Medical Emergencies in the Audiology Practice, in partnership with the American Academy of Audiology

Presenter: Robert M. DiSogra, AuD

Hello and welcome to our webinar Today, Medical Emergencies in the Audiology Practice. Today's webinar is in partnership with the American Academy of Audiology and Our presenter is Dr. Bob DiSogra. Dr. DiSogra had a private practice in New Jersey for 30 years before retiring to become now a sought after lecturer and presenter. I invite you to read more about Dr. DiSogra on our course page and in your handout. And now we'll just take a moment for a quick message from the Academy's past president, Dr. Tish Gaffney.

Welcome. I'm Tish Gaffney, the president of the American Academy of Audiology and I'm here to share important information about the organization. The Academy is dedicated to achieving recognition of audiologists as the experts in hearing and balance care and the field of audiology as an independent clinical specialty that is integral to the healthcare team.

Through our partnership with AudiologyOnline, we're excited to offer courses like this one to help you broaden your knowledge and skills. We also offer the latest resources in practice management and evidence based clinical practice so you can grow professionally and improve patient care. We advocate for our members in Washington and across the country to ensure that the voices of audiologists are heard and we help connect audiologists to one another through our valuable networking opportunities like our annual convention. To learn more about the Academy, make sure to visit audiology.org thank you.

These are the disclosures for today's course. These are also in your handout and on the course page.

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And these are the learning outcomes.

And now we'll begin the webinar with our presenter, Dr. DiSogra to tell us about medical emergencies in the audiology practice. Take it away, Dr. DiSogra. Thank you, Carolyn. And good afternoon everybody and welcome to a very unique type of continuation continuing education program. I'm excited to be part of this.

I also want to extend my thanks to our my colleague Kaitlyn Kennedy, Dr. Caitlin Kennedy, and the St. Louis School District. Kaitlyn and I worked on this project last year and so she's unable to participate in this one. But I just wanted to express my thanks publicly to her for what she has done. As Carolyn mentioned earlier, we'll do the questions and the situation issues that you've had at the end of the seminar. So I'm going to pick it up.

We have few things to go over this morning and we hope that you find it enlightening. And we can, hopefully you can bring something back to your clinic this afternoon or tomorrow. So let's get underway and we'll get started. So thank you for signing up and, and I hope that you, you get some good information from this. Okay.

When we do these types of programs, especially with medical issues, you know, it's informational. It's not, it's not the total answer to the questions. Okay. It's certainly not a substitute for, you know, medical or legal advice because we'll be talking about those issues later on. If you have any questions on the content today or the intervention strategies that I will be talking about, or just general anything related to a medical emergency, please just consult your local emergency medical technicians or medical emergency medicine physicians.

You may need to speak with an attorney who does personal injury because we will be talking about issues that could occur that may lead to a legal problem and ways in which you can protect yourself from any litigation. So here's our agenda for today. We're just going to go through this. I did a survey. We'll be talking about the responses from the survey that was done twice.

And then we'll see what generates your interest and then jump in with your stories. At the end of the program, we'll be talking about various intervention strategies and also different types of emergency equipment you could have in your office. Especially private practice. If you're in a hospital, you just hit that code button and then everybody comes in and you just back up. But in a private practice where I've spent 30 years of my career, again, you need to be prepared for anything.

And we'll talk about a couple of anythings later on. Okay. So when you're in an evaluation and something happens, you have to stop that evaluation because it was an unexpected health event. You know, you have to go into emergency mode over here and about protecting your patient as well as protecting yourself. And that's how we define a medical emergency, when the evaluation literally has to stop for intervention purposes.

So back in 2022 and again in 2025, I did an independent survey of audiologists that were on the audiology happy hour Facebook page. And I just asked them, what medical emergencies have you had? And I got 74 responses. So strap in because this is kind of interesting to see exactly what happened. And some of them were new to me and some of them were just absolutely shocking what our colleagues have.

And so this is the most common, this is the most common response that we got out of 74 people. So almost 20% had a pass out type of experience. A Vasovagal syncope. It's a situational event. It can happen because we're used to seeing our equipment.

We're used to seeing what happens when we open a test booth door. Your patients aren't used to seeing that, and that can be very impressive. Remember your first audiology experience, okay? Like, I'll never learn this, you know, because all that equipment was there and, you know, and that could be, you know, a drop in blood pressure, okay? It can really create some anxiety and it becomes situational,

and it's a short term event.

And that's the important thing about passing out. When someone passes out, it's a situational event, okay? My test booth did not have a chair with arms, okay? Because you just get the patient in and get them out. So never realize that the arms are a major part of safety for your patients in the test booth.

So if you have a chair in your test with no arms, get rid of it, okay? Get a chair with arms. Because if they pass out and they're going to slide, you want those arms to hold that patient in place, okay? And of course, when they pass out, you want to get them on their side, okay? If it's a pass out type of an event, because you don't want them to swallow their tongue or have other breathing problems and just get them over on their side and, and just make sure that they're breathing, okay?

And if they come to, just offers them something to drink, some cold water, and. And we should be okay with that. So, again, you know, this is something that can happen. But, you know, just ask people like, I, I had a, I had a student, I did a. Oh, careers in healthcare. 8th graders coming in, 28th graders coming into the practice.

And we broke them up into two groups of ten because the practice, the office, wasn't that big. And we sat the kids down and we did video otoscopy, okay? So I'm telling the kids, you know, hey, what color is your eardrum? All this other good stuff. We went and had 10 kids were standing around me, got the monitor in front.

I go in with my camera, and unbeknownst to the child and to me, this is a 13 year old. They had unraveled a cotton swab in their ear canal. So I'm telling them what they're going to see. And we don't see that. We see this big, wet, waxy cotton ball jammed in the ear canal on a screen that's about maybe 14 inches in diameter.

