



PRC Meeting

Wednesday January 31, 2018
 9:30 AM to 12:00 PM
 MIEMSS Room 212
 653 West Pratt Street
 Baltimore, Maryland 21201

****The Committee does not anticipate a need for a closed session during this meeting****

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| Meeting called by: | Dr. Richard Alcorta |
| Type of meeting: | Protocol Review Committee/Regional Medical Director |

| PRC Agenda Items | | |
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| Call to order | | Dr. Alcorta |
| Approval of minutes | | |
| Reports of SI Groups | | |
| Old Business | | |
| New Business | PediTree Wide complex Tachycardia | Dr. Anders Dr. Stone/Tim Burns |
| Announcements/ Discussion | LMA | Dr. Floccare |
| Adjournment | | Dr. Alcorta |

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Protocol Review Committee Meeting Minutes

January 31, 2018

Approved March 2018

Physically Attended: Dr. Jennifer Anders, Chuck Boone, Christopher Biggs, Mark Buchholtz, Melissa Meyers, Dr. Kevin Pearl, Dr. Roger Stone, Dr. Jeffery Fillmore, Dr. Richard Alcorta, Michael Reynolds

Remotely Attended: Mary Alice VanHoy, Mary Beachley, Kathleen Grote, Scott Wheatley, Dr. Steven White, Barry Reid, Jack Hulet, Dr. Thomas Chiccone, Dr. Tim Chizmar, Dr. Janelle Martin

Guests: Rachel Itzoe, Brittany Spies, Pat Carmody, Dr. Matt Levy, Dr. Michael Millin, James Brothers, Tim Burns, Dr. Doug Floccare, Nicole Deutsch, Cyndy Wright Johnson

Excused: Gary Rains

Alternates:

Absent: Marianne Warehime

Meeting called to order at 0937 by Dr. Alcorta.

Minutes approved as written

Old Business:

None

New Business:

Flutter Valve: Tim Burns provided background. There is not a lot of evidence proving benefit or detriment of using the flutter valve. Tim Burns discussed the fiscal impact of purchasing the device with limited benefit. Dr. Levy stated TECC and TCCC do not advocate the use of the flutter valve.

Dr. Floccare proposed not completely removing the device however making the device optional.

Motion made to pass as amended. The motion passed unanimously. (Optional flutter valve.)

Dr. Alcorta discussed the need for future modifications to the Needle Decompression Thoracotomy protocol.

Wide Complex Tachycardia: Dr. Alcorta provided background for revising the Tachycardia algorithm. Dr. Stone provided background as the information was developed following a quality assurance process in Montgomery County.

Discussion held about the proposed revised algorithm.



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Dr. Stone discussed the administration of amiodarone to a wide complex polymorphic rhythms can have a detrimental impact on the patient and magnesium sulfate would be the drug of choice.

Dr. Anders discussed certain young adults, ages 20-22, with underlying SVT. This would be a footnote.

Discussion held by Dr. White on QRS greater than 0.2 to be considered metabolic and to not treat with amiodarone. This would be a footnote.

Dr. Alcorta agreed to have a cardiologist review both adult and pediatric algorithms.

Committee members agreed in principal to removing amiodarone from wide polymorphic tachycardia, adenosine from the wide monomorphic tachycardia branch.

The topic was tabled by Dr. Alcorta pending further review.

PDTree: Dr. Anders presented a PowerPoint for a proposed research protocol centering on the idea of routing pediatric patients to an appropriate level of care. The "PDTree" protocol has defined the capabilities of pediatric receiving facilities and guide providers to an appropriate transport decision.

Three jurisdictions would participate in the research protocol, Prince George's County, Queen Anne County and Baltimore City.

Dr. Alcorta clarified that the proposal is a Research Protocol.

Dr. Millin and Dr. Stone voiced support for the project.

Dr. Stone discussed to possibility of over triage for the transport decision.

Discussion held about when consults are performed with local facilities. Providers are typically consulting with an Adult Emergency Physician versus a Pediatric Emergency Physician.

Dr. Chizmar discussed a system change which would assure an EMRC phone in the pediatric side of receiving facilities. This is not a requirement for the research protocol.

All out of state centers and Walter Reed will be removed from the protocol with the exception of Children's National at United Medical Center in Washington D.C.

Assure the airway language is the same as the regular Maryland Medical Protocol.

A motion was made to accept the proposal as amended. Motion passed as amended with Dr. Stone and Dr. Anders abstaining.



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Discussion: Dr. Floccare discussed MSPAC process for rolling out the intubatable LMA. First use of the device has been completed. RSI had been performed, King airway failed due to a torn balloon, then flight crew proceeded to insert the LMA.

Dr. Alcorta announced Dr. Goldszchmidt from Sinai will present data from the Baltimore City Sinai Stroke Study at the March Meeting.

Dr. Alcorta presented minor changes that have been made to the 2018 document since passing.

- P139 Respiratory Distress: Asthma/COPD removed “or” between the administration of epinephrine and dexamethasone. Grouped non consult procedures together and consult procedures together
- High Performance CPR separated adult and pediatric procedures.

Dr. Alcorta announced his retirement at the end of October 2018.

Adjourned at 12:09 PM