



Peninsulas Emergency Medical Services Council, Inc.

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PEMS Pharmacy Committee Meeting Minutes

A Subcommittee of the Board of Directors

Meeting Date: 8-3-2016

Meeting Location: PEMS and TC

Chaired By: L. Enzor

Begin Time: 3:06 PM

End Time: 3:42

Minutes Submitted By: J. Bendit

Draft Approved Date: 11-02-16

| Members Present: | Members Absent: | Staff: | Others: |
|--------------------------|-------------------------|----------------|----------------------|
| Cindy Langley (TC) | Cheryl Lawson | Jeffrey Bendit | Lorie Messina (TC) |
| Catherine Richwine (TC) | Curtis Smith (TC) | | Sal Messina (TC) |
| Cindy Langley (TC) | Jane Laverne (NV) | | Suzanne Hopkins (TC) |
| Ed Elzarian (TC) | Jennifer Peters | | |
| Greg Blake (TC) | Jessica Pothast | | |
| Jane Laverne (NV) (TC) | Jon Horton | | |
| Jeff Beasley (NV) (TC) | Jonathan Lafrenaye (TC) | | |
| June Javier (TC) | Maxine Luxton | | |
| Lindsay Enzor (TC) | Rali Amin SNGH | | |
| Tricia Newsome (NV) (TC) | Sharon Lyons | | |
| Wendy Bridges (TC) | Terri Sim | | |
| | Wayne Berry (NV) | | |

| Item | Discussion | Action Required | By Whom/When |
|---------------|---|------------------------|---------------------|
| Call to Order | At 3:06 PM by Lindsay Enzor. | | |
| Introductions | None | | |
| Minutes | Motion to accept as written by L. Enzor, second by E. Elzarian, approved unanimously. | | |
| Old Business | RSI: Draft PEMS Regional RSI Plan sent for review by MAC RSI Workgroup and PEMS. Draft PEMS Rapid Sequence intubation Regional Program Model Guideline created to replace the Plan. PPP Committee sent Ketamine protocol for PEMS region to the Pharmacy Committee to review and comment on max dosage/ how carried recommendations. Ketamine is possibly being looked at by the PPP Committee | | |

| Item | Discussion | Action Required | By Whom/When |
|--------------|---|--|------------------|
| | <p>for use in the PEMS RSI Medication Box.</p> <p>All pharmacies are experiencing Vecuronium shortages according to L. Enzor. She states that over the past year that NNF and other departments have asked to ensure their RSI program has priority in filling the Vecuronium in the RSI medication boxes currently in use to meet the needs during RSI events. Rocuronium is in the RSI medication box as an alternative.</p> | | |
| New Business | <p>Amiodarone discussion: W. Bridges sent an email, "This is just a question. Why do they use the multiple vials of amiodarone, instead of 1-18ml or the 9ml vial for the bolus dose? There is also a premix bolus bag and drip bag". Currently we stock 4 vials of amiodarone 150mg vials. 600mg total needed for our protocols. All agreed that this meets the needs based on space in the medication box, quick draw matching protocol, and familiarization. No further discussion about the 4 vials is needed at this time.</p> <p>Amiodarone discussion: Normal saline vs. D5W mixture in pre-hospital setting. Normal saline is shown to be an alternate to D5W in the pre-hospital setting according to the mfr. recommendations.</p> <p>L. Enzor states that midazolam 5mg/ml is on shortage. PEMS medication boxes have 2 vials in them and require both for our protocols. This medication is used frequently by the PEMS region medics. W. Bridges, G. Blake, C. Richwine all stated that she hasn't experienced shortages in midazolam yet.</p> <p>J. Bendit stated that SWRMC notified him that they were seeing the dopamine vials come in recently. G. Blake states that he plans to leave the premixed bags in the PEMS medication boxes until they are used or expired. J. Bendit reminded that if the structure of the medication box is stressed by the bag, please remove and add the vial.</p> <p>Six month PEMS Regional Medication Box Incident Report review:</p> <p>G. Blake stated there have been issues in the ED upon exchange. They have issued medication boxes without refill or entering into Clearly Inventory. He is identifying this and plans to fill in the Incident Reports to help in tracking these types of incidents.</p> <p>C. Richwine stated there has been an increase in incidents with the exchange after she implemented entering the boxes into Clearly inventory when her pharmacy staff comes in during their business hours. The ED not filling in the paper method accurately.</p> <p>C. Richwine asked the group if we have seen any issues with narcotics after exchange blaming the pharmacy for not having the correct inventory and the agencies not being able to see inside prior to leaving the hospital? J. Bendit states that he has not received any incident reports. No others in the meeting have seen this in several years.</p> <p>C. Langley states that she is seeing the exterior PEMS Pharmacy Exchange Card not filled in by agencies and other pharmacies. J. Bendit has audited at hospital visits and sees the agencies are mostly found not filling the top half of the card when they turn it in. This can be caught at the point of exchange. Sal and Lorie Messina requested information on the procedures for filling out forms in the medication box for exchange.</p> | Send PowerPoint to Sal and Lorie Med. bx. exchange process | J. Bendit 8/3/16 |

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| Shortages | <p>Update: L. Enzor states there are ongoing shortages for the following: Haldol, normal saline, calcium chloride, magnesium sulfate, dopamine and lidocaine. These items are not affecting the PEMS medication box, but still reporting shortages. Epinephrine shortages are still affecting the stocking of our medication box. The pharmacies may still continue to only stock 6 epinephrine carpujet doses. There is an insert on the exterior pouch of the medication box stating this fact if the box is affected. PEMS requests no stickers placed on the medication box. Dopamine vials are coming in. Some pharmacies are removing premixed bag. Some state that they will not trade the vials until premixed bags expire or are used.</p> <p>No other additions or updates.</p> | | |
| Next Meeting | Wednesday, November 02, 2016, 1500-1630. | | |
| Adjournment | Motion to Adjourn by L. Enzor, Second by E. Elzarian at 1542. | | |
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