



## Peninsulas Emergency Medical Services Council, Inc.

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### PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

**Meeting Date:** September 17, 2020

**Meeting Location:**

Virtual/Go to Meeting

**Chaired By:** D. Justis

**Begin Time:** 10:05 a.m.

**End Time:** 1:45 pm

**Minutes Submitted By:** Seth Craig

**Draft X Approved Date:**

Members Present:	Members Absent:	Staff:	Others:
Dodd, DO, Lisa (Chair) (TC)	Apostoles, MD, Steve	Craig, Seth (TC)	Claiborne, Tanya/Riverside Pharm (TC)
Gupta, MD, Sudershan (TC)	Baker, MD, Chris	Pincus, Stephen (TC)	Doak, Melissa/YCFLS (TC)
Harper, Kimberly (TC)	Bass, MD, Gregory		
Justis, MD, David (TC)	Berry, Wayne		
Lawson, MD, Cheryl (TC)	Clarke, DO, Clarence		
Louka, Amir (TC)	Clifford, MD, Christianne		
Sledge, Tyler (TC)	Dudley, DO, James		
Sweet, Jason (TC)	Dunn, MD, Chad		
	Erwin, MD, Eleanor (Vice-Chair) (TC)		
	Fish, Jr, MD, James		
	Garrison, MD, James		
	Haas, MD, Christopher		
	Jackson, MD, Cara Marie		
	James, MD, Christopher		
	Jennings, MD, Torino		
	Laing, Jim		
	McCorry, DO, James		
	Prata, Tony		
	Ray, MD, Gaylord		
	Skrip, MD, Stephen		
	Sutherland, MD, Paul		
	Veek, Phillip		
	Weber, MD, Brent		

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
	Williams, Cynthia		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting Called to Order at 10:05 a.m. by L. Dodd. Due to COVID-19, the meeting was virtual. Those on teleconference introduced themselves.		
MAC Membership Changes	<p>OMD Membership Report – No report from OEMS regarding Regional OMDs Certification approaching expiration. S. Craig will follow up to get a current report.</p> <p>MAC Committee has a vacancy for Licensed EMS Agency (Middle Peninsula), Licensed EMS Agency</p>	<p>Follow up with OEMS.</p> <p>Seek new members</p>	<p>S. Craig/12-10-20</p> <p>MAC</p>
Approval of Minutes	Approval of the June 11 <sup>th</sup> , 2020 Minutes. Motion by C. Lawson to approve, Seconded by Dr. Justis. Minutes approved unanimously as written.	Submit Final to S. Pincus	S. Craig
Regional MD Report	<p>Dr. Louka presented the following Regional Medical Report:</p> <ol style="list-style-type: none"> <li>1. Planning a cover to cover protocol review</li> <li>2. Committee updates <ul style="list-style-type: none"> <li>-Stroke committee: LVO triage, updated protocol</li> <li>-STEMI committee: added cardiologist, updated protocol, Northern Neck ECGs</li> <li>-Trauma committee: standardizing language, updated protocols</li> <li>-Pharmacy: Ativan/Versed</li> </ul> </li> <li>3. Behavioral protocol review: ensure that EMS is not called to facilitate law enforcement arrests, protocols should be used only in medically necessary situations.</li> <li>4. ODEMSA- replacing opiates with Ketamine</li> </ol>		
OMD Membership	No report from OEMS regarding OMD certifications this quarter.		
Committee Reports	<p>Committee Reports –</p> <ol style="list-style-type: none"> <li>a. Pharmacy Committee – S. Craig for J. Bendit <ol style="list-style-type: none"> <li>1. Request for Ativan to be removed from PEMS Medication Boxes due to short shelf life and constant need for EMS Providers to exchange medication boxes</li> </ol> </li> <li>b. Performance Improvement Committee – S. Craig <ol style="list-style-type: none"> <li>1. PIC is reviewing the under-triage rate that is reported to the state.</li> <li>2. JJ Bonavita of OEMS presented Sepsis data for parts of the region. PPP is looking at Sepsis protocol</li> <li>3. Reviewing medical incident reports – ¼ of provider MIRs (2 of 8) provider administered Inhalation Saline instead of either Albuterol or Atrovent. Need to look at packaging.</li> </ol> </li> <li>c. PPP Committee – David Justis, MD <ol style="list-style-type: none"> <li>1. PPP Committee has been very busy, working on protocol layout, and updating protocols as will be discussed in new business.</li> </ol> </li> <li>d. Clinical Program Committees (Stroke, STEMI, Trauma) – J. Bendit</li> </ol>		

