

An unexpected health event

The evaluation has to STOP!

Concerns about protecting the life of the patient



Online Survey 2022 & 2025

- Audiology Happy Hour (Facebook)
- “What medical emergencies have you had in your office?”
- 74 respondents (total)

#1 Syncope (22)

Sudden, temporary drop in blood pressure; usually harmless; short-term

Most Common Types

- Vasovagal Syncope
  - (neurocardiogenic syncope)
  - ~50% of cases are vasovagal
- Situational syncope

“I think I’m going to pass out!”

- *Always use a chair with armrests*
- Don’t hurt yourself trying to catch the person!
- Check to make sure they’re breathing
- Make sure they lie down or sit with their head between their knees for at least 10 to 15 minutes
- Offer the person cold water to drink

#2 Heart Attack (13)

- Call 9-1-1
- Ease the strain; have pt. sit; loosen clothing (neck/chest/waist)
- Chew/swallow 300mg aspirin
- Nitroglycerin sublingual
- Perform CPR if needed
- Use Automated External Defibrillator (AED) if available

#3 Seizure (Including Epilepsy) (9)

- INFO: www.cdc.gov/epilepsy/about/types-of-seizures.html

Signs of a Seizure

- Acting confused or stare into space
- Lose awareness
- Falls down and shake

GOOD NEWS!

- Most seizures last just a few minutes

INFO: www.cdc.gov/epilepsy/about/types-of-seizures.html

Key Steps to Take During a Seizure

- STAY CALM and stay with the person
- Guide them to the floor to prevent injury
- Position them on their side to prevent choking
- Protect their head
- Loosen tight clothing
- Clear the area of any dangerous objects
- Time the seizure from beginning to the end

