



PRC Meeting

Wednesday, September 10, 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****

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

PRC Agenda Items

Call to order		Dr. Chizmar
Approval of minutes		
Announcements	CAVALIER – Research	Dr. Chizmar/Floccare
Old Business	Abdominal Aortic Junctional Tourniquets	Dr. Levy
	Critically Unstable Patient Protocol Revisions	Dr. Anders
	Bradycardia – Adult Algorithm	Dr. Wendell
	Norepinephrine Infusion OSP Revisions	Drs. Anders & Fratta
	Revisions to the Newly Born Protocol	Dr. Anders & Justin Roth
	Prolapsed Cord – Safe Transport Positioning	Dr. Stone & Chuck Barton
New Business	Crush Injuries	Dr. Anders & Emily Austill
	Modifications to Heated/Humidified High-Flow Nasal Cannula (HHFNC) OSP	Dr. Chizmar & Scott Legore
	Modifications to the EMT Acquisition of 12-Lead ECG OSP	Katie Hall
	Angioedema	Dr. White
		Dr. Chizmar and Matt



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	<p>Proposed Changes to the MODEL-T Protocol</p> <p>Glucagon for BLS</p> <p>Ketamine for Seizures</p> <p>Protocol Consolidation:</p> <ul style="list-style-type: none"> - Consolidate Adult and Pediatric Protocols - Move Transport to Freestanding ED from OSP to GPC - Removal of Narcan OSP for Commercial Services <p>Pain Management (Introduction only)</p>	<p>Matt Burgan</p> <p>Dr. Sward and Tristan Eberle</p> <p>Dr. Sward and Tristan Eberle</p> <p>Dr. Chizmar</p> <p>Mustafa Sidik / Dr. Nusbaum</p>
Journal Club		
Discussion(s)	<p>Tourniquet Application / Conversion</p> <p>Use of POCUS Wall Motion in PEA for Trauma Arrest</p>	<p>Dr. Chizmar</p> <p>Dr. Stone</p>
Adjournment		
Next Meeting	November 12, 2025 9:30am-12:00pm	



Protocol Review Committee Meeting Minutes

September 10, 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: Scott Legore, Mustafa Sidik, Abby Butler, Katie Hall, Cyndy Wright-Johnson, Dr. Douglas Floccare, Melissa Meyers, Dwayne Kitis

Guests: Emily Austill, Maria Buckmiller, Terrell Buckson, Dr. Morganne Castiglione, Peter Dugan, Tristan Eberle, Dr. Kyle Fratta, Dr. Eric Garfinkel, Erich Goetz, Scott Gordon, Jeannie Hannas, Ben Kaufman, Dr. Stephanie Kemp, Tina Kintop, Dr. Eric Klotz, Dr. Ryan McFague, Cara Miller, Dr. Michael Millin, Logan Quinn, Michael Reynolds, Anthony Scott, Will Tipton, Dr. Jeffrey Uribe, Sam Weinstock, Dr. Jonathan Wendell, Matt Woodward, Dr. Kevin Seaman

Excused:

Alternates:

Absent: Tyler Jaworski, Marianne Warehime, John Oliveira

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

Minutes: A motion was made by Dr. Pearl, seconded by Tyler Stroh, to approve the minutes as written. The motion passed with no objections or abstentions.

Announcements:

CAVALIER Research Trial: MD State Police and Shock Trauma are participating in the multi-center CAVALIER Research Trial (via University of Pittsburgh). Dr. Floccare described the trial which looks at the effects of calcium and vasopressin in treatment of hemorrhagic shock. Participation in the trial will not affect any of the current Maryland EMS Protocols. Dr. Delbridge has approved participation in the trial and no action by the PRC is needed.

Old Business:

Abdominal Aortic Junctional Tourniquets – Dr. Levy: This proposal has been presented at previous meetings. The only remaining question is the lower age limit for its use. PEMAC considers patients 15 years and older to be adults for trauma and do not advise on use of the device as an aortic tourniquet on younger patients. Use as a junctional tourniquet would have no age limitations.

Further discussion points included body size limitations, inclusion of the device as an OSP embedded within Multisystem Trauma, and the plan for evaluation through QA.