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	<ul style="list-style-type: none"> <li>i. Trauma Committee – S. Craig J. Bendit               <ul style="list-style-type: none"> <li>1. Dr. Brown of RRMC has been very helpful in reviewing and updating PEMS Trauma Related protocols with the Trauma Committee.</li> </ul> </li> <li>ii. Stroke Committee – S. Craig for J. Bendit               <ul style="list-style-type: none"> <li>1. Stroke plan was updated – not many changes.</li> <li>2. Modifications to the plan include adding COR numbers as voted at the June 11<sup>th</sup>, 2020 MAC Meeting.</li> </ul> </li> <li>iii. STEMI Committee- S. Craig for J. Bendit               <ul style="list-style-type: none"> <li>1. Modifications to the plan include adding COR numbers as voted at the June 11<sup>th</sup>, 2020 MAC Meeting</li> </ul> </li> <li>iv. Behavioral Health Committee- S. Craig for A. Ashe               <ul style="list-style-type: none"> <li>1. Revising General-Behavioral/Pt Restraint beyond just Medication Admin.</li> </ul> </li> <li>e. EMS Operations – S. Pincus               <ul style="list-style-type: none"> <li>1. PCOC was very successful, still meeting routinely.</li> </ul> </li> </ul>		
PEMS Updates	<p>Jeff Bendit moved to Florida but remains FT with PEMS.</p> <p>S. Craig reported that the PEMS BOD met last night regarding Q1FY21. MAC is up to date on deliverables, thank you for all you do.</p>		
Old Business	No old business		
New Business	<p>There was a discussion about the scheduling of the PPP and MAC within the same week. Dr. Justis will talk with PPP about moving to first Thursday.</p> <p>The following draft protocols were discussed:</p> <ul style="list-style-type: none"> <li>1. Airway-Sedation Assisted (non-paralytic)- change name to Airway- Sedation following advanced airway placement. T. Claiborne suggested Versed dosage by removing IN, and changing to 2.5 mg IV/IO, 5 mg IM, or Fentanyl 25 mcg. Add PEARL to closely monitor for hypotension. It was also suggested to remove ventilation rate and leave EtCO<sub>2</sub>. Remove “consider ½ dose sedation.”</li> <li>2. Albuterol-administrative change, changing Atrovent from 2.5 mL to 3 mL</li> <li>3. Amiodarone Pharm Page- removing “diluting” Amiodarone</li> <li>4. Asystole (Pediatric) administrative change to Epinephrine Dosing Reference. Dr. Louka suggested combining Asystole &amp; PEA into one protocol since the procedure is the same.</li> <li>5. Bradycardia (Pediatric) administrative change to Epinephrine Dosing Reference, rearranged stable/unstable references</li> <li>6. Cardiac Arrest- Post Resuscitative Care- change name to Post-ROSC care, update Epinephrine Dosing Reference, rearrange pressors and update dosages, Titrate to MAP of 65 mmHg rather than SBP. MAC discussed removing Dopamine completely since there is norepinephrine and epinephrine. S. Craig will put this in the poll for MAC.</li> <li>7. Cardiac Arrest- V-Fib/Pulseless V Tach- change name to Post-ROSC care, update Epinephrine Dosing Reference, rearrange pressors and update dosages, Titrate to MAP of 65 mmHg rather than SBP, repeat antidysrhythmic dose clearly indicated as half of initial dose</li> <li>8. Communications- COR numbers added as approved by MAC 6-11-20</li> <li>9. Dopamine Pharm Page- Update dosage verbiage, Titrate to MAP of 65 mmHg, or REMOVE Dopamine completely</li> <li>10. Epi 0.1 mg update dosage verbiage, clarification on concentrations, titrate to MAP of 65 mmHg</li> <li>11. Epi 1 mg update dosage verbiage, clarification on concentrations, titrate to MAP of 65 mmHg</li> </ul>	<p>Send out poll to MAC regarding generalized changes prior to completely rewriting protocols.</p> <p>Once that is completed, revise draft protocols to reflect votes and send to MAC for approval.</p>	S. Craig/9-24-20