Call 9-1-1

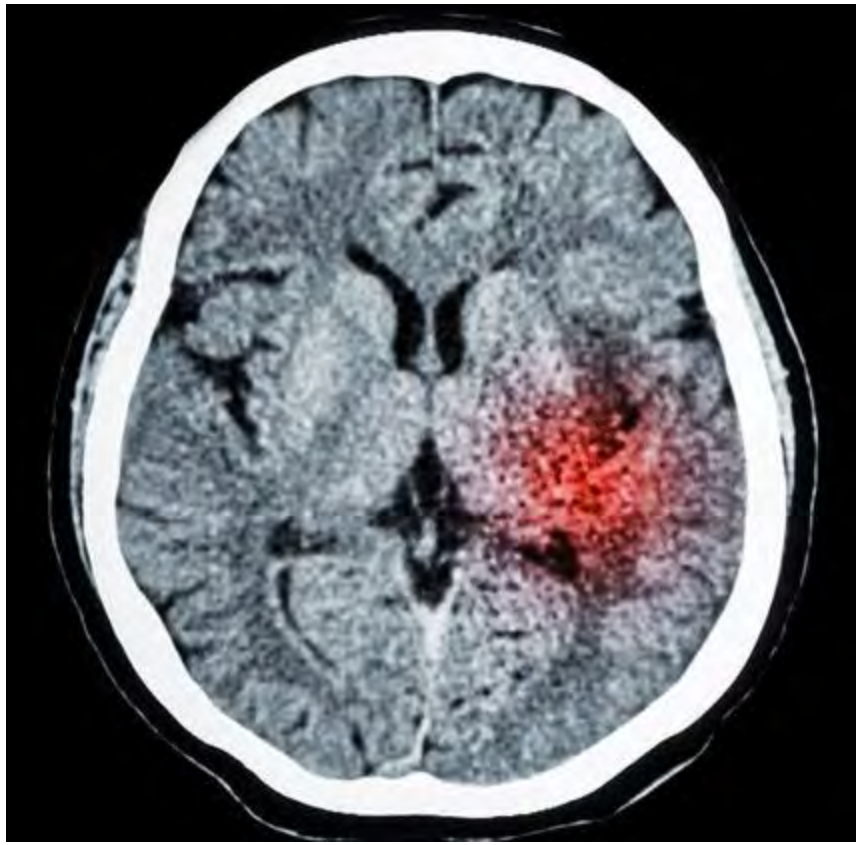
If the seizure > 5 minutes

If the person has difficulty breathing after the seizure

If the person is injured during the seizure

If this is the person's first seizure

4 Stroke (9)



Stroke Warning Signs: BEFAST

B: Loss of BALANCE, headache, dizziness

E: Eyes – blurred vision

F: Facial droop, one-sided

A: Arm or leg weakness

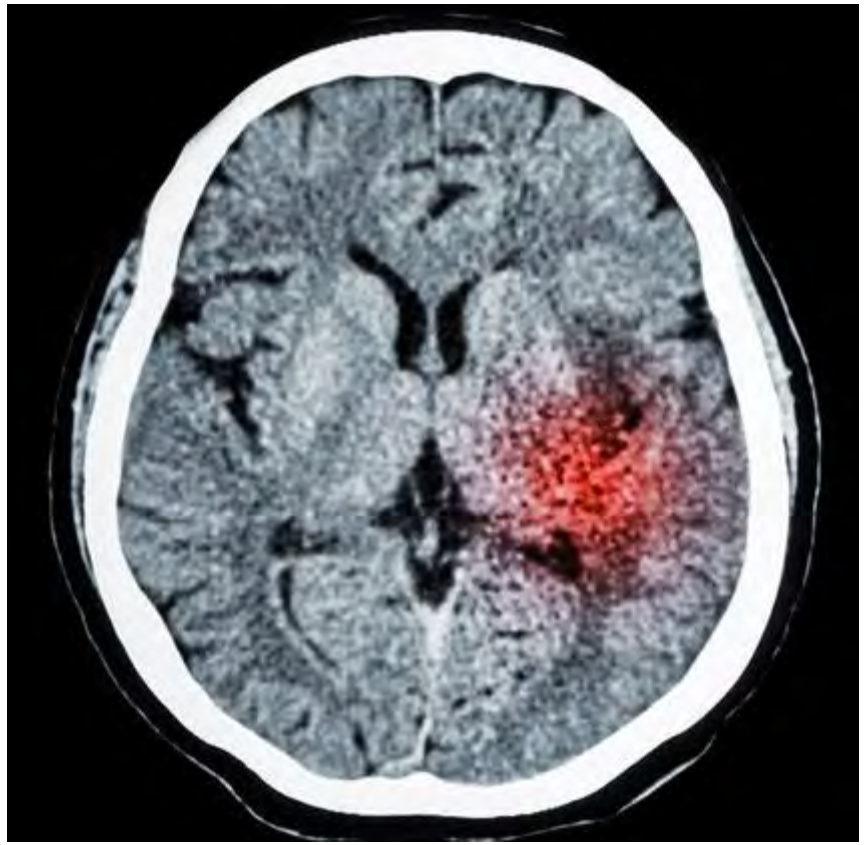
S: Speech difficulty

T: Time is critical – **call 9-1-1 immediately**

Adapted from: www.health.harvard.edu/heart-health/how-to-recognize-and-respond-to-a-warning-stroke

Stroke

- Call 9-1-1…note the time of 1st symptoms
- Stay with the person until medical help arrives
- Check breathing and pulse; begin CPR if necessary
- Position comfortably…Lie down on their side - head slightly elevated



Stroke

Do not give the person anything to eat or drink

Do not move them unless *absolutely necessary*

Do not ignore potential stroke symptoms, even if they seem mild

#5 Slip/Trip & Fall (in the Test Booth) (6)

Assess any injury – Provide Any First Aid – Call 9-1-1 (if needed)

#6 Suicide Threat (6)

Suicide Threat

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live

Call PCP – Call a family member
“Do you have a plan?”