Protocol Review Committee Meeting Minutes

September 10, 2025

A motion was made by Kathleen Grote, seconded by Rachel Cockerham, to approve the proposal. The motion passed with no objections, abstentions or further discussion.

Critically Unstable Patient Protocol Revisions – Dr. Anders: Dr. Anders reviewed changes that have been proposed at previous meetings. The most significant change is the inclusion of patients of all ages.

Discussion revolved around the proposed statement to “Cease all efforts at patient movement until treatment of reversible conditions is complete, unless a life threat requires immediate hospital intervention”. Dr. Stone proposed the statement should read, “Cease all efforts at patient movement until treatment of EMS reversible conditions in this protocol are complete”.

A motion was made by Dr. Stone, seconded by Kathleen Grote, to approve the proposal using the wording proposed by Dr. Stone. The motion passed with 9 votes in favor, 3 opposed, and 2 abstentions.

Bradycardia – Adult Algorithm – Dr. Wendell: Dr. Wendell presented modifications of the proposal presented at the July meeting. The algorithm has been changed to mirror the Tachycardia algorithm.

Discussion included:

- Clarification that pacing should be reserved for hemodynamically unstable patients.
- Proposed elimination of the required medical consultation for administration of an epinephrine drip.
- Considerations of pad placement for pacing. It was agreed that pad placement will be addressed separately.

A motion was made by Christian Griffin, seconded by Dr. White, to accept the proposal as written. Dr. Chizmar noted that the question of patient age may need to be clarified. The motion passed with no objections, abstentions, or further discussion.

Norepinephrine Infusion OSP Revisions – Drs. Anders and Fratta: Deferred until the November meeting.

Revisions to the Newly Born Protocol – Dr. Anders and Justin Roth: Deferred until the November meeting.

Prolapsed Cord – Safe Transport Positioning – Dr. Stone, Chuck Barton and Abby Butler: Chuck Barton was unable to attend. This proposal to change the recommended transport position for patients presenting with a prolapsed cord was first presented in the July meeting. The proposal recommends the SIMS position rather than the current hands and knees position. Abby Butler advised that ACOG, MD Chapter physicians, Drs. Rafi and Atlas, were consulted and are both comfortable with the change of position. They emphasized the importance of elevation of the presenting part rather than any specific position.

Need for a formal packet was briefly discussed. It was agreed that, if the committee allows, no formal packet is needed.



Protocol Review Committee Meeting Minutes

September 10, 2025

A motion was made by Dr. Fillmore, seconded by Kathleen Grote, to accept the proposal as presented. The motion passed with no objections, abstentions, or further discussion.

New Business:

Crush Injuries – Dr. Anders and Emily Austill: The proposal to separate crush injuries from the Hyperkalemia Protocol was presented by Emily Austill. No changes to the procedure were proposed.

Discussion included:

- Inclusion of Crush Injuries as a standalone protocol, continued inclusion in the Hyperkalemia Protocol, or possible inclusion in Multiple Severe Trauma were all discussed.
- Adding specification of treatment before or after extrication as well as considerations for tourniquet application, permissive hypotension, and compartment syndrome were discussed.
- Removal of the requirement for a medical consultation for albuterol was suggested. BLS albuterol administration was also discussed.

Emily Austill agreed to revise the proposal and bring it back to the November meeting.

Modifications to the Heated/Humidified High-Flow Nasal Cannula (HHFNC) OSP – Dr. Chizmar and Scott Legore: Dr. Chizmar advised there has been concern expressed by several commercial services regarding the amount of oxygen required to be on board the ambulance for transport of patients on HHFNC. They asked that the requirement be changed to 60 minutes of oxygen reserve above the projected need for the transport or two times the amount of oxygen needed, whichever is less.

A motion was made by Tyler Stroh, seconded by Mark Buchholtz, to accept the proposed changes. The motion passed with no objections or further discussion.

