



PRC Meeting

Wednesday May 9, 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 |

| PRC Agenda Items | | |
|--------------------------------------|---|---|
| Call to order | | Dr. Alcorta |
| Approval of minutes | | |
| Reports of SI Groups | | |
| Old Business | Adult Tachycardia Baltimore City Stroke Pilot | Dr. Stone/Tim Burns Dr. Alcorta |
| New Business | Stroke: Extended Intervention Window DNR RSI Pilot Precaution Indication | Dr. Alcorta Dr. Alcorta Dr. Alcorta |
| Announcements/ Discussion | | |
| Adjournment | | Dr. Alcorta |

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Protocol Review Committee Meeting Minutes

May 9, 2018

Approved July 2018

Physically Attended: Jennifer Anders, Scott Wheatley, Christopher Biggs, Gary Rains, Richard Alcorta, Michael Reynolds

Remotely Attended: Mary Beachley, Chuck Boone, Steven White, Marianne Warehime, Jack Hulet, Kevin Pearl, Thomas Chiccone, Roger Stone, Tim Chizmar, Jeffrey Fillmore

Guests: John Barto, Doug Floccare, Michael Millin, Cyndy Wright Johnson, Nicole Deutsch, Asa Margolis, Rachel Itzoe

Excused: Mary Alice Van Hoy, Melissa Meyers, Janelle Martin

Alternates:

Absent: Kathleen Grote, Barry Reid

Meeting called to order at 9:41 by Dr. Alcorta.

Old Business:

Adult Tachycardia: Dr. Alcorta discussed background from the previous meeting. Input was received from Dr. Amal Mattu and the algorithm was revised. Specific language was used instead of general complaints such as “chest pain”.

The proposed algorithm was reorganized into irregular and regular pulse.

Motion was made and was passed to add a footnote recommending providers to obtain medical consultation for patients with a history of Wolf Parkinson White.

Topic was tabled until July pending further research about the use of amiodarone for wide irregular QRS rhythms.

Stroke Neurologist Consult Process Pilot: Dr. Alcorta gave background on the pilot program involving Sinai Hospital.

The pilot program was modified to remove the specific receiving facility and allow for other hospitals to be included. New requirements to participate in the pilot program include requiring the applying jurisdiction to confirm with MIEMSS if the additional logistical capabilities with SYSCOM/EMRC can handle the additional load.

Motion made by Gary Rains and seconded by Scott Wheatley and was passed unanimously.



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New Business:

General Stroke Care:

Dr. Alcorta gave background about the recommended changes proposed by the Stroke Quality Improvement Committee.

Discussion held about what is the proper amount of time transport units should travel in order to deliver a positive stroke patient to a primary stroke center.

Discussion held about the proposed time frames of 0-3.5 and 4-20 hours and changing “acute stroke” to 20 hours last known well.

Topic tabled until July for further recommendations from the Stroke Quality Improvement Committee on the amount of time allowable for transport as well as the timeframes for patients.

DNR/MOLST: Dr. Alcorta presented background on the proposal to expand allowable procedures for DNR-B/MOLST B patients.

Discussion held on adding additional procedures to those already proposed. After discussion no additional procedures were proposed to be added.

Assistant Attorney General Sarah Sette had been consulted on the language regarding voiding a DNR by a caregiver.

Motion: Magill Forceps for suspected airway obstruction, use of pulse oximetry and wave form capnography and widening the pain management language from opioid only to allow for the entire pain management protocol.

A motion to approve was made by Scott Wheatly with a second by Christopher Biggs. The motion passed unanimously.

Adult Rapid Sequence Intubation Pilot Precaution:

Discussion: Dr. Alcorta gave background on potential complications of performing rapid sequence intubation for patients who are believed to be suffering from a pulmonary embolism.

Discussion was held on whether the information should be placed in the protocol or simply emphasized in the education of providers.



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A motion was made not to add the information to the protocol document. The motion passed unanimously.

Adjourned at 11:36 A.M.