PRC Meeting

Wednesday, September 11, 2024
12:30PM to 3:00 PM
****The Committee does not anticipate a need for a closed session during this meeting****
****VIRTUAL / IN-PERSON HYBRID****

Meeting called by:	Dr. Timothy Chizmar
Type of meeting:	Protocol Review Committee

PRC Agenda Items

Call to order		Dr. Chizmar
Approval of minutes **(12:30-12:35)**	July Meeting Minutes	M. Stein
Announcements **(12:30-12:35)**	Reminder of open the Career BLS position on the PRC with the nominations due to Dr. Chizmar by Sept 20	
Old Business **(12:35-1:15)**	Changes to Wilderness EMS Protocol (Peds Med Doses, Spinal Shock) Sepsis Protocol Modifications Alcohol Withdrawal Protocol Hypertensive Disorders of Pregnancy	Dr. Millin Erich Goetz and Dr. Sward Erich Goetz and Dr. Sward Will Tipton and Dr. Stone
New Business **(1:30-2:30)**	Maximum Dexamethasone Dose for Pediatrics Adding Distal Femur as an IO Insertion Site Defibrillation settings for VF/VT Algorithm **Protocol Consolidation Initiative** -Video Laryngoscopy OSP -> Standard	Dr. Anders Dr. Anders Dr. Chizmar ALL

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	-Pelvic binder OSP -> Standard -High Performance CPR -> Standard -Naloxone Leave Behind -> Standard -REMOVE: Vascular Doppler, COVID monoclonal antibodies, p 400-401. -REFORMAT: Procedures section -> Table (12 lead ECG); Aberdeen FMF to FMF with ASRH -REVISE: Emerging Infectious Disease -Droperidol, remove consult for diphenhydramine – p. 209 and add IM for nausea/vomiting -MOVE: Pt Initiated Refusal to GPC; Pain Mgmt Pearls to GPC "F.5." **Corrections** -Calcium (IV) – ALS pharm, CA, HyperK, Overdose, IV Pumps (3-5 min vs. 10 min) -MIH – blood draw exception -RSI (ROC): sedation prior to Vec and Roc -Sodium bicarb- ok to give by IV pump	
Journal Club **(2:30-2:45)**	Naloxone and Patient Outcomes in Out-of-Hospital Cardiac Arrests in CA	Dr. Chizmar
Discussion(s) **(2:45-3:00)**	Hemostatic Spray Rapid Transport of Hypothermic Cardiac Arrest Patients to ECPR Capable Hospitals	Dr. Chizmar Dr. Anders
Adjournment		
Next Meeting	Wednesday, November 13, 2024 9:30am-12:00pm	

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Protocol Review Committee Meeting Minutes

September 11, 2024

Attendance:

Committee Members in Attendance (In-person/Virtual): Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Itzoe, Mark Buchholtz, John Oliviera, James Gannon, Dr. Kevin Pearl, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Matthew Levy, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

Guests: Mustafa Sidik, Cyndy Wright-Johnson, Erich Goetz, Dr. Theodore Delbridge, Ben Kaufman, Dr. Stephanie Kemp, Dr. Ryan McFague, Melissa Meyers, Dr. Michael Millin, Michael Reynolds, Paul Roszko, Anthony Scott, Jonathan Siegel, Will Tipton, Dr. Jeffrey Uribe, Dr. Jonathan Wendell, Donna Geisel, Terrell Buckson

Excused: Kathleen Grote

Alternates:

Absent: Mary Beachley

Meeting called to order at 12:37 pm by Dr. Chizmar.

Minutes: Dr. Levy made a motion, seconded by Marianne Warehime, to approve the July Minutes as written. The motion passed with no objections or abstentions.

Announcements: The Career BLS Representative position on the PRC is open. Nominations are due by September 26.