Item	Discussion	Action Required	By Whom/When
	<p>12. General- Behavioral Restraint- restructure of protocol to a tiered Mild/Moderate/Severe approach, possible removal of Ativan, discussed dosage changes of Versed. S. Craig will add the Versed dosing to the MAC poll.</p> <p>13. General- Hemorrhage Control- Per Trauma Committee, added thoracoabdominal injuries and pelvic binder. MAC recommended adding vented occlusive dressing to chest wounds if available.</p> <p>14. General- Pain Control- SBP 100 for both Fentanyl and Morphine for consistency. MAC recommended adding a PEARL for patients over 60 YO consider lower dosing. Proposed change to Morphine dosing and to repeat initial dose every 10 minutes. Make S. Craig will add to MAC poll.</p> <p>15. General- Trauma- per Trauma Committee, add splinting, add assess distal pulses, update fluid administration for hypotension, add Shock Index (if approved, Dr. Louka will add training to protocol rollout video)</p> <p>16. General- Universal Care- move BGL and temp to “consider”, define 5 rights, add assess for drug-drug interactions and drug allergies</p> <p>17. Injury- Crush- per Trauma Committee- redefined ECG changes, updated medication administration. MAC suggested changing 60 minutes to 15 minutes. MAC also discussed TQ application prior to extrication. This will go to Trauma Committee. Move PEARL “Initiate Protocol...” into protocol below 1<sup>st</sup> EMT line. Add “flush with 40 mL saline” for Sodium Bicarb, and clarify instructions to establish 2 lines.</p> <p>18. Injury- Burns-Thermal- per Trauma Committee- update fluid bolus administration to mirror General-Trauma Protocol</p> <p>19. Injury-Electrical- per Trauma Committee- update fluid bolus administration to mirror General-Trauma Protocol</p> <p>20. Injuries- Bites/Envenomation- Land REMOVE</p> <p>21. Injuries- Bites/Envenomation- Marine REMOVE</p> <p>22. Ipratropium Bromide- administrative update- changed 2.5 mL to 3 mL as provided in Med Box</p> <p>23. Mag Sulfate Pharm- change dosing to match protocols</p> <p>24. Medical- Allergic Reaction- remove the word “slow” from infusion, update epinephrine references</p> <p>25. Medical- Bradycardia- update medication dosage references (epi, dopamine, Versed)</p> <p>26. Medical- Chest Pain-Cardiac Suspected- update Morphine Dosage</p> <p>27. Medical- Hypotension/Shock (non-traumatic)- Update pressors</p> <p>28. Medical-Overdose/Poisoning/Toxic Ingestion- update Versed dosage, overhaul protocol to cover Overdoses (i.e. Ca Channel Blockers, Beta Blockers, TCAs, etc) and other toxidromes rather than repeat the General-Behavioral Protocol as it does now.</p> <p>29. Medical- Respiratory- Update Mag and Epi dosing. T. Claiborne expressed concern about nebulizing Epinephrine and suggested mixing it with inhalation saline. M. Doak mentioned the recent MIRs regarding inhalation saline, therefore T. Claiborne indicated she will take it back to the Pharmacy Committee. In Status Asthmaticus, change to say “administer the above plus...”</p> <p>30. Medical-Seizure- Update to Versed dosing</p> <p>31. Medical- SVT- Update to Versed dosing</p> <p>32. Medical-VTach with a Pulse- added “regular” to monomorphic under stable, update Versed dosage</p> <p>33. Medical-Stroke- per Stroke Committee- Added references about pt information on COR, move</p>		

Item	Discussion	Action Required	By Whom/When
	<p>time from 15 minutes to 30 minutes. MAC discussed the time frame between 30 and 50 minutes. S. Craig will add the times to the poll</p> <p>34. Midazolam Pharm- update dosages to reflect changes in protocols</p> <p>35. Morphine Pharm- update dosages to reflect changes in protocols</p> <p>36. Norepi Pharm- update dosages to reflect changes in protocols</p> <p>37. OB GYN- Eclampsia- update to criteria and flow of protocol. Discussion of Mag Sulfate and Versed dosing. MAC suggested 2 g slow IV/IO push for preeclampsia, and 2 g for eclampsia followed by 2 g if seizing continues. Other suggestions were to administer magnesium infusion for pre-eclampsia and asthma (2 mg in 50-100 mL 0.9% NaCl).</p> <p>38. PEA- Pediatric- update to epi dosing</p> <p>39. Seizure- Pediatrics- update to medication dosages- Versed, Ativan. Discussion about Versed- 0.05 mg/kg IV/IO up to 2.5 mg, or 0.1 mg/kg IN/IM</p> <p>40. STEMI Field Triage- per STEMI Committee- update COR as approved at June MAC</p> <p>41. Trauma Field Triage- per Trauma Committee- update hospital lists and guidance for traumatic arrests an unmanaged airways</p> <p>42. V-Fib Pulseless V-Tach- Pediatrics- update to medication dosages</p> <p>43. VTach with a Pulse- Pediatrics- update to medication dosages</p> <p>Dr. Lawson emphasized the importance of TEMS/PEMS working together on protocols due to EMS providers running in both EMS Regions. MAC members agreed to an extent, but there are significant differences between regions so it is not beneficial to have the exact same protocols.</p> <p>Dr. Louka indicated Pediatrics Protocols will be an emphasis, and has a physician from VCU willing to assist. S. Craig will work with getting CHKD assistance.</p> <p>S. Craig will add protocol update schedule to the poll for MAC to consider updates twice a year.</p> <p>Dr. Justis mentioned Diltizam and consideration of putting it back into the medication box. There was mixed opinions about it, PPP will look into it.</p>		
For the Good of the Order	<p>Important Dates</p> <ul style="list-style-type: none"> <li>i. Joint MAC Meeting December 10<sup>th</sup>, 2020 08:00 OMD update, TEMS/PEMS, PEMS is hosting this year. Unsure if there will be an OEMS OMD update. OEMS has tentatively “penciled it in.”</li> </ul> <ul style="list-style-type: none"> <li>• Attendance verified.</li> </ul>		
Adjournment	Meeting was adjourned at 1:45 pm.		