



PRC Meeting

Wednesday March 13, 2019
 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****

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

PRC Agenda Items		
Call to order		Dr. Chizmar
Announcements	New PRC Representatives	Dr. Chizmar
Approval of minutes	September 2018	Dr. Chizmar
Reports of SI Groups		
Old Business		
New Business	Transport to Freestanding Facility Bleeding Management CPAP (Contraindications) Procedure: Cardioversion ACS Cardiac Arrest: Dextrose	Michael Reynolds Dr. Chizmar Dr. Chizmar Dr. Chizmar Dr. Stone/Tim Burns Dr. Stone/Tim Burns
Discussion		
Adjournment		Dr. Chizmar



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Approved May 2019

Physically Attended: Jennifer Anders, Gary Rains, Kevin Pearl, Jennifer Guyther, Timothy Chizmar, Michael Reynolds

Remotely Attended: Mary Alice VanHoy, Mary Beachley, Scott Wheatley, Melissa Fox, Christopher Biggs, Marianne Warehime, Jack Hulet, Mark Buchholtz, Melissa Meyers, Thomas Chiccone, Roger Stone, Janelle Martin, Jeffrey Fillmore

Guests: Alexander Torres, Steve Goff, Michael Millin, Tim Burns, Brandon Bruns-phone

Excused: Chuck Boone, Steven White

Alternates: Jennifer Guyther

Absent:

Meeting called to order at 9:35 A.M. by Dr. Chizmar

Announcements: Dr. Chizmar introduced Melissa Fox, Charles County, as the new career BLS representative and Rachelle Alexander, Baltimore County, will be the alternate. Dr. Matthew Levy was introduced as the Region III Medical Director and Dr. Jennifer Guyther as the associate who will act as an alternate as needed. Dr. Brandon Bruns from Shock Trauma was introduced and Dr. Alex Torres as well.

Minutes September 2018 approved as written. A motion by Gary Rains to approve seconded by Scott Wheatley. The motion passed unanimously.

Old Business: None

New Business:

Transport to Freestanding Facility: Dr. Chizmar presented background. Moving to an optional supplemental protocol would remove the reporting requirement from the jurisdiction to MIEMSS which is associated with a pilot protocol.

Mary Alice VanHoy voiced support for change to an OSP.

Dr. Michael Millin discussed concerns about changing the protocol and assuring the education of each Freestanding Emergency Medical Facility was kept because they are all not the same.

Dr. Jennifer Anders discussed the importance of knowing from a new facility the number of patients transported there and subsequently transferred out.



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A motion was made by Gary Rains to accept. The motion was seconded by Scott Wheatley. The motion passed unanimously.

Bleeding Management: Dr. Chizmar presented background. Wound packing would become an explicitly approved procedure in the protocol. “Stop the Bleed” programs allow lay people to complete the same style procedure and it is considered appropriate medical practice.

Gary Rains made a motion to accept. Dr. Michael Millin seconded the motion. The motion passed unanimously.

CPAP: Dr. Chizmar presented background. Currently the CPAP protocol does not list a comprehensive list of contraindications.

After lengthy discussion, the proposal tabled for further discussion regarding the possible use of sedation and confirmation of use with tracheostomy patients.

Procedure: Cardioversion: Dr Chizmar presented background. Revision of the indication section was to match the language in the adult tachycardia protocol.

Discussion held regarding the revision to the joule settings.

The proposal was tabled for further discussion at the next meeting regarding manufacturer-specific settings and if they should be listed in the protocol document.

Acute Coronary Syndrome: Dr. Chizmar presented background. The proposal would place a greater emphasis on the administration of aspirin to patients with suspected acute coronary syndrome, not just those with suspected myocardial infarction.

Tim Burns discussed a second modification which would require a 12 or 15 lead EKG be performed within 10 minutes of arrival of a capable provider to the scene.

A motion was made to accept as amended by Kevin Pearl with a second by Roger Stone.

The motion passed as amended unanimously.

Cardiac Arrest: Dextrose: Tim Burns presented background. Checking of glucose is a common practice during cardiac arrest management. Tim Burns discussed studies which showed blood glucose checked via a finger stick during low flow states such as cardiac arrest were found to be inaccurate.

Discussion held about the accuracy of various glucose testing methods.

Discussion held about the quality of the research available on the use of glucose in cardiac arrest management and the use of a glucometer to measure capillary glucose samples.

Dr. Chizmar made the suggestion for further research of the topic for continued discussion at the next meeting. Proposal tabled for the next meeting.



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Discussion: Dr. Chizmar discussed the future of the protocol document and process of approving and distributing changes. Dr. Chizmar opened suggestions for improvement of the document and process to the entire committee.

Adjourned at 12:06 P.M.