PRC Meeting

Wednesday, November 13, 2024
9:30 AM to 12:00 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 (9:30-9:35)	September Meeting Minutes	M. Stein
Announcements (9:35-9:40)	New Career BLS Representative to the PRC	Dr. Chizmar
Old Business (9:40 – 10:40)	Sepsis Protocol Modification	Erich Goetz and Dr. Sward
	Alcohol Withdrawal Protocol	Erich Goetz and Dr. Sward
	Adding Distal Femur as an IO Insertion Site and Consolidation of the Procedures	Dr. Anders
	Labetalol for Hypertension	Dr. Stone and Will Tipton
	Protocol Consolidation Initiative -Pelvic Binder OSP to Standard -High Performance CPR – Procedure to Standard Emerging Infectious Disease – revised Pain Management Pearls to GPC	Dr. Chizmar

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New Business (10:40-11:40)	Rapid Transport of Hypothermic Cardiac Arrest Patients to ECPR Capable Hospitals	Dr. Anders
	Drowning Protocol	Dr. Wendell
	Hemostatic Spray	Dr. Chizmar
	Minor Definitive Care Protocol Modifications	Chris Truitt and Aaron Sebach
Journal Club		
Discussion(s) (11:40-12:00)	Transport Considerations for Reversible Causes of Cardiac Arrest	Dr. Stone
Adjournment		
Next Meeting	January 29, 2025 9:30am-12:00pm	

Protocol Review Committee Meeting Minutes

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Attendance:

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

Guests: Michael Cole, Dr. Douglas Floccare, Dr. Kyle Fratta, Vincent Gonzalez, Scott Gordon, Jeannie Hannas, Ben Kaufman, Dr. Stephanie Kemp, Jon Krohmer, Dr. Ryan McFague, Abby Butler, Donna Geisel, Dwayne Kitis, Bryan Pardoe, Michael Reynolds, Anthony Scott, Courtney Shannon, Jonathan Siegel, Will Tipton, Dr. Jeffrey Uribe, Dr. Jonathan Wendell, Christopher Shannon, Scott Legore, Terrell Buckson, Mustafa Sidik, Cyndy Wright-Johnson

Excused: Mary Beachley, Kathleen Grote, Rachel Cockerham (Itzoe), Dr. Matthew Levy

Alternates:

Absent:

Meeting called to order at 9:34 by Dr. Chizmar.

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

Announcements:

BLS Career Represent: Tyler Jaworski has been selected as the new BLS Career Representative to the PRC. He was present at the meeting and was introduced by Dr. Chizmar.

Hemostatic Spray: Expansion of the use of hemostatic agents from gauze to other agents such as hemostatic sprays was discussed in previous meetings. After further review, it has been decided to allow utilization of chitosan- or kaolin-based FDA approved hemostatic agents. Which specific agents to carry will be a local option. This change will go out as an interim memo for immediate effect.

2025 Meeting Schedule: The 2025 PRC meeting schedule has been distributed.

Old Business:

Sepsis Protocol Modification – Dr. Fratta: This topic has been discussed in previous meetings. A work group was formed during the September meeting and Dr. Fratta presented their modified proposal. The current protocols require a full fluid bolus prior to the use of vasopressors. This proposal allows for the administration of vasopressors earlier for severely hypotensive and volume sensitive patients. Specific blood pressure parameters were discussed. As presented, this will apply only to adult patients.

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Discussion topics included:

- QA metrics for identifying use of the Sepsis Protocol and accuracy of EMS identification of sepsis In the field.
- Methods of identifying volume sensitive patients.
- Administration methods and infusion rates.

Dr. Chiccone made a motion, seconded by Dr. Fillmore to accept the proposal as presented. The motion passed with no further discussion, objections or abstentions.

Alcohol Withdrawal Protocol – Erich Goetz: Dr. Chizmar presented the proposal, as Erich Goetz was unable to attend. This proposal was presented at previous meeting. The remaining question to resolve are which withdrawal scale to use and whether to use weight-based or standard dosing for midazolam.

The original proposal included use of the CIWA scale for determining severity of withdrawal. Questions were raised about whether this is consistent with what the hospitals use and whether the CIWA scoring is too unwieldy for use by EMS. The BAWS score was proposed as an alternative. Both the CIWA and BAWS are used in different Maryland hospitals. The BAWS score is shorter and easier to use. Recommendations after further review are to use BAWS rather than CIWA.

Weight-based versus standard dosing was discussed. Consideration included:

- Use in pediatrics. Dr. Anders agreed to use of the protocol for pediatric patients 13 years-of-age and older.
- Standard dosing for all ages to be set at 2-2.5 mg midazolam IV. Up to three doses would be allowed. If no IV is available, a single dose of 5 mg IN or IM is be allowed.

A motion was made by Marianne Warehime, seconded by Dr. White to accept the proposal as discussed. The motion passed with no further discussion, objections or abstentions.