And I made the mistake of saying, I think we got A problem. Okay. And. And that's when I heard boom. And that's when I saw the feet sticking up in the air.

And one of the kids has dropped. We weren't prepared for this and did a 91 1. And we got trying to get 19 kids out of the practice. I got EMS and police coming into the practice and the teachers on the phone trying to contact the parent. What a mess.

Okay. The child was just fine. She says to us, well, I apologize for passing out, but I always pass out at medical things. And I said, and the teacher is like, what? And you didn't tell us?

And she goes, oh, I passed out when I got my ears pierced. We said, like what? And you know, so we learned a few things that day. Okay. We always ask the question, do you pass out at medical things at medical pictures or turn the patient around so they don't see what's on the monitor?

Something simple is like video otoscopy. It's second nature to us. Who would think that someone would pass out from video otoscopy? Okay. I was not prepared for that.

And this kind of started me on these other issues that I had had in the practice. Okay. Just make sure they're okay. We had them on a stool. Okay.

I put the patient on a small little stool in front of the camera and I realized that I need a chair with arms. Okay. And this is what happened. Okay? So that's number one, vasovagal syncope.

Okay. Heart attack. Again, you do your case history, okay. And really have to go back into the questions you're asking. You know, well, what medications are you taking?

Well, if they're taking cardiac medications. Hello. There's a reason why they have those medications, and it could be because they could be at risk, especially if they take a nitroglycerin, which is what you take under the tongue. You know, if they have any type of chest pain, it's a, you know, it's a short term fix. So.

So what happens is that they may clutch their chest right in the middle of this, start scratching their chest in the middle of the. Stop. What's going on? Are you okay? Open the door.

You know, just get them on out of there. Okay. We'll talk about equipment a little bit later on, but I don't know how many of you have an AED in your practice. I didn't. Okay.

My church has one, but I don't have one or had one, so keep that in mind. But we'll talk about equipment and supplies a little bit later on. But Number two, heart attack. Okay? So syncope, heart attack.

Expect those problems more than any other problem you're going to have, okay? So just be prepared. Watch your case history intake on these patients, your cardiac patients, your older patients, and whether or not they just might have. They just. They might get faint or piercing or experience, you know, lightheadedness.

So they're going to faint just from physically being in your office. And again, go back to the first time you saw a test, Booth, with all the wires, all the equipment and the tympanogram and the OEs and the speakers on the wall and the, you know. Yeah, I was going to walk out and walk away from audiology the first time I saw that. I'll never learn this. Okay, but you will, and you did.

Okay, but your patients don't know. Okay? So just keep in mind that what you see is normal. Can drop a. Okay, so just be careful there.

Seizures. Okay, now, there's some great information from the CDC on, on epilepsy and seizures, okay? So please, that's the third type of problem you're going to run into. Nine out of 20 people reported that they've had a seizure experience with the patient, okay? So there are ways in which you can accommodate seizures, and it's very simple.

The patient acts confused, loss of awareness, okay? And most seizures are going to last about just a few minutes, okay? But again, it's a red flag. It's a red flag because it's a pretty significant event neurologically, okay? So the thing you need to do is just to stay calm, make sure the patient's on the floor, get them on their side, okay?

And just make sure their head. Just wraps something and put something under their head, okay? Loosen up, up any tight clothing that they may have and time it. That is so critical. Get, you know, when did it happen and how long did it last?

Because most seizures just a few moments, okay? However, if it's more than five minutes, you got a flag. You're going to have to 911 this patient. Okay? And again, with this in your case history, are you prone to seizures?

They may be taking seizure med. Okay, Document that. And, you know, and again, there are two great websites that I used to look at side effects of medications, and one is Drugs dot and rxlist dot com. Okay? Now, again, I have no connection with any of that, with any of these products.

But they're. They're plain language. They're good information. They get a lot of information from the FDA and the drug manufacturers, rxlist.com and drugs.com. okay?

It's a guide. They're not saying that everyone's going to have these medical problems, but not these side effects, but it's a guide, okay? So do that if you're not familiar with the medications the patients are taking, okay? Document everything. And then, you know, you'll.

You know, you'll have no problem with that. Nine people reported having patients having a stroke in their office. Okay? You guys know what, what the symptoms of a stroke are? Okay?

It says, well, maybe. Maybe had some first. First hand experience. But if not, you got to think fast or be fast. So this is the mnemonic for be fast, okay?

For the warning signs of a stroke. Okay? You'll have access to this slide and the program after this. So I'm not going to read this to you, but you can take a quick look at that. But again, the t. Time.

Time is critical. Okay? You hit that nine, one one right away. And. And again.

And document everything that happens. Document everything that happens. But it's not just you. We also got to talk about your staff, okay? So.

And again, just take a look. You stay with the person, you know, wait till EMS arrives and just make sure the patient's comfortable. They could be drooling, you know, so, you know, just. Just make sure the patient's comfortable. And you can get an idea how far away your first aid squad is from your office, okay?

I'm sure everybody knows where they are. And if you're in a hospital situation, hit the button, you know, code it, you know, and just get out of the way, okay? Because you know what happens when the co. When the crash cart comes into your office, okay? So anything with the stroke, you know, just don't give them any.

Move them. And again, just, you know, if it's. Even if it's mild, don't mess with it. You know, if in doubt, 91 1. Tis better to be safe than sorry.

Okay? Slip and falls. Okay, My office was on the first floor, had an outside entrance. And when you walked in, we had a nice carpet. We had a low pile carpet.

