



PRC Meeting

Wednesday May 10, 2017

9:30 A.M. to 12:00 P.M.

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. Richard Alcorta
Type of meeting:	Protocol Review Committee

PRC Agenda Items		
Call to order		Dr. Alcorta
Approval of minutes	January	Dr. Alcorta
Reports of SI Groups		
Old Business	High Performance CPR Termination of Resuscitation	Dr. Seaman Dr. Stone
New Business	Dextrose (Revision) Ketamine(Expansion of use) TEMS (Revision)	Dr. Stone Dr. Levy and Dr. Wendell Dr. Levy
Announcements/ Discussion		
Adjournment		Dr. Alcorta



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Approved as written September 2017

Physically Attended: Dr. Jennifer Anders, Gary Rains, Melissa Meyers, Dr. Tim Chizmar, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Richard Alcorta, Michael Reynolds

Remotely Attended: Kathleen Grote, Scott Wheatley, Chuck Boone, Barry Reid, Marianne Warehime, Dr. Thomas Chiccone

Guests: Dr. Kevin Seaman, Pat Carmody, Dr. Michael Millin, Dr. Jon Wendell, David Stamey, Tim Burns, Dr. Roger Stone, Cynthia Wright Johnson, Dr. Matt Levy

Excused: Mary Alice VanHoy, Mary Beachley, Dr. Wade Gaasch, Dr. Mike Somers

Alternates:

Absent: Dr. Kevin Gerold, Mark Buchholtz, Dr. Kevin Pearl

Meeting called to order at 9:55 A.M by Dr. Alcorta.

Old Business:

High Performance CPR: Dr. Seaman provided an update on the topic since the last meeting. More than one jurisdiction has discussed with Dr. Seaman the idea of developing performance goals to share with providers who are performing the skill.

Possible goals

CPR rate 100-125

CPR fraction greater than or equal to 80%

Pauses less than 10 seconds

Dr. Anders stated PEMAC is working on a HPCPR algorithm but does not address QA issues.

Dr. Seaman and Tim Burns discussed adding a data point of time of first defibrillation to the protocol.

Dr. Alcorta discussed issues with including performance measures in the protocol document.

Dr. Alcorta stated this topic would be discussed again in July. The Committee requested a list of goals that could be added to the HPCPR section of the General Patient Care section.

Termination of Resuscitation: Tim Burns continued discussion of cardiac arrest revisions. Cardiac Arrests General Tenants document presented.



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Dr. Alcorta clarified for the Committee that all documents presented related to cardiac arrest will not be voted on at this meeting.

Dr. Floccare discussed the idea of ECMO at the hospital level and incorporating the idea into consideration of early transport vs staying on the scene and treating patients.

Pat Carmody discussed having a floor of treatment defined in the protocol for providers to perform on the scene.

Issues to be addressed:

1. Rural language including transport time
2. Movement language
3. "floor of treatment"
4. Cardiac cause vs. non cardiac cause language

The committee members discussed proposed revision to the Return of Spontaneous Circulation (ROSC) protocol.

Trauma patients added to the ROSC protocol with exception of neuro protective hypothermia.

Mechanical CPR:

Dr. Seaman discussed background. The American Heart Association found 3 studies since 2010 that mechanical shows no advantage over manual CPR.

Tim Burns discussed the idea of improving the implementation of mechanical CPR as the genesis for the proposal.

1. Remove specific training wording.

Dr. Stone presented background on the revisions. Tim Burns presented answers to the six questions left from the March meeting.

Revisions to the basic life support only cardiac arrest protocol were presented.

Dr. Millin discussed the compromise of 30 minutes for a minimum amount of time to work an arrest for advanced life support attended cardiac arrests.

Discussion was held about whether bystander or EMS should be the starting time for total time worked on an arrest prior termination.

Dr. Floccare discussed being uncomfortable field termination of non- trauma arrest in pulseless electrical activity. Tim Burns discussed the use on capnography in conjunction with termination of PEA.

Dr. Millin discussed the science of EtCO₂ 15 was the middle point.

Proposals for further revisions:



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1. Delete the alert about by stander or EMS.
2. Change to 15 two minute cycle of HPCPR

New Business:

D50 removal: Tim Burns presented background of the proposal to remove D50 from the ALS formulary for adults.

Dr. Anders stated PEMAC is ok with removing D25 from the pediatric formulary and D10 used for pediatrics.

The protocol was tabled for July for CASAC review and Jurisdictional ability for still to carry D50.

Ketamine: Dr. Wendell presented background on the expansion of the use of ketamine for analgesia and excited delirium as an Optional Supplemental Protocol.

Dr. Alcorta discussed ketamine being indicated nationally.

PEMAC supports the concept but needs to review the proposal.

Discussion held on having two different concentrations of the drug in order to accommodate different routes of administration.

Discussion held on whether the expansion should be regular formulary or optional for the jurisdictions.

The proposal was tabled until July for further refinement and PEMAC review.

TEMS: Majority of document held for July due to time.

Discussion: Dr. Floccare discussed Airway workgroup.

Dr. Alcorta announced that Tina Fitzgerald has resigned from the Career ALS provider position on the Committee. The position has been advertised and hopes to be filled by July.

Adjourned at 12:47 PM