Adding Distal Femur as an IO Insertion Site and Consolidation of the Procedure – Dr. Anders: Dr. Anders presented a proposal to add the distal femur as an available IO insertion site for pediatric patients. The proposed also added a chart of allowable insertion sites with age-based preferences. Discussion included:

- Potential future use of the distal femur site for adults.
- Consolidation of the indications.
-Addition of the distal femur as second option for neonates.

A motion was made by Marianne Warehime and seconded by Christian Griffin to accept the proposal as amended. The motion passed with no further discussion, objections, or abstentions.

Labetalol for Hypertension – Dr. Stone and Will Tipton: This proposal is a modification of a proposal presented at a previous meeting. Indications for treatment of acute hypertensive disorder were discussed. The target population would be patients with extreme hypertension, severe, symptomatic hypertension, and hypertension with symptoms of acute aortic syndrome. Discussion points included:

-Concern for causing precipitous drops in blood pressure.
-Concerns regarding treatment of asymptomatic hypertension.
-The complexity of the criteria.
-Recommendations for including stroke specialists in the development of the protocol.

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It was agreed to table to proposal and form a work group to continue refining the proposal. Members of the work group include Dr. Stone, Will Tipton, Mustafa Sidik, Dr. Fratta, Dr. Wendell, and Kenny Barajas.

Protocol Consolidation Initiative – Dr. Chizmar: In a continuation of the Protocol Consolidation Initiative begun in the September meeting, Dr. Chizmar presented a list of proposed modifications to existing protocols and procedures.

The following changes were approved:

-Adult High Performance CPR – formatted as an algorithm and incorporated into the BLS Cardiac Arrest Protocol

-Emerging Infectious Disease - Updated the procedure incorporate current practices as well as allow for application to novel diseases

-Pain Management Pearls – moved from General Patient Care to make them more visible

The following was table for further discussion:

-Pelvic Binders – consider changing from an OSP to a standard protocol

New Business:

Rapid Transport of Hypothermic Cardiac Arrest Patients to ECPR Capable Hospitals – Dr. Anders and Dr. Fratta: As presented by Dr. Fratta, the goal of this proposal is to get hypothermic cardiac arrest patients to an ECPR capable hospital if the facility is within a 30-minute transport time. The proposal modifies the existing Environmental Emergencies – Cold Emergencies Protocol and applies to both adult and pediatric patients. Discussion points included:

-Current lack of designation of ECPR Centers. Facilities willing to accept out-of-hospital ECPR patients have been identified.

-Time constraints were discussed. Facilities are willing to cannulate hypothermic patients with longer down-time than other cardiac arrest patients. Aviation is a good option for shortening transport time. Dr. Floccare indicated that aviation should be included.

-Whether there should be a dichotomy base on rhythm, for example, PEA versus ventricular fibrillation. Dr. Fratta agreed this is a topic for further consideration but does not want it to delay acceptance of the current proposal.

- Modification of the Aviation Utilization Procedure with regard to need for a consult to authorize use of aviation as well as allowing ongoing CPR in-flight and potential need for a ground crew member to be utilized to manage mechanical CPR devices.

A motion was made by Dr. White, seconded by Marianne Warehime, to accept the proposal as discussed. The motion passed with no further discussion, objections, or abstentions.

Drowning Protocol – Dr. Wendell and Jessica Stewart: Dr. Wendell presented a proposal to update the Near-Drowning Protocol to comply with current terminology and treatment standards. The term “near-drowning” is replaced by “non-fatal drowning” and “fatal drowning”. Modifications to treatment for non-fatal and fatal drowning were presented. Discussion primarily revolved around new treatment and TOR criteria for fatal drowning based on water temperature and submersion time. Discussion points included:

-Transport to ECPR capable hospitals or trauma centers was discussed.

-Transport time and use of aviation were adjusted based of the previous proposal for Rapid Transport of Hypothermic Cardiac Arrest Patients.

-The need to consult with the Trauma Centers to confirm inclusion of possible transport to a trauma center was discussed. Dr. Chizmar advised that the proposal could be passed prior to obtaining Trauma Center input. A special meeting could be called if revisions are needed.

Dr. White made a motion, seconded by Dr. Anders to approve the proposal as discussed. The motion passed without further discussion, objections, or abstentions.

Minor Definitive Care Protocol Modifications – Chris Truitt and Aaron Sebach: The current Optional Supplemental Protocol was written specifically for Baltimore City. This proposal calls for removal of the Baltimore City-specific wording to allow use in other jurisdictions. As written, the proposal also suggests more complex changes to the protocol but the authors agreed to table these changes for a later date. The proposed modification was approved with no discussion or objections.

Discussion:

Transport Considerations for Reversible Causes of Cardiac Arrest – Dr. Stone: Due to time considerations, Dr. Stone agreed to table this discussion until a future date.

Adjournment: A motion was made by Dr. White, seconded by Dr. Stone to adjourn. The motion passed without objection and the meeting was adjourned at 12:14 pm.