You don't want to have a high pile carpet. You don't want to have tile if you don't have to have it because, you know, patients slip and fall. The floor is wet, okay? Rainy day, snowy day. Floor is wet.

What happens when the patient enters the test booth? I made the mistake, okay? The patient was going into the test booth with a chair with no arms, okay? A metal chair with a nice cushioning. And I was behind the patient, and they were there because they Were having trouble understanding speech and noise, you know, 70 year old person.

And I was behind the patient and my booth had a little bit of a step up. So I said to them, just watch your step going in. I was behind them. So of course they didn't hear that. And they just walked right in and they tripped on and their face hit the corner of the chair.

Just right on the corner of the chair. Bang. Down they went down. The teeth go, you know, the, the bleeding and down she went. You know, wow.

That was an ER visit, okay. That was definitely an er and even drove her there. I even drove her there because it was just like. It scared the heck out of me because I was not prepared for that. Was not prepared for that.

So make sure you have the tape on the. If you have a step up as opposed to a walk in or even if you have a ramp, you know, just put some yellow and black caution tape or red caution tape or something down, okay? That's your slip and fall. Trip and falls, okay? It happens, okay?

911 if you need to. Just as I told you, okay? Gosh. You know, you get some patients that come in and you just don't know where they've been, okay? And.

And you'll have patients that'll come in and say, listen, I'm going to kill myself. I'm just so sick of all these medications I'm taking. You know, my husband died. And, you know, they'll tell you all these different stories and they're heartbreaking stories, okay? And then they just say, you know, I just make.

I just may just go home and take all my pills and kill myself. Whoa, Time out. Okay? What do you do there? What do you do there when someone volunteers to you that they're going to take their life and they're telling you how they do it?

Okay? All stop. I don't think the Pure tone audiogram is going to be very important at this point in time. Okay, so what happens is that you. There is a suicide crisis hotline that's put up by the National Institutes of Health.

And down here on the bottom, you can see where it is, okay? I learned from a social worker, okay? Just ask them, do you have a plan? What are you going to do? And they might tell you anything.

They're going to. What you're doing is you're stalling for time. You're stalling for time, okay? You can bring a staff member in and talk to the patient. You go outside and you call the family physician up the primary care because you do have that information on the history intake and, and you go right to the office manager and you just identify yourself.

So listen, I have a concern. Mrs. So and so is here, and she just volunteered to me that she wants to commit suicide because of all this anxiety going on in her life. I need to speak to the doctor right away. In a heartbeat.

In a heartbeat, that phone will pick up and the doctor will pick up. And then you tell them the story, and one or two things are going to happen. They're going to tell you to call 911, get them to the emergency room, or they're going to say, don't worry about it. She says that all the time. Okay?

And then you just document that the doctor said, don't worry about it. Okay? So again, do you have a plan and make sure someone sits with that person and then you call the primary care or just if in doubt, just call 911 and wait till they get there and let the emergency medical people, you know, just deal with the patient at that point, because that's what they're trained to do. Okay? So that's what happens.

You have a suicide case, okay, Number seven. Okay? Several audiologists reported this. Again, a slip and fall in the office. Okay?

Just assess the injury, what happened, okay. And provide any first aid. We'll talk about minimal first aid equipment that you need. And then again, if the injury is that bad, just call 91 1, okay? And, and again, this, this is not the only way to do this, okay?

There, there are other ways in, and we'll show you how you can even learn more about this. This is just an overview from audiology experiences. Okay? And then again, you have people that they're just having difficulty breathing. Well, what's your case history looking like?

Okay, do you have a history of any of these illnesses? Allergens, infection, you know, are you a heavy smoker? You know, are you taking any respiratory. You know, are you seen by a respiratory therapist? Do you have any pulmonary issues going on here?

Okay, just ask questions. You're not being nosy. You want to make sure that visit with this patient is uneventful. Okay? So you're the captain of the ship.

You know, you just got to directly and navigate that ship. Okay? Ask your questions and expand your case history, because expansion of the case history may take a little bit more time. But God forbid an emergency, you are ready. You are ready.

Okay, so difficulty breathing. Again, it's a 91 1. Okay? Just have the patient, you know, just, you know, they may have an inhaler if they're asthmatic if they're choking. Because, you know, you get kids that eat candy in the waiting room.

Someone may be chewing on something. And this could happen in the waiting room, not just in your office or in the test booth, okay? And, and again, you know, we'll talk about staff training later, a little bit later on. So just, you know, just make sure that, you know, please. No food in the waiting room, okay?

And there's a reason why you want to deal with a choking patient, okay? Make sure you cover yourself. No food in the waiting room. A lot of people have a coff thing set up and some donuts and things. Now, don't do that, okay?

It looks nice, okay? It impresses people, but there's a. There's a risk of burning yourself from the coffee. There's a risk of choking on the food you're providing. Okay?

Don't do that. Okay? It looks nice, but it could bite you later on. Okay? I don't know how many of you have night hours or even.

Well, you have day hours, okay? If you have night hours, okay, are you working alone and do you have a staff member up front or does the staff leave at 5 o' clock and you stay until 8 or 7 o' clock because you have to see a late patient. You do not want to work alone if you don't have to. Okay? We've had situations in which a patient has been assaulted, sexually assaulted, verbally assaulted.

And we've had some audiologists that they have, like a bank has a little red button to press underneath the counter or they step on if there's a robbery. We have some patients that have installed emergency number members for a button situation if they have been assaulted or the possibility exists in an assault. So if you work nights and your front desk is gone, it's worth the extra money to know that there's a second person in that office. Okay? So just keep that in mind that it's nice to have night hours, but you better have the coverage up front because two audiologists have been assaulted by their patients and they have been sexually assaulted.

