Matt attended paramedic school in 1999 as a means to pay for college. He graduated from Syracuse University with a major in biology and a minor in chemistry. In 2002, he started flying as a Paramedic at Mercy Flight Central in New York while continuing to work with ground EMS.

While working as a Flight Paramedic, he finished his nursing degree through Excelsior College in New York and went on to work in the Surgical Trauma ICU at Upstate University Hospital, a level 1 trauma center and teaching facility. He obtained the required amount of nursing experience and transitioned to the role as flight nurse. Matt has also earned his advanced certifications as a CCRN and CFRN. In 2010 he had the opportunity to step into the clinical educator role for Mercy Flight Central, a position to overseeing all of the education for the Mercy Flight crews.

In 2012, Matt and his wife Alysia who is also an Aeromed flight crew member, decided to move to Florida. Matt was hired by TGH and started in the ER where he became a Trauma Resuscitation Nurse. He later had the opportunity to start his career with Aeromed in 2013. Currently, he flies full time out of the Sebring base, also known as Aeromed 2. Matt is involved in Aeromed’s flight crew education, as well as new employee orientation. Matt also serves on the CAMTs committee, which helps in ensuring Aeromed remains CAMTS compliant and assists with reaccreditation.

Matt has a passion for education and lifelong learning. He enjoys teaching and helping others reach their own goals. “There is nothing more satisfying in life than to see someone you’ve helped reach a goal,” said Matt.

“One of the most gratifying aspects of flight nursing is seeing the impact we have on various people. Many may immediately think of patients, and that is true, but I truly enjoy the team dynamic of working with various EMS agencies and hospitals to have the best possible outcomes for our patients,” said Matt.

If there was one thing I could change in the industry it would be the level of competition,” he said. Competition breeds hostility and people taking sides. It can lead us to forget that the reason for our existence is our patients and families in need, and doing what is in the best interest for them.

In his downtime, Matt enjoys golfing and spending time with his family and friends. He also enjoys woodworking and working on vehicles. Matt says being a Florida resident has allowed him to do all of this favorite things all year round.
**Differential Diagnosis of Tachydysrhythmias**

We have discussed the differential diagnosis of tachydysrhythmias in the past. It’s important to review these concepts periodically to ensure we have a good working knowledge and the ability to make diagnoses and treat patient properly.

Tachydysrhythmias can be broken into four groups that are specified by the QRS duration and the regularity of the rhythm. These groups include narrow and regular, narrow and irregular, wide and regular and wide and irregular.

The differential diagnosis of a tachydysrhythmia is made by analyzing the QRS duration and determining whether the rhythm is regular or irregular. Each group will have three differential diagnoses. Often times we are faced with the EKG or rhythm strip that we cannot diagnose with confidence. By breaking the tracing into parts and developing three simple differentials one can have more confidence in the ability to interpret these complicated EKGs. Let us discuss each tachydysrhythmia group and list their differentials.

First, we will start with narrow and regular tachycardias. The differential includes sinus tachycardia, atrial flutter and supraventricular tachycardia (SVT). Let’s move onto narrow and irregular. The differential of this includes atrial fibrillation, atrial flutter with variable conduction and multifocal atrial tachycardia (MAT). The third group we will discuss is wide and regular tachycardias. The differential here include ventricular tachycardia (VT), sinus tachycardia with aberrancy and SVT with aberrancy. Finally, let’s move to wide and irregular tachycardias. These differentials includes atrial fibrillation with aberrancy, atrial fibrillation with WPW and polymorphic VT.

The etiology and management of each of these tachycardias is beyond the scope of this article. The purpose of this review is to help you remain comfortable interpreting these complicated EKGs. When faced with a tachydysrhythmia, break it down into separate parts. Is it wide or narrow? Is it regular or irregular? Consider using the figure below to further assist you. Having three simple differentials in these complicated cases will help you make a correct diagnosis in various clinical settings.

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