



# PRC Meeting

Wednesday, July 9, 2025

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\*\***

<b>Meeting called by:</b>	Dr. Timothy Chizmar
<b>Type of meeting:</b>	Protocol Review Committee

PRC Agenda Items		
<b>Call to order</b>		Dr. Chizmar
<b>Approval of minutes</b>		
<b>Announcements</b>		Dr. Chizmar
<b>Old Business</b> 10:00 – 10:30 am	BLS CPAP	Dr. Chizmar
	Metoprolol / Esmolol to replace Verapamil	Dr. Chizmar
	Abdominal Aortic Junctional Tourniquets	Dr. Levy
	Critically Unstable Protocol for all ages	Dr. Anders
<b>New Business</b> 10:30 – 11:15 am	Bradycardia-Adult algorithm	Dr. Wendell
	Modification of Consult Requirements for Midazolam	Dr. Stone
	Expansion of Indications for Ketamine	Dr. Stone
	Norepinephrine Infusion OSP revisions for pediatrics	Dr. Anders
	Revisions to the Newly Born Protocol	Dr. Anders
<b>Journal Club</b>		



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<b>Discussion(s)</b> 11:15 – 11:45 am	Helicopter Consults Tourniquet Application / Conversion Abuse/Neglect Reporting Sepsis Prolapsed Cord / Positioning	Dr. Chizmar Dr. Chizmar Dr. Chizmar Dr. Stone Dr. Stone
<b>Adjournment</b>		
<b>Next Meeting</b>	September 10, 2025 9:30am-12:00pm	



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### Attendance:

**Committee Members in Attendance (In-person/Virtual):** Mary Beachley, Kathleen Grote, Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, Tyler Jaworski, David Chisholm, Rachel Cockerham, Mark Buchholtz, John Oliveira, 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:** Abby Butler, Dr. Douglas Floccare, Kathleen Harnes, Melissa Meyers, Mustafa Sidik, Cyndy Wright-Johnson

**Guests:** Chuck Barton, Maria Buckmiller, Terrell Buckson, Michael Cole, Dr. Kyle Fratta, Scott Gordon, Jeannie Hannas, Dr. Stephanie Kemp, Dwayne Kitis, Dr. Ryan McFague, Michael Reynolds, Justin Roth, Will Tipton, Dr. Jeffrey Uribe, Dr. Jonathan Wendell

**Excused:** Marianne Warehime

### Alternates:

### Absent:

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**Meeting called to order at 9:32 a.m. by Dr. Chizmar.**

**Minutes:** A motion was made by Mark Buchholtz, seconded by Kathleen Grote, to accept the May 2025 Minutes as written. The motion passed with no objections, abstentions or discussion.

### Old Business:

**CPAP for BLS – Dr. Chizmar:** This topic was first discussed at the July 2025 meeting. BLS CPAP is already in the National Registry scope of practice. While the indications for CPAP application would not change, adding BLS CPAP to the Maryland Medical Protocols would substantially expand the BLS scope of practice and would require significant training.

Discussion topics included:

- Strategies for implementation
- Educational and training requirements
- Fiscal impact for jurisdictions with larger BLS fleets

It was agreed that starting with a Pilot Protocol would allow for refinement of the training and implementations processes. The Pilot could be re-evaluated and modified with a goal of expanding the protocol to the rest of the state within 3 years. A work group was formed to bring a proposal back to the Committee by the end of this year. The work group consists of Christian Griffin, David Chisholm, Dr. Fillmore, and Rachel Cockerham. Kathleen Harnes and the Office of Clinician Services were asked to work with BLS educators to design a training plan. Christian Griffin advised that Cecil County would be



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willing to participate in the Pilot. JAC will be surveyed to see if other jurisdictions are interested in participating in the Pilot.

**Metoprolol/Esmolol to Replace Verapamil – Dr. Chizmar:** At the May 2025 meeting, replacement of verapamil as the backup medication for diltiazem was discussed. Both metoprolol and esmolol were suggested as alternatives. No evidence was found favoring one medication over the other clinically. Metoprolol is easier to administer as a bolus. Esmolol dosing is via drip and the majority of jurisdictions do not carry IV infusion pumps. Discussion included the possibility of including both medications. It was agreed that metoprolol is a safer option for jurisdictions without IV pumps. A Metoprolol Pharmacology page will be forthcoming with the possibility of also adding esmolol to the IV pump pharmacology.

**Abdominal Aortic Junctional Tourniquets – Dr. Levy:** A draft proposal for use of abdominal aortic junctional tourniquets was presented by Dr. Levy in previous meetings. Pending questions included the lower age limit and whether this should be an ALS or BLS skill.

Discussion included:

- A proposed lower age limit of 15 years old. This is consistent with the adult age for trauma but body size will also be a factor.
- Whether this should be a BLS or ALS skill. It was agreed that with training, there is no reason BLS clinicians could not apply the device. Questions remained over the assessment and decision-making component and whether the proposal would ultimately be approved for BLS clinicians or would be more likely to pass as an ALS Pilot.
- Due to the cost of the device and fiscal impact, it was proposed that this be an optional rather than a mandatory device

Dr. Levy advised that he would solicit input from Trauma NET and COT and bring back a formal proposal for an ALS Pilot in September.