Okay? All right. This is pretty common. I know you've had an ear mold break in somebody's ear, ear impression, you know, you go a little bit too deep, you blow by the, you know, the, the, the guard, you know, and, and you're trying to get it out. You yank in the ear and you're twisting and written out, and you take the impression out and where's the canal portion?

And you look in and there it is, and it's just stuck. I had one patient. We had to take him to the emergency room to get it out. Okay. I had one patient was surgically taken out.

Okay. It just hardened up in there. They had such a twist in a narrow canal. Yeah. So, yeah, check.

This is some really good pictures of bad ear impressions and broken ear impressions. Okay? So please, if you're doing ear impressions, just be careful in going around that second bend, and just don't be too aggressive, you know? But you've learned that in school. But again, so did I.

But it could happen. And again, it does require an ER visit. Okay. And. And let the ENT on call.

Take it from there. Okay? So, gosh, you know, again, slip and falls, lacerations. Things happen, okay? Things happen.

You know, you. You have something hanging on the wall, a speaker. Someone turns, they bang their head, and anything goes. Anything goes with this, you know, so just assess the injury, and if you have to, call 91 1. And.

But this one here is, like, the best. I don't want to say the best, unfortunately, for the patients. But. Yeah, patients in the waiting room. Okay.

Handful of people in the waiting room. And, you know, some people take a nap. Some older patients, they sleep. They're on medications and stuff, so they went out, they call the patient's name, and the patient was in the chair sleeping. Sleeping, okay?

And they went to wake the patient. Patient was dead. They died right there.

How could this happen? Right? Anything goes. You got to clear your waiting room. You got to call 91 1.

You've got to be calm, got to be cool and. And be ready for a long afternoon, especially when the EMS shows up and the police shows up and they gotta wait and the corona has to show up. Oh, yeah. Okay. Yeah.

Check out your older patients and make sure, please come unaccompanied, that they come with a family member, because who you gonna call? Okay. So, yeah, we had two audiologists that lost patients in their waiting room. Okay. So, yeah, that.

That was a big surprise. Didn't expect that one at all. Okay. And again, you know, your patients coming in for hearing tests. You know, with gestational diabetes, there's also a risk of otosclerosis in the mom.

And we've had a couple of patients that developed otosclerosis during the pregnancy. O. So they're there for that hearing test, but then they go into labor. Well, not in our practice, but then two audiologists reported that patients, for whatever reasons, went into labor and they go into labor. That's definitely a 911, because that is not Your area of expertise.

Okay? You know, I just talk to the patient. So if you have a pregnant patient coming on in, how far into the pregnancy are you? How you feeling? How's your prenatal care?

Have you had any issues going on? So you have all of this happening that could, you know, you just want to make sure that if, God forbid, there's an emergency, you're ready. Okay? We had a blind patient. Now, just because you're blind doesn't mean it's total darkness.

You could just be severely visually impaired and qualify as blind. Okay? And this one guy went into the bathroom and rather than sitting to urinate, he decided to stand and urinate. Well, needless to say, he missed. And yeah, slip and fall, bang.

You know, the whole thing. So this. No 911. Just make sure everything is okay. We've all had the headband snap, okay?

Bang. And just clock in the side. Well, what happens that sometimes, you know, the, the bone oscillator would come off of the hinge and that, that hinge, it snaps right in. I don't know if that's ever happened to you, but that hurts. And depending on the thickness of the skin, okay, you could lacervate the, the mastoid area.

And again, it could be a 911 issue or it could be just something that you could just manage right there in the office. Okay?

If a patient has a psychiatric history, you know, they can go into a catatonic state as a neurological history. Again, 911, again, your case history. What medications are you taking? Well, I'm taking an antipsychotic or I'm taking medications because they have. Again, just because you don't know the name of the drug doesn't mean it doesn't happen.

Okay? We have a large percentage of people in this country that are, that have diabetes. Your kids will have a type one, your adults will be type two. So if they're, if they're diabetic, okay, how is your diabetes being managed? Okay, Are you doing, are you doing well?

Have you had any problems with your, with your sugar, blood sugar, and you know, and then you can see the whole situation here of just symptoms of what happens here. Okay. Now, since I retired, I've been involved with the Audiology project, which is a non profit organization that promotes hearing loss awareness from diabetes and other chronic illnesses. There's the website for the audiology project and you can meet, meet us at AAA next month in April, and you can get information from, from the website. But what's happening here is that we've seen much more awareness over the last 10 years.

You know, at one time the Centers for Disease Control did not even recognize audiologists as a preferred provider for management of diabetes. Was not on the list. You know, podiatry, optometry, diabetes educators. Where was audiology? Well, we know a lot about hearing loss from diabetes and the work of the Audiolo project we did get the CDC to finally recognize.

So you can go to CDC.org, type in diabetes, hearing loss and bang. And you'll see a great amount of information. We'll have some of that information at aaa. So we hope to see if you're going to be out there. Okay.

And you just check the schedule and find out where everything is going on. But anyway, I just want to get back over here. Is that your medical history and the medication management Again, dizzy patients. Okay. Medication side effects again, drugs.com Rxlist.com did you have a patient fall out of a wheelchair or just slip over a walker?

You know how some people, they, they hold a walker way out here and they're all bent over and then all of a sudden or they got a tissue in their hand. I think I love little old ladies that come in. They have tissues wrapped in their palms holding onto a walker and you know, whoops and down they go. You know, like just check them before they start walking towards the, the back area. Get the tissues out of their hands.