#7 Slip/Fall (in the Office or Parking Lot) (5)

- Assess any injury – Provide any first aid –
- Call 9-1-1 if needed

#8 Difficulty Breathing (Adult) (4)

Causes of Breathing Difficulties

Illness

Asthma

Obstruction

Allergens

Infection

Injury

Smoke inhalation

Immediate Action for Breathing Difficulties

- Call 9-1-1
- Ensure safety – check for hazards
- Keep calm to reduce anxiety
- Assist with any inhaler medication
- Perform the Heimlich if choking
- Encourage slow, deep breaths

Ref: www.manipalhospitals.com/saltlake/blog/breathing-difficulty-diseases/

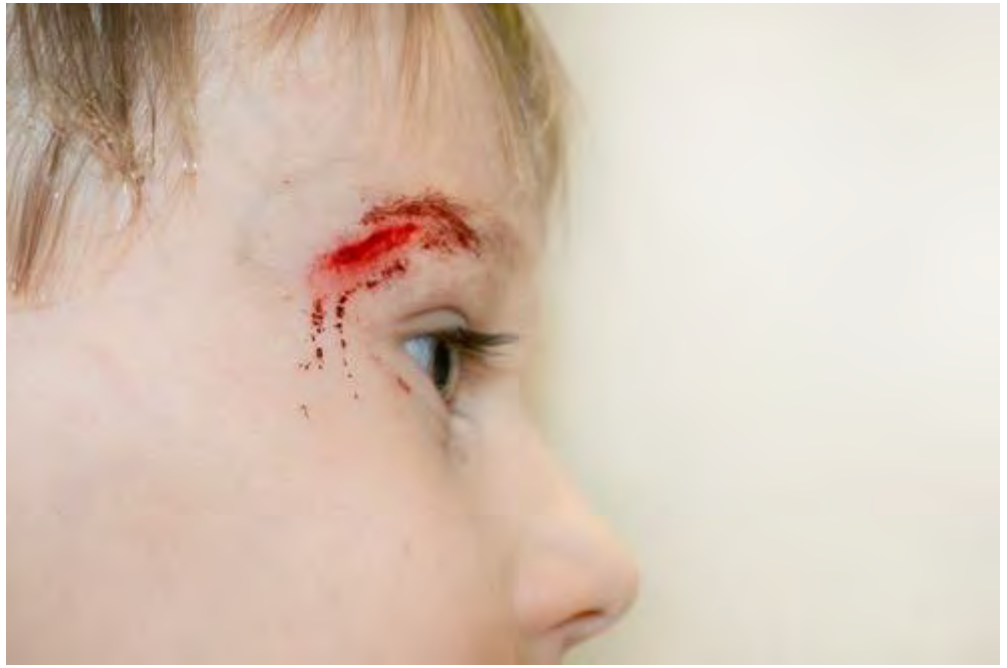
#9 Assault (Incl. Staff) (2)

#10 Earmold Impression Could Not Be Removed (2)

- ER visit

- See: www.hocksproducts.com/how-to-take-an-ear-impression

#11 Head Laceration (ER visit) - Adult or Child (2)



#12 Patient Expired in Waiting Room (2)

- Call 9-1-1

#13 Starting Labor (2) Call 9-1-1

- Call 9-1-1

#14 Bladder Accident in Restroom

- An adult male blind patient “missed” – slip and fall

#15 Bone Conduction Headband Snapped (with Laceration)

- Call 9-1-1

#16 Catatonia

- A disorder that disrupts a person's awareness of the world around them; they react very little or not at all to their surroundings
- Call 9-1-1

#17 Hypoglycemia Diabetes

- Shaking/trembling
- Faster heart rate
- Extreme hunger
- Sweating
- Confusion
- Dizziness
- www.theaudiologyproject.com

#18 Dizziness Fall

#19 Fell Out of Wheelchair

Single Events

Call 9-1-1

ER Visit (in some cases)

Examples:

- Panic Attack
- Trembling/shaking
- Heart palpitations
- Hyperventilation
- Nausea
- Chills/hot flashes
- Numbness/tingling
- Dizziness
- Vomiting blood

