



PRC Meeting

Wednesday, January 29, 2025

10:00 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	November 2024 Meeting Minutes	M. Stein
Announcements		
Old Business		
New Business		
Journal Club		
Discussion(s)	Hemorrhage Control	Dr. Levy
	TXA Dosing	Dr. Stone
Adjournment		
Next Meeting	March 12, 2025 9:30am-12:00pm	



Protocol Review Committee Meeting Minutes

January 29, 2025

Attendance:

Committee Members in Attendance (In-person/Virtual): Mary Beachley, Kathleen Grote, Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Rachel Cockerham, Mark Buchholtz, 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)

MIEMSS Staff: Dwayne Kitis, Mustafa Sidik, Donna Geisel, Dr. Douglas Floccare, Cyndy Wright-Johnson

Guests: Jessica Williams, Dr. Jeffrey Uribe, Dr. Jeff Nusbaum, Jonathan Siegel, Will Tipton, Dr. Stephanie Kemp, Mike Cole, Mike Reynolds, Dr. Jonathan Wendell, Rick High, JoElyn Lerp

Excused: Tyler Jaworski, Marianne Warehime

Alternates:

Absent: John Oliveira

Meeting called to order at 10:03 by Dr. Chizmar.

Announcements:

The 2025 Meeting schedule was included in the documents for this meeting.

The memo summarizing the proposed 2025 protocol changes has been sent to the EMS Board and SEMSAC. SEMSAC is not scheduled to meet in February but preparations for the 2025 Rollout are underway.

Minutes: A request was made to separate MIEMSS Staff from general guests in the attendance record. A motion was made by Kathleen Grote and seconded by Dr. Levy to accept the minutes as amended. The motion passed without objection or abstention.

Old Business: None

New Business: None

Discussion:

TXA Dosing: Dr. Stone brought up logistical difficulties of giving TXA over 10 minutes citing problems with IV pump programming as well as time constraints when administering calcium for whole blood and TXA. Shortening the bolus time for TXA to 6 minutes would be consistent with pump speed and would allow administration of calcium and TXA over 12 minutes rather than the current 20 minutes.



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Discussion topics included:

- Based on the evidence, there is no reason not to give it over 6 minutes. Trauma groups are looking at faster dosing and increasing the dose from 1 gram to 2 grams
- Dr. White asked to add a positive FAST ultrasound exam as an indication for TXA
- Dr. Floccare pointed out that the military is administering TXA as pushed bolus
- The possibility of increased incidents of small embolism formation when TXA and whole blood are administered together

It was agreed that the questions of infusion rate and increased dose need to be addressed separately. Dose rate can be addressed as an administrative change while increasing the dose from 1 to 2 grams would require a formal proposal.

Dr. Chizmar asked for any objections to changing the dose rate for TXA administration from 10 minutes to 3-6 minutes. Seeing none, it was agreed to make the administrative change.

Hemorrhage Control: Dr. Levy gave a presentation on updating our approach to severe hemorrhage control. Considerations included appropriate use of tourniquets, wound packing and rapid access to blood products. The addition of junctional tourniquets and aortic compression devices, particularly in cases of traumatic circulatory collapse, was proposed.

Discussion included:

- Prioritizing life-threatening bleeding over airway management
- Fleshing out the indications for severe bleeding
- The timing of TXA administration and blood transfusions
- Need for education focused on blood pressures and the Lethal Diamond with emphasis on the timing of access to treatment
- Use of junctional tourniquets and aortic compression devices by EMS for traumatic circulatory collapse in patients with thoracoabdominal trauma, including indications and contraindications
- Questioning of the need for compressions in patients with traumatic circulatory collapse

Dr. Levy advised he will conduct a comprehensive review and consider these discussion points in preparation for presenting a formal proposal at a future meeting.

Good-of-the-Order:

Dr. Stone advised that the work group is making progress on the protocol for treatment of symptomatic hypertension and strokes. They expect to have a presentation ready for the March PRC meeting.

Christian Griffin announced he will be retiring from his current position in March.

Adjournment: Dr. Levy, seconded by Dr. White, made a motion to adjourn. Without objection, the meeting adjourned at 11:45 am.