You try and see if they can stand up right, a little better, you know, guide them along the way and so on. But yeah, but patients falling out of the chair, that's definitely a slip and fall. It's definitely a 911 call to have EMT come in to. I forget what they called it again. It's, you know, just the, just tell them it's a slip and fall and they'll ask the questions.

Okay? Okay. Now with all those 74 audiologists responding, there were a lot of one time events in that survey. Now we have a lot of audiologists. 74 is a very small number, but boy, that was pretty significant.

So These are some 911 visits or 911 called panic attacks. Okay, and again, trembling, shaking, anxiety, heart palpitations. Okay. Patients vomiting blood again, numbness, tingling. Okay.

They could have multiple sclerosis to get the numbness on one side of the body, the tingling. And again your case history, folks, your case history is critical here. An extra two or three minutes. It's all it takes. It's all it takes to get this information.

And before you know, know it, bang. You Know like, you're ready. Okay, you're ready. Okay. This was really unusual.

Summertime audiologist, office. Okay? The audiologist sat the person down, and they went to leave. And the patient got up, okay. And was walking out.

Try to get out of the booth. And the audiologist slammed the door. Bang, off goes the pinky toe. Okay. What?

Okay, yeah, amputation. An unexpected, unplanned, rapid removal of the toe. And, yeah, definitely an ER visit. Okay. One audiologist reported having a patient that had a miscarriage in the office.

And again, that's an ER visit. Depending on, you know, you don't want to have them drive or have the accompanying person drive because of the anxiety and the. And the tension involved. You just want to get them right there. Okay.

So you just never ask yourself, well, what else could possibly go wrong? I'm glad you're sitting down. Okay. We had four audiologists slam the door on their hands, on their fingers, okay? From one, two to three to four fingers.

Okay? So four of our audiology colleagues wound up damaging their hand. Well, either just ouch or a broken finger, things like that. So it's never too late to learn how to close the door because you always push the door closed, and our fingers are always there. The poor pinky always gets nailed.

So just be careful, okay? Have you been spit at? Have you been bitten? Okay, you do get some patients that have some neurological problems, developmental problems. You get some kids that have

aggressive behaviors, and you're trying to calm them down, and you may wind up putting your hands on them, and all of a sudden, boom, they spit at you.

Okay, well, that is illegal in all states. Okay? Assault and battery. Okay, I. Granted.

Where were you spitting? I mean, if it got in your mouth or it got in your eyes on your clothes, okay, it's assault. You need to call 911. You need to get the police there. This is not a negotiable event.

Okay? So if someone spits at you, even if it's a, you know, it's a medically related behavioral issue, it's not the point. The point is, is that you have been assaulted. Assault and battery. And it's.

And it's considered that in all states. Just called 91 on a spitting bit. Okay? Panic attacks, okay? Fear, terror.

Now, this is not just your patients. This could be your staff. You might not know that your office manager, as wonderful as that person is in a wonderful job, they do. They see things like this. They panic.

Okay? You need to know this even during your interview. Do you, you know, do you panic? You get upset at medical, you know, medical emergencies of sorts, you know, and so we'll know. Get you to that over there.

Okay? So we're, we're cruising along here, okay? So just, you know, you need to improve your staff communication. Decide who's going to take the lead in an emergency, okay? Is it the office manager, is it the audiologist, you know, who's working with you, okay?

And you develop an emergency action plan. We'll tell you how to get one of those also. And just stay calm. The more calm you are, the more calm the patient will be. And again, you have the overreactive accompanying person who thinks everything is a major disaster, a big flail.

You know, it's like just, we're going to be okay here, okay? If you're calm, then they'll get calm. And sometimes you just may have to ask them to stay outside, okay? And if you've ever had an emergency experience, they tell you to stay, you know, just away. Okay?

Okay. Have you ever made a 911 call on anything at home in your personal life? Maybe you never have. Okay? And if you've never had, well, this might be your first experience.

So again, this could be easy for anybody else that's done a 911 call. All just. Who are you? Okay, where are you? Okay, what's the problem?

Okay, and speak calmly and clearly. Okay, I had an emergency out in front of my house. The. There's a transmitter box on the telephone pole or something was up there was smoking and sparking and arcing and I was very calm, very professional, called 91 1. And I identified myself and no sooner that I started talking, I heard, excuse me, could you please slow down?

And you know, and I thought I was being very calm and cool and the whole thing. And, and I, and I just got caught up in the moment because this thing, I didn't want to have a fire. So just speak calmly if you've never done a 911 call before. And this is also good for family members, too, and your staff, because they may have to make that call while you're providing first aid for someone who might have passed out. Okay?

Anyway, so let's do some real quick on immediate assessment and treatment of Critically patients. Your ABCs and your DE2. Okay? And it looks like this, okay, so airway, breathing, circulation. So you can

read this, you can go to any first aid website and Learn about the ABCDEs in emergency critically ill patients.

Okay, so I'm not going to go into detail here, but you know, a lot of it's Common sense, but just be aware of it, okay? And just if you have any questions, Again, your local EMTs, emergency medical physicians can certainly help you out there, okay? So you just want to make sure that the patient is comfortable and, and that you just want to reduce any risk of other issues that are happen, happening there. And again, family members and staff, if you're trained, you know, you don't, you know, you don't show any panic. The family members, you know, will not show any, shouldn't.

It reduces their risk also. Okay? And this is what you want to do, okay. Obviously you may be in a position to provide life saving treatment. You got to break down the situation, different parts.

Who's going to, what's the role, who does what and where. When I was in the Navy, everybody knew what everybody was doing when they called general quarters in an emergency. There's a fire in the engine room, okay? Bang. Everybody knew where they had a go and you knew where to find everybody that you needed to go to and that we did have that happen.