Angioedema – Dr. White: Dr. White presented a proposal to separate treatment of isolated angioedema from anaphylaxis. Anaphylaxis is a histamine mediated response and would continue to be treatment with epinephrine. Angioedema secondary to an ACE Inhibitor/Bradykinin-mediated response is not responsive to epinephrine. Dr. White proposed modification of the Anaphylaxis Protocol to include treatment with TXA in these cases.

Discussion included:

- The need to add angioedema to the eMEDS list of indications to allow for evaluation of the treatment.
- Concerns regarding accuracy of diagnosis for treatment with epinephrine versus TXA.
- Concern for the small number of patients in the retrospective studies.

Dr. White agreed to bring a modified proposal to the November meeting.

Modifications to the EMT Acquisition of 12-Lead ECG OSP – Katie Hall: Katie Hall noted that the goal of EMT acquisition of 12-lead ECGs is to have a 12-lead ECG obtained as early as possible. She presented an updated protocol that includes all chest pain equivalents and calls for rapid transmission of the 12-lead ECG.



Protocol Review Committee Meeting Minutes

September 10, 2025

Extensive discussion included:

- Possible inclusion of 15-lead ECGs.
- Benefits of expanding EMT skills and the balance between enough and too much.
- Possible deletion of the requirement for a minimum of one year of patient care experience.
- Inclusion of patient and family history as an indication.

Dr. Chizmar asked that people email Katie Hall directly with further suggestions. A revised proposal will be brought back in November.

Proposed Changes to the MODEL-T Protocol – Dr. Chizmar and Matt Burgan: Dr. Chizmar noted that the meeting is running long. He deferred presentation of the entire proposal until the November meeting but ask whether there were any objections to CRT administration of buprenorphine. There no objections, abstentions of further discussion.

Glucagon for BLS – Dr. Sward and Tristan Eberle: Tristan Eberle present a proposal that would allow BLS clinicians to administer IM or IN glucagon for treatment of hypoglycemia.

Discussion included:

- The expense of glucagon the financial burden of adding the medication to BLS ambulances.
- Possible wording to allow administration if “if available” to allow jurisdictions to choose whether to carry glucagon on BLS units.
- Legal ramifications of adding a medication to the scope of practice but not requiring it to be stocked on all BLS units.

Dr. Chizmar advised that input from JAC is needed. The topic will be brought to the JAC meeting in October prior to revisiting the proposal at the November PRC meeting.

Ketamine for Seizures – Dr. Sward and Tristan Eberle: Tristan Eberle presented a proposal to add ketamine as a second line agent for seizures refractory to benzodiazepines. The proposal allows use of ketamine for seizures that continue after two doses of midazolam. Administration of prescribed rescue benzodiazepines prior to EMS arrival will be taken into consideration.

Discussion points included:

- Airway management concerns, including the need for a second clinician, were discussed.
- Contraindications for ketamine in cases of seizure secondary to TBI.
- Adult versus pediatric dosing.
- Frequency of use in adult versus pediatric patients.

A modified proposal with be brought back to the November meeting.

Protocol Consolidation – Dr. Chizmar: Discussion deferred until the November meeting.

Pain Management – Mustafa Sidik and Dr. Nusbaum: Mustafa Sidik presented the proposal for multimodal pain management. The proposal included considerations for administration of multiple medications for treatment of pain, movement of ketorolac from an OSP to the general protocols, and addition of IV Tylenol to the formulary.



Protocol Review Committee Meeting Minutes

September 10, 2025

In the interest of time, discussion was deferred until the November meeting. Dr. Chizmar requested comments be emailed directly to Mustafa Sidik.

Discussion:

Tourniquet Application/Conversion – Dr. Chizmar: Discussion deferred until the November meeting.

Use of POCUS Wall Motion in PEA for Trauma Arrest – Dr. Stone: The addition of POCUS wall motion to the TOR guidelines for traumatic arrest and the Whole Blood protocol was discussed.

Discussion topics included:

- Use in narrow versus wide-complex PEA.
- Advantages of wall motion versus carotid blood flow.
- Whether to include wall motion in the TOR versus Whole Blood protocols and the need to confer with the jurisdictions that are participating in the Whole Blood protocol.

Adjournment: The meeting was adjourned by acclamation at 12:48 PM.