**Critically Unstable Protocol for All Ages – Dr. Anders and Dr. Fratta:** Expansion of the current Critically Unstable Patient Protocol to include pediatric patients as well as adults has been discussed in previous meetings. Dr. Anders presented a proposal that would include pediatric patients in the existing adult protocol rather than adding a separate pediatric protocol. While there was general support of the concept, there was extensive discussion regarding wording. The primary issue was the statement in the current protocol to “Cease all efforts at patient movement until treatments in this protocol are complete”. Several alternative wordings were suggested but a consensus could not be reached.

A motion was made by Christian Griffin, seconded by Dr. Anders, to table the proposal until the September meeting. The motion passed with no objections or abstentions.

### New Business:

**Bradycardia – Adult Algorithm – Dr. Wendell and Jeannie Hannas:** Based on concerns with the current Adult Bradycardia Algorithm, a modified algorithm was proposed that includes consideration of the underlying cause of the bradycardia in addition to rate and hemodynamic stability. Specific treatments for causes of bradycardia not amenable to treatment with pacing and atropine have been added.

Discussion included:

- Symptomatic versus asymptomatic bradycardia



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- Concerns about defining hemodynamic stability on cases of extreme bradycardia
- Suggestions for modifying the proposed algorithm to mirror the Adult Tachycardia Algorithm.
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It was agreed to bring a modified proposal to the September meeting.

**Modification of Consultation Requirements for Midazolam – Dr. Stone:** Dr. Stone requested that the requirement of a Medical Consultation for a second dose of midazolam be eliminated in the case of ongoing or recurrent seizures. He asked that the change be made a technical or administrative change without the need for a full proposal packet. While there is ongoing debate about potential changes in the dosing of midazolam for seizures, there was agreement on the removal of the consultation requirement. Dr. Anders advised that PEMAC supports the change with the consideration that family administered benzodiazepines count as the first dose.

A motion was made by Dr. Levy, seconded by Christian Griffin and Kathleen Grote, to approve the proposal. The motion passed with no objections, abstentions, or further discussion.

**Expansion of Indications for Ketamine – Dr. Stone:** This topic was broached as a Discussion in the July meeting. After a literature review, no evidence was found for contraindication of administration of ketamine in treatment of abdominal and flank pain. Dr. Stone proposed that abdominal and flank pain be removed from the contraindications and be added to the indications for ketamine. Chest pain, eye injury, and headache would remain contraindications.

After a brief discussion, a motion was made by Dr. Levy, seconded by Dr. Wendell to pass the proposal. The motion passed with no objections, abstentions, or further discussion.

**Norepinephrine Infusion OSP Revisions for Pediatrics – Dr. Anders and Dr. Fratta:** Dr. Fratta presented a proposal to modify the Norepinephrine OSP. The proposal includes the expansion to include pediatric patients as breaking down dosing based on etiology/indications. Previously the indication was for shock. The proposed indications are hypotension without a prior episode of cardiac arrest, hypotension after ROSC or cardiac arrest with evidence of carotid blood flow on ultrasound, and hypotension with significant TBI.

Discussion included:

- MAP goals
- How this would fit in with general treatment of head-injured patients
- Potential treatment of neurogenic shock
- Weight-based dosing and IV infusion pump programming

It was agreed to bring the proposal back for further consideration at the September meeting.

**Revisions to the Newly Born Protocol – Dr. Anders and Justin Roth:** Dr. Anders and Justin Roth presented a proposal to eliminate inconsistency between the BLS and ALS Newly Born Protocols. They suggest eliminating the BLS inverted triangle and combining the BLS and ALS protocols into a single algorithm.

Discussion included:

- The inverted triangle algorithm is outdated



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- Upcoming new American Heart Association guidelines and the need to make sure any changes in the protocols are consistent with the new guidelines
- Inclusion of the APGAR chart

It was agreed to bring the proposal back to the September meeting for a vote.

### **Discussion:**

**Helicopter Consults – Dr. Chizmar:** Potential removal of the requirement for medical consultation to approve helicopter transports was briefly discussed. This will be brought back as a formal proposal.

**Tourniquet Application / Conversion – Dr. Chizmar:** Tabled until the September meeting.

**Abuse Neglect Reporting – Dr. Chizmar:** A phone number for reporting Abuse/Neglect must be added to the 2026 Maryland Medical Protocols.

**Sepsis – Dr. Stone:** Tabled until the September meeting.

**Prolapsed Cord / Positioning – Dr. Stone and Chuck Barton:** Chuck Barton presented research regarding the safety of re-positioning recommendations for patients with a prolapsed cord. An exaggerated SIMMS position appears to be much safer than the current recommendations. He suggested a protocol revision be considered. Abby Butler from the Office of Care Integration supports the idea and is willing to work with AGOG and Chuck Barton on a future proposal.

**Adjournment:** A motion was made by Christian Griffin, seconded by John Oliveira, to adjourn. The motion passed with no objections at 12:09 p.m.