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PEMS Pediatric Care Committee Meeting Minutes

A Subcommittee of the Board of Directors

Meeting Date: 04-21-21 **Meeting Location: Virtual** **Chaired By: A. Louka**

Begin Time: 11:04 AM **End Time: 1:15 PM** **Minutes Submitted By: S. Craig** **Draft ☐ Approved Date: 05-20-21**

Members Present:	Members Absent:	Staff:	Others:
Bartle, Samuel (C) (TC)		Craig, Seth (TC)	Ashe, Amy (Abingdon VRS) (TC)
Burhop, James (VC) (TC)			Barron, Elaina (King William County) (TC)
Ewers, Britney (TC)			Farris, Mike (VCU EMS Fellow) (TC)
Haggerty, Ashley (TC)			
Kavit, Gary (TC)			
Louka, Amir (TC)			
MacLasco, Adam (TC)			
Samuels, Gary (TC)			

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order at 11:04 am by S. Bartle		
Introductions	Introductions were made online- meeting was entirely online due to COVID-19		
Approval of Minutes	A. Louka made a motion to approve the minutes from January 27, 2021. A. Haggerty seconded the motion. The minutes were approved unanimously.		
Membership Changes	A motion was approved and seconded to add Amy Ashe and Elaina Barron to the Committee.	Add Amy Ashe and Elaina Barron to roster	S. Pincus/5-20-21
Staff Reports	PEMS is in the process of hiring/onboarding to new staff members for IT and Hospital Programs.		
Old Business	S. Bartle reminded the Committee of the 3 goals: 1. Review current protocols, 2. Develop new protocols (i.e. sepsis, Neonatal Resus, Behavioral Emergencies) 3. Other medications and protocols that should be added.		

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	A. Louka thanked the Committee for the comments and review on the Pediatric Care Committee Sharepoint files. As you work on the documents, do not worry about formatting right now, just focus on the clinical aspects/PEARLS, then sent over to the Medical Advisory Committee for final approval. S. Bartle- we have field providers, Pharmacists, physicians- please add your input to make this a great product.		
New Business	Vital Signs- format, color coding, less categories? Easier numbers that are usier friendly? Do we need temperature and diastolic numbers? Add ET tube size, blades, etc? A. Ashe- where is this in the protocols? Does Handtevy have something similar? A. Louka reported Handtevy is weight based. Allergic Reactions- formatting is being slightly updated for ease of use. Dosaging for Meds- is autoinjector available? It is no longer available, but state regs have changed to allow EMT to draw epinephrine from a vial. Should we just do weight based- like 0.15 and 0.30 mg epi? Asystole- PEMS does not have CPR guidelines, and to say "follow AHA guidelines" is not helpful. May be beneficial to add PEDS CPR protocol. S. Bartle suggested looking at BIAD for PEDS, keep with BVM. A. Louka recommended avoiding verbiage that may lead a provider to intubate, rather "focus on BLS airway management. Bradycardia- focus on reversible causes. A. Louka- consider pacing for unstable brady pediatric patient? Consider CPR or pace? S. Bartle- continue CPR because there are very few indications or cases for pacing. J. Burhop concurred. A. Louka- since it may be confusing to a provider of when to pace, may be beneficial to remove. Burns- important to get a good estimate of TBSA, such as palm method = 1%. Studies are showing peds patients are receiving too much fluid- recommend no extra fluids, just administer if hemodynamically unstable. Longer transports may need to contact MC for fluid resus. Diving/Drowning- combine them since they are the identical. Be sure to emphasize considering trauma and spinal precautions. Electrical- try to determine the cause of the burn (residential, lightning, etc). Consider significant internal injuries even in the absence of severe external injuries. Committee decided to keep the protocol since electrical injuries are not always burns. Hypo/hyperglycemia- good addition because children can have glycemic complications. Be sure to check BGL. Issue with oral glucose may cause vomiting. Charting looks good (D10/D25/D50). Conversation regarding dosage- do not want to overload with volume or with Dextrose. Neonatal- is APGAR necessary? HR and when to start this procedure- NRP references- is this what they would do? Ventilating with room air prior to oxygen? Room air is now the standard prior to adding oxygen because 100% FiO2 can be potentially harmful.	Add comments to Vital Signs Page Add comments to Sharepoint Share PEDS CPR guidelines. Removing "consider pacing" Review and comment. Review current literature and other protocols	Members/5-20-21 A. Louka/5-20-21 Members/5-20-21

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	Overdose- recommend adding a PEARL that provider should make an attempt to bring the medication bottle of ingestion when possible. Glucagon- suggest weight based dosage, for example < 25 kg administer 0.5 mg IM, >25 kg administer 1 mg IM. If there are other antidotes the Committee recommends carrying in the PEMS Medicaiton box, please add comments in Sharepoint. Narcan dosing- consider repeating or adjusting the dose depending on the cause? J. Burhop- Narcan should not be limited to just patient's weight- but consider the cause. EMS providers typically administer Narcan based on respiratory drive. Is weightbased dosing for Narcan necessary in the prehospital setting? Consider a "cheat sheet" list of drugs/dosing for common peds meds? VA OEMS is contracting with Handtevy to make it available across the Commonwealth. Continue discussion regarding simple dosing of Narcan.	Other antidotes?	Members/5-21-21
	Pain Management- A. Louka explained why there is a "Pain Management" protocol and not just listed throughout the the protocols. It is recommended to include IV/IM Fentanyl, may be safer than Morphine. Not "pain free" but "pain management." Should it be changed to an end goal instead of dosing? What is pain control? Decreased HR? Improvement on pain scale? A. Louka agreed and mentioned that there needs to be more training on pain management- definition/goal, when to use one over the other, or when to use both? A. Louka suggested himself, A. MacLasco, and A. Haggerty review this protocol.	Review pain management protocol, make comments	Members/5-21-21
	Respiratory Distress- Shore up the epinephrine dosing. Mag Sulfate in the prehospital setting for pediatrics? J. Burhop will do it but 20 mL/kg fluid bolus if blood pressure drops. S. Bartle suggested having provider contact MC, particularly for long transports. Will need to work on dilution, dosing, and administration. Should probably reflect the other administrations of Mag Sulfate, i.e. eclampsia consentration. Bronchiolitis/ Croup will NaCl help? Remove NaCl nebulized.	Develop Mag Sulfate step in protocol	Members/5-21-21
	Seizures- IM/IN before IV for Midazolam? Reflect RAMPART study- 15-40 kg 5 mg IM, <40 kg 10 mg IM. What dose should be administered to <15 kg? Second dose- same but different route? Consider Keppra? EMT-I currently must contact MC prior to administer benzos- no issues with intial dose, consider for second dosage contact MC or not? If not contacting MC, be sure to monitor airway.	Review Midazolam dosing	Members/5-21-21
	Do the cardiac protocols offline. Trauma will be involved. Need to set up an earlier meeting than July 21, 2021. S. Craig will send out a survey.	Send out survey for May meeting	S. Craig/ 4/25/21
Good of the Order	Next Meeting is scheduled for **July 21, 2021 at 11:00 am**. However, the Committeed voted to meet next month. S. Craig will send out a poll to determine the best date in May.		
Adjourn	Motion to adjourn at 1:15 pm. Meeting adjourned.		