Loss of a Toe

- Patient wearing sandals
- Test booth door closed on foot
- ER visit

Miscarriage/Post Partum Bleed

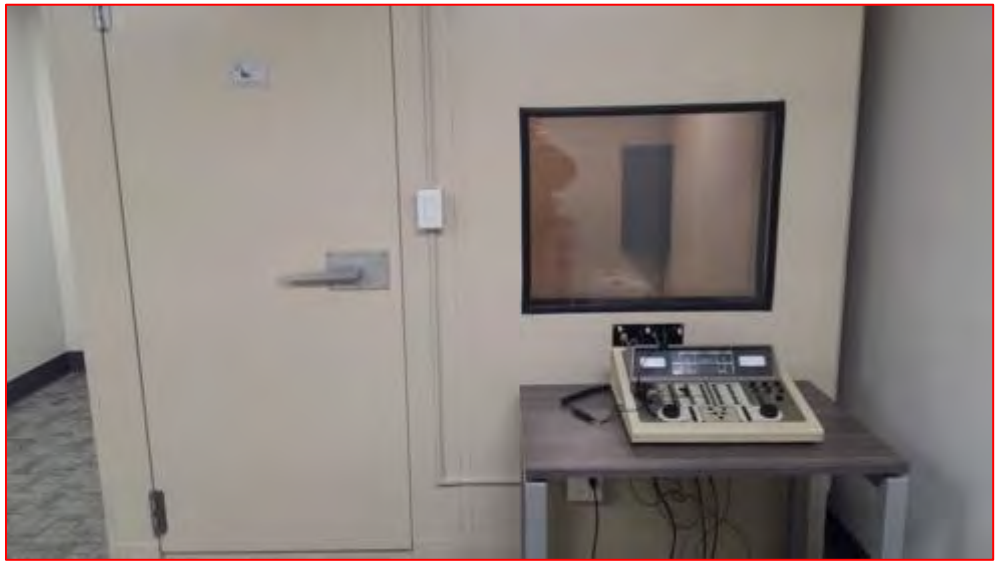
- ER visit

NEVER ask,

“What else could possibly go wrong?”

Medical Emergencies

4 audiologists closed the test booth door on one or more of their own fingers!



Medical Emergencies

Assault and Battery

Being spit at or being bitten!

Both are considered Assault and Battery in ALL states

Call 9-1-1

Intervention

Panic

- Panic is an intense, sudden feeling of fear or terror that overwhelms reason, triggering a fight-or-flight response with symptoms like a racing heart, sweating, and breathlessness, often leading to irrational actions

Ways to Avoid Panic - you and your staff

- Improve Your Communication with Your Staff
- Decide Who Takes the Lead
- Have an Emergency Action Plan
- Stay Calm!
- Keep Your Patient Calm
- Keep the Over-Reactive accompanying Person Calm

Tips for Cell Phone Calls to 9-1-1

Identify yourself

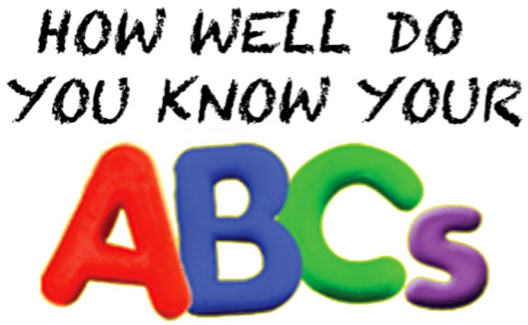
Disclose your city/location immediately

Describe your surroundings in detail

Specify your emergency

Keep calm and speak clearly

Immediate Assessment and Treatment of Critically Ill or Injured Patients



(& DE, too!)

Immediate Assessment and Treatment of Critically Ill or Injured Patients - Know Your ABCDEs!

Airway:	Head tilt and lift chin
Breathing:	Look, listen and feel
Circulation:	Heart rate, capillary refill time
Disability:	Alert, Voice responsive, Pain (un)responsive
Exposure:	Remove clothing

Source: Thim T et al. (2012). Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach." Intl J Gen Med, 5, 117-21

Five Aims of the ABCDE Approach

To provide life-saving treatment

To break down complex situations into manageable parts

To serve as an assessment and treatment algorithm

To establish common situational awareness among all treatment providers

To buy time to establish a final diagnosis and treatment

Thim T et al. (2012). Initial assessment and treatment with the Airway, Breathing, Circulation, Disability, Exposure (ABCDE) approach." *Intl J Gen Med, 5*, 117-21

