



Peninsulas EMS Council, Inc.

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Medical Advisors Committee, September 11, 2003

Call to Order 10:05 a.m.

Introductions: MEMBERS

Dr. Karen Link
Dr. Tamara Barnes
Dr. Kim Mitchell
Dr. Tom Young
Dr. Cheryl Lawson
Dr. Frank Lee
Dr. Miguella Guterrez
Dr. Maurice Murphy
Dr. Paul Sutherland
Dr. Peter Sim
Dr. David Kersenbergen

GUESTS

Ken Pence
Willard Hicks
Sal Messina
Tracy Hanger
Lorie Messina
Nola Berlinghoff
Laurie Rock
Tom Ezell
Kerry Duncan
John Cooke
David Barrick

Staff

James Masten
Dane Davis
Ellen Vest

1. **Approval of Minutes:** Minutes from June meeting reviewed, motion to approve, second, and passed.
2. **MAC Policy:** Reviewed MAC policy, and adopted Chair and Vice-Chair. Motion by Dr. Link to continue with Dr. Mitchell as Chair, and Dr. Barnes as Vic-Chair, Second by Dr. Sim, passed.
3. **ALS Coordinators:** Dane discussed six ALS Coordinator applicants attended state training on September 6, 2003. Committee supports endorsement of the applicants, and also supports taking advantage of the most efficient means of operations for future processes, to include review of applicants by email for endorsement and approval.
4. **Rescue Squad Assistance Fund:** Dane discussed new ALS Training Funds Program. EMS Council will only be involved with funding for accreditation and continuing education.
5. **Infection Control:** Dane discussed the need for improved communications and consistency of operations between pre-hospital and hospital in regard to infection control issues. PEMS hosted a workshop on September 9, 2003 with representation from all regional hospitals, and many EMS agencies Infection Control Designated Officers. Council will work to continuously improve process in collaboration with agencies and facilities.
6. **Quality Improvement:** Quality Improvement representatives from all agencies are encouraged to attend QI retreat hosted by Tidewater EMS Council, September 19 & 20.
7. **EMS Symposium:** Chief David Barrick discussed planning for 2004 EMS Symposium, and invited participation for instructors. Also, encouraged OMD class for 2003 Symposium.
8. **Regional Pharmacists:** Dane welcomed Laurie Rock, and Ruth Fenstermacher from Riverside Health System Pharmacies. Both pharmacists were active in regional pharmacists

meeting held at Riverside Regional Medical Center on August 21, 2003. Many issues were addressed in this meeting, of which will continue as a working group in collaboration with the MAC Committee. The Pharmacists are supportive and assisting with the protocol revisions.

9. **For the Good of the Order**: No items for discussion.
10. **Protocol Revisions**: Dane discussed work group's effort, and thanked for their support of regional effort. Committee moves into review of drafts for revision.
 - a. **Intubation Protocol**: All medications throughout document should list medication name and generic name.
 - b. **Post Intubation Protocol**: Motion by Dr. Mitchell to remove brackets from Paramedics on this protocol, and all regional protocols, Second by Dr. Link, all approved, Passed.
 - c. **Pain Management Protocol**: Need to remove brackets from [P], and remove Phenergan from protocol. Committee decision to stock Phenergan in drug box to use as needed in field; however, not to list in specific protocol.
 - d. **Behavioral Management Protocol**: Change all protocols to "Assure adequate airway and oxygenation, see airway protocol". Discussed removal of "consider" from Protocols.
 - e. **Combative Patients Protocol**: Standardize airway statement, and change cc to ml.
 - f. **Burns Thermal Protocol**: Remove brackets from [P], change Morphine Sulfate dose to reflect 2-5 mg, Do not change wording in Burn Airway draft, add remove rings and jewelry from burn patient extremities and see pain management protocol.
 - g. **Diving / Drowning Protocol**: Standardize airway statement, change cc to ml..
 - h. **Electrical and Lightning Injury Protocol**: Make ECG consistent in all protocols, remove record rhythm strip, it is stated in Skills section. Committee discussed use of Lactated Ringers for certain patient populations. Committee decided to maintain Normal Saline as only fluid for region at this time. Lactated Ringers will be considered in future with additional research to support. Change all "cc" to "ml" throughout document, also change all to reflect "Contact Medical Control".
 - i. **Cold Emergencies Protocol**: Move Transport Patient to #2. Defer Cold Emergency Cardiac Arrest to protocol work group for draft and review at December MAC.
 - j. **Heat Emergency Protocol**: Change cc to ml, and standard airway statement. .
 - k. **Altered Level of Consciousness Protocol**: Discussed field blood samples, decision to be left up to Agency OMD whether to draw samples in field, remove criteria from protocol. Also, research needed to decide on Thiamine administration if field.
 - l. **Asystole Protocol**: Change cc to ml.
 - m. **Pulseless Electrical Activity Protocol**: Change all fluid bolus statements to be consistent. Ensure that all Sodium Bicarbonate doses are consistent. Change all NS to reflect 0.9% Normal Saline.
 - n. **Ventricular Fibrillation**: Change Rapid to Early defibrillation. In witnessed VF, pre-cordial thump may be given if defibrillator is not immediately available. Add statement to

address Biphasic technology. Change double dose to reflect specific dose for ETT. Discussion of using Lidocaine as primary antiarrhythmic in extreme cases when IV access is attainable.

- o. **Bradycardia Protocol:** Change cc to ml, and remove zeros after dose of medications. Add table for all infusions into pharmacology pages.
 - p. **Supraventricular Tachycardia:** Add flush with 10 ml of 0.9% Normal Saline immediately following administration of Adenosine. Remove Carotid Sinus Massage. Add Midazolam as treatment for sedation pre-cardio version. Add Bi-Phasic Statement. In pharmacology pages for Diltiazem, consider lower dose administration for older patients per Dr. Sim.
 - q. **Ventricular Ectopy Protocol:** Remove entire protocol.
 - r. **Ventricular Tachycardia with a Pulse Protocol:** Change first line administration of Lidocaine to Amiodarone. Change pre-medicate from Valium to Versed. Add administration of Amiodarone for recurring VT post cardioversion.
11. **Meeting Adjourned at 1403:** Committee will continue on reviewing drafts in Special Meeting to be announced facilitating adherence to proposed implementation timeline 2004.

Next Meeting, December 3, 2003
Tidewater EMS to Host, Location and Time TBD