Old Business:

Wilderness EMS – Dr. Millin: This proposal was presented and discussed at multiple past meetings. The only remaining item requiring clarification was pediatric medication dosing. Dr. Anders advise that PEMAC has reviewed the pediatric doses and clarified the formulations. The following medications were specifically discussed:

> Dexamethasone – Wilderness EMS typically carries 4 mg tablets, which makes the PEMAC recommended 15 mg dosing difficult. It was agreed to allow 16 mg PO or 15 mg IV dosing.
>
> IM epinephrine – The weight-based dosing was changed to age-based dosing to be consistent with the general protocol.
>
> Hypertonic saline – Dr. Chizmar emphasized the need for a bona fide attempt at obtaining a medical consultation when possible.

Dr. Levy made a motion, seconded by Marianne Warehime, to approve the proposal as amended. The motion passed with no further discussion, objections, or abstentions.

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Sepsis Protocol Modifications – Erich Goetz: Dr. Chizmar advised the threshold for administration of vasopressors is still under discussion. He formed a work group to continue this discussion off-line and he would like to bring the proposal back in November. He asked that anyone wanting to join the work group email Meg Stein.

Alcohol Withdrawal – Erich Goetz: This proposal for treatment of moderate and severe alcohol withdrawal was originally presented in the July Meeting. Discussion points included:

Inclusion of pediatric patients - Dr. Anders advised that PEMAC wants to include patients greater than or equal to 13 years old.

Use of the CIWA score – CIWA scoring is commonly used in the ED setting. BAWS scoring is shorter and was suggested as an alternative to CIWA. Dr. Levy and Mustafa Sidik offered to work with Erich Goetz and Dr. Sward to compare CIWA and BAWS scoring and make a recommendation.

Weight-based versus standardized midazolam dosing – Dr. Levy and Mustafa Sidik agreed to help Erich Goetz and Dr. Sward research this topic and bring a recommendation to the November meeting.

Hypertensive Disorders of Pregnancy – Will Tipton and Dr. Stone: This proposal was originally presented at the May meeting. Feedback from ACOG was presented at the July meeting and it was agreed to schedule an additional meeting with the ACOG representatives for additional follow-up in August or early September. Discussion revolved around inclusion criteria, medications, dosages, and inclusion of pediatric patients. Key points included:

Criteria and treatment for moderate versus severe hypertension. Post-partum eclampsia and pre-eclampsia are included in this protocol.

Labetalol – Recommended first dose of 20 mg with a second dose of 40 mg if needed. Additional doses would require a medical consultation.

Magnesium sulfate – A loading dose of 4 grams for moderate hypertension with signs and symptoms of pre-eclampsia was recommended.

Dexamethasone – ACOG prefers betamethasone over dexamethasone for imminent pre-term delivery. Dr. Chizmar asked that for simplicity (and lack of time sensitivity during a typical EMS transport), dexamethasone be deleted from the proposal. Dr. Stone agreed and asked to be able reconsider use of dexamethasone if new evidence comes to light.

Dr. Fillmore made a motion to approve the amended proposal. The motion was seconded by Christian Griffin and passed with no further discussion, objections, or abstentions.

New Business:

Maximum Dexamethasone Dose for Pediatrics – Dr. Anders: The current maximum dosing of dexamethasone in the Mary Protocols is 10 mg. Dr. Anders pointed out that the maximum dose in the

pediatric units of hospitals is 16 mg. This means that most pediatric patients older than approximately 5 years old need a second dose once they arrive at the ED. Dr. Anders proposed to increase the dosing range for all applications of dexamethasone for pediatrics to a maximum of 15 mg; this change would include adults as well. Discussion revolved around the recommended dosing for adults and whether there should be a different maximum dose for pediatrics versus adults. Recommendations were found in the literature for treating adults with COPD and asthma with12-16 mg dexamethasone. Cost of the larger doses was also discussed and it was found that the price of 20 mg vials of dexamethasone was similar to that for 10 mg vials.

