



Peninsulas Emergency Medical Services Council, Inc.

PO Box 1297, 6876 Main Street

Gloucester, VA 23061

Office (804) 693-6234 - Fax (804) 693-6277

PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: January 21st, 2021

Meeting Location:

Virtual/Go to Meeting

Chaired By: A. Louka

Begin Time: 1:05 pm

End Time: 2:40 pm

Minutes Submitted By: Seth Craig

Draft Approved Date: 03-11-21

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

Members Present:	Members Absent:	Staff:	Others:
	Williams, Cynthia		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting Called to Order at 1:05 pm by L. Dodd, in the absence of both the Chair and Vice-Chair. Due to COVID-19, the meeting was virtual. Attendance was recorded and confirmed as above.		
MAC Membership Changes	This was a special call meeting- no changes		
Approval of Minutes	This was a special call meeting- no vote was taken on December 2020 minutes.		
Regional MD Report	This was a special call meeting- no Regional MD Report		
OMD Membership	This was a special call meeting- no OMD Membership report		
Committee Reports	This was a special call meeting- no Committee reports		
PEMS Updates	This was a special call meeting- no PEMS Update		
New Business	A. Louka reported that there is a Haldol shortage reported from several hospitals. Some hospitals are reducing stocking PEMS Medication Boxes from two 5 mg vials to one vial. Some other EMS Regions use Geodon. S. Craig shared the ODEMSA protocol 10-20 mg IM for adults. For PEMS it would be for the severely behaviorally agitated patient protocol such as imminent self-harm or harm to others. Some risk of QT prolongation, does have to reconstituted. L. Dodd said PEMS does need a second line in case of shortage. S. Gupta and A. Louka reported that RWRH and VCU respectively use Geodon. S. Craig will develop a Geodon Pharmacy page and send to A. Louka for review before sending to Pharmacy Committee. If approved, training would be incorporated in the annual PEMS Protocol Rollout. A. Louka made a motion to have Geodon has a second option in the absence of Haldol. D. Justis seconded. Protocol would be 20 mg IM for a patient > 50 kg, call MC for patient <50. Motion approved unanimously.	Geodon Pharmacy Page	S. Craig/ 2-20-21
Old Business	A. Louka noted that Sharepoint is up and running and asked if there were any questions or concerns. D. Justis reported that he likes Sharepoint. Eventually, each PEMS Committee will have a Sharepoint Group where they can review committee- specific protocols. S. Gupta reported that he liked it very much, but would like weekly reminders that there are documents to review. A timeline will be developed to review protocols in a scheduled basis. A. Louka reported that there were a few highlights to discuss from comments on Sharepoint. 1. Pain Management/dosing MAC agreed to change the BP for both Morphine and Fentanyl to 100 mmHg for uniformity. After discussion about differences in patient populations and concerns about stacking doses, A. Louka made a motion to change Fentanyl to 25-50 mcg every 10-15 minutes. Motion was seconded by S. Gupta and approved unanimously. D. Justis made a motion to change Morphine dosing to 2.5-5 mg every 10-15 minutes. Motion seconded by A. Louka and approved unanimously. 2. PEDS Bradycardia criteria states a sustained HR less than 60 bpm. C. Lawson recommended changing the HR for 0-3 yrs to less than 100 bpm. However, PALS and PEPP state less than 60 bpm for	Develop system to provide updates or reminders	S. Craig/S. Pincus

Item	Discussion	Action Required	By Whom/When
	<p>compressions, epinephrine. The pediatric vital signs that are currently in the protocols can be added to the bradycardia protocol in the PEARLS.</p> <p>There is a Neonatal Resus. Protocol A. Louka shared to MAC as well as to the PEMS Ped Committee which is meeting on January 27th, 2021 and will work specifically on this protocol.</p> <p>3. Post intubation sedation- currently states Versed as a first line, but at the September 2020 MAC voted making it Fentanyl. Need to ensure all Fentanyl doses are the same throughout protocols.</p> <p>4. New Protocols- Current Overdose Protocol really is not about overdoses but about behavioral restraint.</p> <p>A. Louka has made an Overdose protocol based on common toxidromes. This in turn changed the Altered Mental Status protocol into just Hyperglycemia/Hypoglycemia Protocol by removing naloxone. During discussion of AMS protocol, a discussion about D50 arose. MAC voted to add a statement/PEARL indicating that the provider to "ensure it is administered through a patent large bore IV."</p> <p>Discussion began about how to approve/vote protocols after drafting. E. Erwin suggested allowing voting online for non-issue changes, then bring to the MAC items of controversy/discussion. Then there will be a final vote on the protocols.</p> <p>S. Pincus reported that he is working on a mechanism within Sharepoint to vote on protocols. C. Lawson asked that the ability to edit should be suspended and just the new draft be present.</p> <p>S. Craig will have a document that includes the proposed changes and the current document for comparison.</p> <p>A motion was made and approved to put a finalized protocol message after all discussion and drafts have been done. It would the OMDs from the MAC vote within 10 days to approve/disapprove the proposed changes.</p> <p>PEDS Sepsis- remove criteria lines about 6-12 years and 13-18 years.</p> <p>Respiratory Distress protocol was updated.</p> <p>S. Craig added Vaccination Documents including Pfizer and Moderna pharmacology pages and a vaccination protocol.</p>	<p>Vital Signs in PEARLS</p> <p>Fentanyl Doses updated</p> <p>Update D50 protocol</p>	
For the Good of the Order	<p>Important Dates</p> <ul style="list-style-type: none"> Next regularly scheduled MAC Meeting is March 11th, 2021 at 10:00 am. 		
Adjournment	Meeting was adjourned at 2:40 pm.		