And we had just refueled and we had something like a quarter of a million gallons of fuel on it and there's a fire in the engine room. It's like, oh, my God. I just hope everybody knew where to go when they had to go. And they sure did. And they knocked the fire down and we were fine.

But again, these are accidents. They happen. So, so again, it buys time until the EMT people show up. Okay, Here are some things that you could, you should not could, should have in your practice, okay? And again, if you're in a private practice, it makes more sense, especially if you're seeing a wide variety of patients.

We had a practice. We saw, we saw babies, we saw preschoolers, school age kids, teens, adults, geriatrics and, you know, pre employment audio games and hold, you know, so. And if the body was warm and could get into our office, we could test it. Okay? So here are some things that you may need to have in your office, okay.

Have a lot of older patients. You may want to consider an AED device, okay. And you learn how to use it. They train you on that. Blood pressure cuffs.

You don't want to get a small little travel first aid kit. You want to spend maybe about $100 and get yourself a good medical or industrial first aid company kit, okay. Because all the good stuff will be in there that you're going to need. Okay. Some other equipment that you may use.

Narcan. Narcan is free. Okay. Opioid overdose, okay. You can, you can contact your police department, pharmacy, they can get you Narcan, okay?

It's. It's free in New Jersey. It's probably free on the other states. Blood glucose monitoring, pulse oximeters, Oxygen, Oxygen. You have patients come in that have oxygen.

They have their tanks, your little body packs with them and stuff. Do you have that? Okay. Because some people might need to remember the breathing problems that we saw earlier. So these are real situations, okay?

And these could save a person's life, okay? It could save a patient's life, okay? If they're hypoglycemic, you want a little Juicy Juice. If they're, if they're having chest pains, a little, you know, aspirin under the tongue, smelling salts, okay? You want to get the, you know, if someone passes out, okay?

I mean, the smelling source, it creates a rush of oxygen to the brain, you know, and that if you've ever smelt ammonia, just next time you're out shopping or you buy ammonia for your. Or bleach, okay? Just take a. Whoa. It's very powerful, very powerful reactive, okay? And Benadryl for the kids.

And so, you know, so. So there are some things that you could do that you can still do, okay? Basic life support, cpr, emergency cardiac care, okay? And the automated emergency device. If you need information about heart related issues, okay?

The American Red Cross and the American Heart association websites are there, okay? And they provide excellent information. Okay? They provide excellent information. And let's see what else we have here coming on here.

Yeah. Okay, so. So that's. That's the hands on part, okay? Since we are a very litiginous society, you know, can all your efforts, you know, go down the tubes?

Can you get scratch sued for what you've done? Okay? And the answer is yes. Okay? So what happens here is that every state has something called a Good Samaritan law, okay?

And if you don't know what a Good Samaritan is, if you want the biblical reference, it's right there. And you can learn the story about the Good Samaritan, but it carries over. It carries over for just being a nice person, okay? And being a nice person, but you're protected. You are protected, your staff is protected because you're providing reasonable assistance to someone who needs care, okay?

And the law encourages you to, to help others without the fear of being sued, okay? And so that's called a Good Samaritan or a Good Sam law over here, okay? Now, Asha has liability insurance that covers you in the event of an emergency, okay? And they have a. They Have a first aid reimbursement, check the policy if you're an ASHA member.

Hiscox insurance is another audiology speech language pathology insurance company, okay? They can cover you for lost wages. You have to close your office because that patient died in your office and they have to do an investigation. And you know, and you know, you have to close the office. You've lost income, okay?

And the staff has to get paid. You know, you didn't ask the patient to die and neither did the staff. So you know, so in cases lost income, lost wages, any accidents in your, in your office, okay? Even if, you know, someone drives their car through the front door, I mean, that's happened in some offices also, it's a disadvantage of having a ground floor office. Okay?

But anyway, so the insurance companies will cover you depending on your workload. Hpso, HPSO has their insurance policies. I couldn't get additional information, but if you need to, there's their phone number.

And again, where do you work? Okay? Are you in a hospital? Are you in a school? Are you in a hospital?

Medical center. So the insurance is different, okay? So if you're university based, your liability will come under the general liability of the university, okay? In public schools it's a business liability, okay? And in private practice there's something called the hold harmless clause, okay?

Hold harmless clause basically says like, like that's it, I, I just did my job, you know, and you're covered. And the landlord, if you're renting space, the landlord is also covered, okay? So check your policy, Check and see what happens if you're with your, with your lease. As far as accidents and hold har know, if somebody falls in your office, you know, the landlords are not my problem, okay? If you have a mobile unit, okay, it's under business liability.

And if you work in a medical center, it's probably covered under the medical center's general liability. So these, so you need to talk to the insurance people at your place of business or look at your policy or speak to the insurance agent that sold you the particular policy for your practice. Okay? So here's a better layout of that, okay? You'll have the slide for this, so you shouldn't have any problem with that.

Okay? Now let's say a patient says, I don't want the help. An RMA refuses medical attention. Okay? Documented.

This happened. Patient said they did not want it and they chose to drive home. We advised the patient not to drive home, to take a taxi and so on, but they opted to do that. Okay. We had A patient who had blood work early the in.

In the morning, okay? And he came in for his early morning hearing aid follow up. And we saw the gentleman, he was like in his mid-80s and so on. He was a pretty chipper guy. But he had blood work.

He had a fasting blood test before he came in. So he comes into our office and so we do the fitting and then he leaves. Well, what happened? About a month later, we got a phone call from an attorney. And the attorney says, is Mr.

They identified themselves as Mr. So and so a patient of yours. And I said, how can I help you? And he says, well, he was in an automobile accident on this particular day, and we found your appointment cards and things on the front seat with the hearing aids. And was he in your office at this particular day and time?