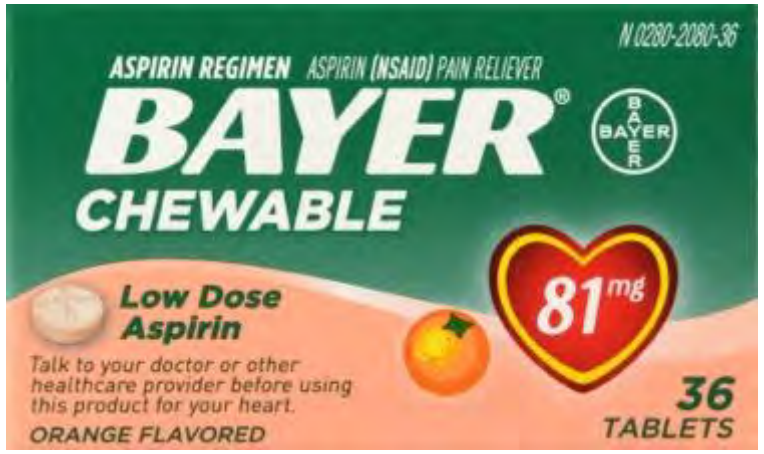
Emergency Medical Equipment & Supplies

Emergency Medical Equipment & Supplies

COST: $1,400.00 - $2,300.00

Equipment & Supplies

Equipment & Supplies



What You Need To Do
BLS – CPR – ECC – AED Training

- www.heart.org
- www.redcross.org

Could I get sued?

Check Your State's "Good Samaritan" Laws

[Ref: Luke 10:25-37]

"Good Sam" laws protect people who provide reasonable assistance to those who are injured, ill, or in need. The laws are intended to encourage people to help others without fear of being sued

General Liability

General Liability

- **ASHA** Professional Liability Coverage Proliability (underwritten by Liberty Insurance Underwriters Inc.)

First Aid Reimbursement

- Covers up to $10,000 per policy for all medical-related expenses for rendering first aid to others due to bodily injury

General Liability

Hiscox Insurance Co.

"A general liability insurance policy could protect you in a situation if a patient makes a claim for their lost wages from an accident in your office…damage sustained to third-party property…"

General Liability

Healthcare Providers Service Organization (HPSO)

Hours of service

8am-6pm EST

(833) 247-6181

Different Coverage for Different Locations
“Trip and Fall” Coverage

Slips – Trips - Falls

Different Coverage for Different Locations

Setting	Insurance Coverage
University	General Liability
Public School	Business Liability
Private Practice • Audiologist • Landlord	Hold Harmless Clause
Mobile Unit	Business Liability
Medical Center	General Liability

Patient Refuses Medical Attention

- Adults can refuse medical attention unless it is a life-threatening emergency
- Have a *Refuse Medical Attention* (RMA) form to sign prior to seeing the patient (especially for “at-risk” patients)

“If you don’t document… it didn’t happen!”

Summary

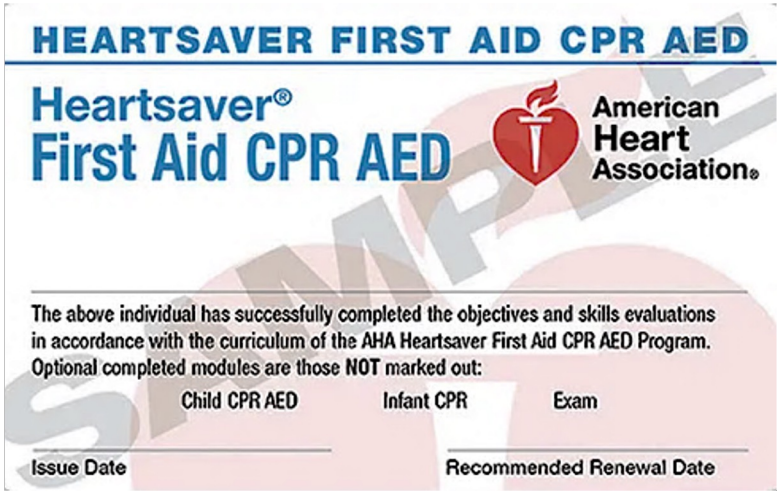

SUMMARY


THANK YOU,
EMTS &
PARAMEDICS


KEEP
CALM
STAY CALM
BE CALM
ACT CALM

You and Your Staff Should Get BLS – CPR – ECC – AED Training

- www.heart.org
- www.redcross.org
- Contact local EMS and arrange for an in-service for the staff



Thank you!

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