Peninsulas Emergency Medical Services Council, Inc.
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PEMS Pediatric Care Committee Meeting Minutes

A Subcommittee of the Board of Directors

Meeting Date: 05-20-21 **Meeting Location: Virtual** **Chaired By: S. Bartle**

Begin Time: 1:01 PM **End Time: 2:16 PM** **Minutes Submitted By: S. Craig** **Draft ☐ Approved Date: 7-21-21**

Members Present:	Members Absent:	Staff:	Others:
Barron, Elaina (TC)	Ashe, Amy	Craig, Seth (TC)	
Bartle, Samuel (C) (TC)	Ewers, Britney		
Burhop, James (VC) (TC)	Haggerty, Ashley		
Dalkin, William (TC)	Samuels, Gary		
Kavit, Gary (TC)			
Louka, Amir (TC)			
MacLasco, Adam (TC)			

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order at 1:01 am by S. Bartle		
Introductions	Introductions were made online- meeting was entirely online due to COVID-19		
Approval of Minutes	The minutes from April 21, 2021 were approved unanimously	Send final Minutes to S. Pincus	S. Craig
Membership Changes	No changes.		
Staff Reports	PEMS PCC is on target to meet deliverables for this quarter.		
Old Business	Old business was left to continue collaboration on Sharepoint.	Work on previously discussed protocols on Sharepoint	All Members/7-21-21
New Business	A. Louka reported that the Office of EMS/VDH is in the process of making Handtevy available across the Commonwealth. Committee agreed combining Asystole and PEA protocols is best. Committee agreed to combine VFib and Pulseless Vtach Amiodarone/PALS- algorithm says up to 300 and then repeat the dose (vs Adult which is		

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	300 then 150). S. Bartle and J. Burhop believe it is 300 and repeat 300. A. Louka- PEMS does not have a PEDS ROSC- should we add one? S. Bartle recommended having ROSC and Shock protocol(s) and address dehydration, sepsis, etc. Highlight reversible causes.	Ask pharmacy regarding redosing of Amiodarone.	
	Remove BIAD and emphasize BVM. VCU does not typically use BIADs due to complications and focus on BVM. Intubation is typically reserved when risk of aspiration or another reason for protecting airway. Separate CPR section may be used to address some of the airway management concerns. Emphasize/ limit intubation to those providers who have regular training on PEDs intubation.	Emphasizing BLS airway management	A. Louka/7-21-21
	Vtach w/ Pulse and SVT- it is combined in PALS. Rapid push for Adenosine. Acquire 12 lead before and after Adenosine. Stable: 2-3 doses then cardiovert. Unstable: whichever is ever set up first. Do not delay cardioversion. Committee recommended removing Amiodarone from this protocol. Obtain online Pediatric MC (i.e. VCU or CHKD) for multiple attempts without conversion. E. Barron- ensure providers understand online MC does not have to be the receiving hospital. Does wide or narrow really matter in pediatrics or is it stable/unstable? Stable/unstable is more concerning when working with a pediatric patient.	Revise protocol w/out Amiodarone. Add contact information for CHKD and VCU Pediatrics	A. Louka/7-21-21
	A. Louka- C-spine clearance/ spinal imm. Protocol- is there a better evidence based protocol than what we currently have in PEMS? S. Bartle- look at MOI. J. Burhop- err on the side of caution, put in c-collar. Not aware of validated “clearance” protocol for Peds. Most use NEXUS criteria. Spint in position of comfort do not reposition if there is good circulation. S. Bartle- need to address/add consideration of tourniquets.	Revise indications and base on evidence to determine when pt needs a c-collar. Share with trauma surgeons.	J. Burhop/7-21-21
	A. Louka- tension pneumothorax- [I] indicates an Intermediate must call MC prior to decompression. Same with traumatic cardiac arrest- adult protocol is bilateral chest decompression. S. Bartle for peds, needle decompression is appropriate with the correct size needle.	Email Peds Trauma surgeon regarding needle decompression.	J. Burhop/7-21-21
	A. Louka- is needle size weight based? J. Burhop location is most important, size not as much because pt will be receiving a chest tube in the hospital.	Follow up with trauma surgeon regarding needle size.	S. Bartle/ 7-21-21
	S . Bartle- Where to transport a pediatric trauma patient? Do we need to establish		

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	guidelines? A. Louka- PEMS has a Trauma Triage Plan which helps determine if patient should go to a trauma center. Is there other criteria to indicate transporting to VCU or CHKD instead of Riverside Regional Medical Center? S. Bartle- depends on distance and patient's stability. PEMS is stuck between 2 Pediatric Trauma Centers, which makes it difficult for EMS providers. Can we determine where that "line" is? It may not be possible. J. Burhop gave an example of when a pt went to RRMC first probably saved his/her life so he/she could be stabilized and then transferred.	Reach out to trauma surgeons to see about going to VCU or CHKD instead of RRMC?	
Good of the Order	Next Meeting is scheduled for **July 21, 2021 at 1:00 pm.**		
Adjourn	Motion to adjourn at 2:16 pm. Meeting adjourned.		