Said, yeah. And he said, well, the accident happened within a half hour on his way home after he left our office, okay? The guy had a blood sugar drop because he had a fasting thing and he didn't take the

juice, didn't take anything. He was going to go home and do it, okay? And he passed out at the wheel of his car, lost control of the car, went off the pole, boom.

And he got killed. Okay? Horror story. An absolute horror story. We're family.

Okay? So. So again, you know, with. If you have early morning hours, you know, where were you before you came here? Did you eat before you came here?

This is what, these are the questions, folks. So the RMA form, you can get them online and have the patients, if you know, you have an at risk patient, just have them sign an R. Says like, you know, if anything happens, do we have permission to provide, you know, first aid care? You know, our staff is trained, and if they say yes, fine. If they say no, that's okay, and nothing will happen. Cover yourself.

Have them sign an RMA form, okay? Have them sign an RMA form, okay? Because if you don't document anything didn't happen and you can get burned, and I'm sure at least one person here in this audience today has gotten burned because if you didn't document it, it didn't. Didn't happen, okay? And that's powerful.

That's powerful. All right? Everything down to the nitty gritty of the detail specificity. Because if you get the lawyer letter, okay? And you have to go to an attorney, they're going to ask you everything, okay?

So get in touch with an attorney, have a consultation about, you know, liability, okay? If it happens. So let's summarize this so we can get some questions in and, and then you guys can tell me your horror stories. I'll do my best to answer, answer them. And, and again, you know, you have the, you have the 10 question quiz for your CEUs after this.

Just keep in mind that, you know, we're all in this together, okay? We're not out to get anybody. Okay? But these are some real situations over here, okay? So again, basic life support, cpr, ecc, aed.

And here's the best part right here, okay? And this is the easiest thing to do, especially if you're in private practice. And even if you're not, and you work in a hospital, you know, you can contact the emergency department in your hospital or you can contact your EMS people. You introduce yourself and you say, hey, I would like to have an in service on emergency procedures in a medical office until you guys arrive. Okay?

And you arrange for an in service. Okay? Okay. So you make a donation to the first aid squad. The benefits of private, priceless.

It's a small investment to pay. Okay? And. And this is what you do. Just have.

Have an in service. That's what they want to do. EMS people love to do this stuff. God bless them. I mean, they're like, you know, I. I know several EMT persons.

You might be an EMT also. Okay? And. And just talk about what kind of emergencies can happen that we talked about today, and what do they suggest has to do, okay? So get their opinions.

Okay? And it's free. All right, so you make a donation. Not bad. It's really great.

Okay, so that's all that I have on this one here today, Carolyn, I'm going to turn it over to you. And let's see, let's see what comes from the audience as far as, like, what happened to them. And I've got a blank piece of paper here and a pen, and I'm ready to add to my. I'm ready to add to my slide program. So let me thank everybody for signing up and coming in today for this, and.

And I hope that it met expectations and, and good luck and stay calm, okay? Stay calm and document everything. All right, Carolyn, back to you. Thank you. Dr. DiSogra.

Question for you. So I like your idea about having, like, the local squad come in and do an in service, but that doesn't certify you. Like, I was just certified by the Red Cross and basic life support. It took a few hours. I had to do some parts online.

Then I had to go in service and practice with the AED and the dummy and everything. It was great. Do you recommend that audiologists and their staff get basic life support certified? Absolutely. Because what if you're, if you're not in the office, but the waiting, you know, you, you, you come in at 9:30 and the 9:30 patient showed up at 9:00 clock and something happens.

You want your staff to be ready. Okay. You, you have to protect your staff. And it's good pr, it's good business. It's good business.

And, and it's great for staff morale. That's okay. We're going to get trained in CPR and we' do a class and you pay for it. Okay. In private practice, you pay for it and it's a great benefit, it's a great perk and I would highly recommend it.

No, no, you don't get certified unless it's through the American Red Cross or that's what I. Yeah, but you could also get a letter or something that says that, you know, we had this two hour insurance, three hour inserts on medical emergencies and then let's, let's see what the emergency medical people, they might be able to certify you, they might be able to give you something, something for medical legal purposes. Okay. Right. Yeah, I, I personally would go with the basic, I would, with the American Red Cross certification because then you learn how to use the aed, you learn, you know, the child versus the adult and as opposed to an in service where, you know, it may not follow the same process. But anyway.

All right, we got a couple of questions here. First one is does HIPAA come into play which would require us to get a consent from the patient before we call a family member or their primary care physician? That's a great question. If they're over 18, as an adult, they can, you can provide services, you can provide that emergency equipment, I mean emergency services to the patient. I don't see a problem, a real problem with that.

I never had that experience where I had to be concerned about that. But if, if there's an issue, if, if somebody dropped off their mother for a hearing test and they went shopping, I'll see you in an hour and something happens, you. Well, again, going back to your case history, if it's an older patient, get a contact phone number in case of emergency. I mean, that's why it's there. If that patient passes out and they're unconscious, you need to contact somebody, somebody other than the ems, because that's concurrent, you need to get to somebody else.

And lots of times patients will come in and they're dropped Off. And so I would strongly add on if you don't have it, you know, emergency contact person and a phone number or an email address. Okay. I hope that answers the question. Yeah, yeah.

So we have another one here. It says, oh, so I think that the person was asking specifically to suicide. Suicidal situations, suicidal ideations. Would HIPAA come into play?

Right. Because it's suicidal. And that's obviously, you know, it's either gonna happen or it's not. Call the primary care doctor. Get someone to stay with that patient in the office.

