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PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: February 5, 2024 **Meeting Location:** Microsoft Teams **Chaired By: Dr Lisa Dodd**

Begin Time: 6:31 pm **End Time**: 7:34 pm **Minutes Submitted By:** A. Ashe **Draft:** **Approved Date:** March 15, 2024

Members Present:	Members Absent:	Staff:	Others:
Baker, Chris MD (TC)	Apostoles, Steve MD	Ashe, Amy (TC)	Sink, Betsy (TC)
Claiborne, Tanya (TC)	Clifford, Christianne MD	Brophy, Kevin (TC)	
Dodd, Lisa MD (C) (TC)	Dhindsa, Harinder MD	King, Joann (TC)	
Gray, Bryant MD (TC)	Dudley, James DO	Pincus, Steve (TC)	
Gupta, Sudershan MD (TC)	Fish, Jr., James MD	Thomas, Debbie (TC)	
Henricks, Mary MD (TC)	Garrison, Jason MD		
Jackson, Cara Marie DO (TC)	James, Christopher MD		
Justis, David MD (TC)	Jennings, Torino MD		
Lawson MD, Cheryl (TC)	Johnson, Douglas MD		
Louka, Amir MD (RMD) (TC)	Nicholson, Benjamin MD		
McCorry, James DO (TC)	Prata, Jr., Anthony		
	Termeer, Jennifer MD		
	Weber, Brent MD		
	Williams, Cynthia		

Item	Discussion	Action Required	By Whom/When
Call to Order	The meeting was called to order at 6:31 by Dr. Louka		
Introductions	NA		
Old Business	Informational session for feedback before Combined Protocols are finished. The current and new format wre presented to the Committee. Dr. Louka reported while combining the adult and pediatric protocols there were some discrepancies. The pediatric Care Committee updated the pediatric protocols a couple of years ago and the adult protocols were not updated. For example, the Benadryl dose was higher for children than adults.		

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	Tried to keep them the same except with the handful of discrepancies. In those cases the one that made more sense was chosen. • Push Dose pressors were only used in the ROSC protocol. Wanted some feedback on the placement in the protocols. Added it more broadly such as the shock and Hypertension Protocols. Dr. Dodd would like a separate reference, such as a procedure page. Will add some PEALS also. • Behavioral Health Emergencies. Rearranged some of drugs and dosing after feedback from the pharmacists. Haldol and Benadryl were moved as first line followed by Versed if they were still agitated. The current protocol states if patient is not responsive to antipsychotic or benzodiazepines to administer Ketamine. The recommendation was to make Ketamine a stand-alone option for acutely agitated, violent patients tha pose an imminent risk to themselves or others. Mild, moderate and severe were still listed as options and emphasized deescalating and monitoring. I and P boxes are red in the new format instead of the whole box being red to make it easier for the providers to read and understand. Updated the dosing to standard practice and closer to what would be administered in the ED. • The VCU staff has been going around the region teaching the updated ABA guidelines. Updated the Burn Protocol fluid resuscitation to replace the outdated current one. Minimal change required. • Trauma Arrest Protocol that was voted on in the December meeting was reviewed since it is new to the region. EPI was pulled from ODEMSA protocol when it was a Trauma Arrest. Suggested in our region to leave in one single dose in case it is a medical emergency after other treatments were provided. Dr. Dodd was in favor of this. • The Asthma and Respiratory Protocol previously stated, the Epi was changed from IV to IM. At the state level EPI was approved for EMT's for anaphylaxis. State level the discussions on whether an EMT can give EPI in other scenarios. Feedback was provided on non-anaphylactic respiratory distress in more rural agencies, asthma and COPD. Dr. Dodd is hesitant to allow the EMT to administer the EPI; they are hard to differentiate. Dr. Gupta supported Dr. Dodd's comments. Most in favor of EMT administration being in the allergic reaction/anaphylaxis. There are several protocols that have not been placed in new format. Feedback was given on those that have been done before proceeding with the rest of them. No change on the content. • Pharmacology pages discussion. Dr. Louka suggest removing the dosing from the pharmacology pages. The providers should be using the protocol to reference not the pharmacology pages. The pharmacology pages do not differentiate what levels can administer what drugs. The protocol will get updated but not the medication pages, there are several ways and places it is referenced. We can hyperlink to the protocols. • Airway burns concerns was brought up not long ago. The current protocol says if patient has singed hairs or hoarse voice to consider intubating. Question was raised as to wether there should be something added that states intubating a spontaneously breathing patient is not generally		

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	recommended. RSI would need to be referred to agency specific protocols. Add cyano kits and Hyperlink to Burns protocol. • Bradycardia is listed as symptomatic vs stable/unstable, include stable/unstable. Change to match ACLS. • In PEA/Asystole criteria says with a palpable pulse. Needs changed to without a palpable pulse. The protocols will be finalized by the end of the week and sent back out. A majority vote of the Operational Medical Directors is required to apporve. This will be sent out via a survey with a week to review and submit vote.		
New Business	None		
Good of the Order	None		
Adjournment	The meeting was adjourned at 7:34 pm		
Next Meeting	March 14, 2024 10:00 am		