Christian Griffin moved that the proposal be approved. The motion was seconded by Dr. Levy and passed with no further discussion, objections, of abstentions.

Addition of the Distal Femur as an IO Insertion Site – Dr. Anders: Dr. Anders advised she does not have a document ready for this meeting but proposed adding the distal femur as the second choice IO insertion site for pediatric patients. There is also evidence for use of this site in adults. However, the femoral site is not listed as an appropriate site in adults for some IO devices. She suggested the humerus remain the primary site for adults with the distal femur as the second choice. After some discussion about appropriate order of preference of the approved IO insertion sites, Dr. Anders advised she with bring a proposal document to the November meeting.

Defibrillation Settings for the VF/pVT Algorithm – Dr. Chizmar: Dr. Chizmar advised that clarification is needed regarding defibrillation setting with the new VF/pVT Algorithm. Discussion has revolved around whether to start at the highest available dose or use escalating doses. The American Heart Association supports using the highest available dose. Dr. Chizmar asked whether there was any objection to this clarification going out as an interim memo to resolve current confusion. The change will then be incorporated into the 2025 Protocols. There were no objections or further discussion.

Protocol Consolidation Initiative – Dr. Chizmar: Dr. Chizmar presented a list of Protocols, OSPs and Procedures that he suggested be moved, revised, or deleted.

The following changes were approved:
-Video Laryngoscopy - change from an OSP to a standard protocol
-Naloxone Leave Behind – change from an OSP to a standard protocol
-Vascular Doppler (Pilot) – delete
-Mobile Integrated Health: COVID-19 Monoclonal Antibody Administration – delete
-12 Lead ECG Procedure - reformat
-Transport to Freestanding Emergency Medical Facility at Aberdeen – consolidate with other Freestanding Emergency Medical Facility OSP
-Droperidol Pharmacology – remove the consult for diphenhydramine and add IM administration for nausea and vomiting
-Patient Initiated Refusal of Care – move the form from Procedures to GPC
-Calcium Chloride – consolidate dosing for consistency
-Mobile Integrated Health OSP – add blood draws for programs participating in the Collection of Laboratory Specimens OSP
-RSI – clarify sedation prior to rocuronium and vecuronium
-Sodium Bicarbonate – add to the IV Pump Pharmacology

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The following changes were tabled until the November meeting:
-Pelvic Binder – consider changing from an OSP to a standard protocol
-Adult High Performance CPR Procedure – consider incorporation into the BLS Cardiac Arrest Algorithm
-Emerging Infectious Disease Procedure - revise

Journal Club:
Naloxone and Patient Outcomes in Out-of-Hospital Cardiac Arrests in CA – Dr. Chizmar led a discussion about the article. Suggestions for further research were discussed and will be considered.

Discussions:
Hemostatic Spray – Dr. Chizmar: Information about a commercial hemostatic spray was presented. The potential for allowing use of hemostatic spray in addition to hemostatic gauze in the Protocols was considered. Further discussion was tabled until the November meeting.

Rapid Transport of Hypothermic Cardiac Arrest Patients to ECPR Capable Hospitals – Dr. Anders: Several physician in the group have expressed interest in adding hypothermic cardiac arrest patients to the ECPR transport recommendations. Discussion included consideration of the time constraints for hypothermic patients versus other ECMO indications, willingness of the ECPR Capable hospitals to participate, and the possibility of allowing transport by aviation.

Good-of-the Order:
Dr. Levy is looking for interest in blood pressure criteria in treatment of closed head injuries. Dr. Anders is willing to share pediatric data with him and jointly work on a proposal for November.

Dr. Stone expressed interest in pursuing the proposal for treatment of hypertension with labetalol that was tabled at a previous meeting.

Adjournment: The meeting was adjourned by acclamation at 3:01 pm.

Next meeting: November 13, 2024, 9:30-12:00; MIEMSS Room 212 (and virtual)