Try and get as much information, talk to the patient as possible and, and wait for the doctor to get back to you. Or just contact 911 and get EMT people there because they can. They'll. They'll ask questions, and I don't know what questions they will ask. And this is where that in service will be a big plus.

Put that on your list of questions to ask the EMTs. Or you can do it after we, you know, finish this work, this workshop or this conference. The call here is that when a patient, you know, threatens suicide, you know, what steps do you take as an emt? All right, so that's what you need to do. Your EMTs are your best friend.

They're going to be your best friends here. If you're, if you're still a little reluctant or you're hesitant to, gee, I don't know if I want to do that. What if, you know, that's okay? Call the EMTs. That's what they're trained to do.

And if they say, when patient threatens suicide, you know, you do this, this and this, you call us, and then we will go in and say, what do you do? And then. And if they refuse medical attention again, you have a phone number in case of an emergency? Well, your mother just talked about taking all her pills. Okay.

Hello. I think that's an emergency. Okay. So you need to get that family member or next person person to call. Okay.

I hope that. All right. Yeah, we got another one here. It says, what are your thoughts about private practice owners connecting with nearby medical offices for emergent medical issues? In some areas, 911 takes too long.

Where, you know, if you're sharing office space, you know, in a building with other offices, well, you can let them know that. That if you're new to the building or if you've been there, you can just say, well, I just took this in service. And they brought some issues up about emergency care. Are you available if I have an emergency and I need a medical person to come in before EMS arrives, what to do before the EMT show up. It's a great question.

It's a really great question about familiarization. I had a private practice, and. And when I think I told the story about the kid who passed out during the videotoscopy, Well, I called 91 1, of course. And of course, you know, it's a, you know, freeholders. Not.

Not a huge town. But the police arrived, like three squared. I get emotional because it just brings back some memories of total unpreparedness. Okay. And.

And the kid passed out during videotoscopy. And so you hit the 911. Three squad cars show up. EMS show shows up. The phone is ringing off the hook.

It's all the doctors in the complex. Bob, what's going on? Can we do anything? Okay, but. But we.

It was a ground floor complex, so everybody saw every. Who was coming in and out. So when you see the. And the lights and so on like that, of course the. The staff is looking out the window.

They're going to say, hey, doc, there's something going on in the audiology. They offer that. I was blessed to have that. But fortunately, the kid came to and then apologized for passing out. And she said, I always pass out at Medicine Medical.

The teacher was going to knock him into another zip code. It's like you didn't tell us. So. No. Yes.

Great question. You can do that? Yes. Are they available? Will they be available?

Doctor's hours are not like your hours, so they may not be available. So what do you do when the em. Before the EMT showed up? And that's today's. That's today's program.

What do you do before the EMT show up? Okay, so that's the. And. And ask the EMTs about that. Okay.

But yeah, ask the docs in the area, would you be available if, God forbid, I have an emergency? Just ask.

Thank you. Tina said if you work in a hospital, you need to get CPR and get certified, and we have to pay to take the course. So that's good info. Thank you, Tina. That's great.

And someone else said. Yeah, they said they once had a patient with a pacemaker. When starting to do real air measures, she said her heart didn't feel right. So we stopped, we chatted, and I monitored for several minutes to ensure she wasn't having a true cardiac episode. And I've talked to a few other audiologists, and we think the probe tube likely triggered a response from Arnold's nerve in the ear canal.

And that made her Feel unwell, briefly. Have you heard of this before? No, that. That's the first. That's interesting.

You know, the first time we do otoscopy, you know, we hit Arnold's nerve in the canal and everybody's coughing away, you know, and it's like, well, okay, well, gee, what can happen with the probe like that? Well, that's very interesting. I would. What I would do is that I would contact the manufacturer and see what kind of experience people have had with probe tips triggering this type of response. That's very interesting.

Okay. That's a new. That's something new for me. I never had that. The only time I've had people cough is just, you know, getting a, you know, just doing some cerumen management otoscopy or just going in with.

Getting a cotton block in there for an ear impression. So that's a great question and a great situation. An interesting situation that I have no experience with. So I would contact the pro. The micro.

Because when that student passed out with the videotoscopy, I told the manufacturer, you know, please, you know, put a disclaimer like, do you pass out at medical things? Okay. Do medical pictures upset you? Close your eyes, you know, while I do uretoscopy. So, yeah, I would check with the manufacturer and see what kind of experience they've had.

Or just check with. Yeah, I would just do that. Check with the manufacturer. Or you maybe write an article about it. You know, case studies are always wonderful to deal with.

Great advice. Thank you. That looks like all of our questions. Thanks to everybody for sharing. Some interesting things coming out of that.

And I love how Dr. DiSogra did his crowdsourcing on the Facebook page. The more we talk to colleagues at the. Find out what, you know, what's happening in other offices. It just can really help us. And it was really great, Dr. DiSogra, lots and lots to think about in the slides that you put together today.

So we really appreciate it. We hope you appreciate that. Yeah, I appreciate that. And. And there's no new episodes that people can report in other than what we covered, which is also good.

But you never know. Okay. We didn't talk about people passing out out by doing swimming management. Okay. And taking foreign objects out of the ear.

But things happen. Okay. If in doubt 91 1, because that's going to cover you right out of the gate and document everything, everybody, especially the time, especially on the seizures. Okay? And Carolyn,

thank you very much and to.

And to Kim also for all of her help with this and good luck to everybody. My email address is right there if you need to reach out to me and and hopefully we'll see you AAA at the Audiology Project Meet and greet on Thursday the 23rd. Thanks. Sounds great. And on that note, we'll wrap today.

Hope to see you all in another webinar soon, and have a great afternoon. Thank you. Thank you, everybody.