



# PRC Meeting

Wednesday September 8, 2021  
9:30 AM to 12:00 PM

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

<b>Meeting called by:</b>	Dr. Timothy Chizmar
<b>Type of meeting:</b>	Protocol Review Committee

<b>PRC Agenda Items</b>		
<b>Call to order</b>		Dr. Chizmar
<b>Approval of minutes</b>	July minutes	
<b>Announcements</b>		Dr. Chizmar
<b>Old Business</b>	Crashing Patient Protocol	Dr. Stone/Capt. Burns
<b>New Business</b>	Induced Hypothermia - removal Tranexamic Acid (TXA)	Dr. Chizmar Dr. Chizmar
<b>Journal Club</b>	1) Routine Use of a Bougie Improves First-Attempt Intubation Success in the Out-of-Hospital Setting 2) Effect of a Strategy of Initial Laryngeal Tube Insertion vs. Endotracheal Intubation on 72-hr Survival in OHCA	Dr. Chizmar
<b>Discussion(s)</b>	VADs	Dr. Chizmar
<b>Adjournment</b>		Dr. Chizmar

<b>Next Meeting</b>	Wed, November 10 <sup>th</sup> 9:30-12:00pm	

Updated 8/26/2021 3:00pm

**Protocol Review Committee Meeting Minutes**  
**September 8, 2021**

**Remotely Attended:** Dr. Tim Chizmar; Dr. Jen Anders; Chris Biggs; Tim Burns; David Chisholm; Dr. Jeffrey Fillmore; Pete Friedman; Dr. Eric Garfinkel; Kathleen Grote; Dr. Jennifer Guyther; Dr. Kaytlin Hack; Rachel Itzoe; Ben Kaufman; Dr. Benjamin Lawner; Dr. Matt Levy; Dr. Asa Margolis; Dr. Janelle Martin; Pete Fiackos; Dr. Michael Millin; Gary Rains; Michael Reynolds; David Sabat; Richard Schenning; Dr. Roger Stone; Tyler Stroh; Mary Alice Vanhoy; Dr. Jonathan Wendell; Cyndy Wright-Johnson; Dr. Tom Chiccone.

Excused: Mary Beachley, Mark Buchholtz, Dr. Stephen White

---

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

Minutes: July 2021 minutes were unanimously approved as written.

**Old Business:** Discussion of the Crashing Patient Protocol (Critically Unstable Patient Protocol). Discussion about merits of a protocol vs. education. Body of protocol in addition should identify patient *in extremis*. Applies to adult patients. Key piece is the treatment section. Move to ALS section.

Captain Burns: Trying to understand scope. Under treatment, add address life threats, make more all inclusive. There are two issues, the trauma patient that is identified as sick, a couple of interventions to be done in tandem; second is scene safety risk. His preference is not to separate out trauma and medical. Treatment of life threats takes precedence. Assess and treat prior to movement.

Dr. Levy: One problem, could be subject to interpretation. Focus on medical. How is this really different than in the protocols now? Prioritize treatment over transport.

Dr. Levy: Interventions are ALS driven. Overarching the GPC. Submitted for adults, 18 y/o. Shared with PEMAC who are on-board in concept. Differences in children under 18 were discussed.

Dr. Millin: Approach needs to be more specific, bullet for trauma and bullet for medical.

Dr. Fillmore: Likes this protocol but would like to keep as brief as possible.

Dr. Lawner: Look at this protocol as clinical guidance. Risk benefit analysis leans towards rapid transport.

Dr. Chizmar: Committee was asked if there is anyone opposed to the concept itself. No one voiced opposition. Will put the flow diagram together.

Cyndy Wright-Johnson asked to send Captain Burns information from PEMAC. PEMAC will vote On November 3<sup>rd</sup>.

**Extraglottic/Supraglottic Airway:** Need to keep relatively manageable airway devices. For the less resourceful jurisdictions these will be the two devices used. The laryngeal mask airway (LMA), four jurisdictions are using. MIEMSS approved supraglottic airway will be accepted (short list: e.g. LMA, Air-Q, iGel). Without objections, we will move this forward.

Dr. Levy commented that in the spirit of full transparency have made observations, with confidence, that the time it takes to intubate patients is far longer than to get the tubes placed. There is more to the story of pass success rate and survival is still poor. That to him may be where the supraglottic is the game changer.

**Induced Hypothermia:** Question raised regarding possible objections to the removal of induced hypothermia. Hearing no objection, will remove the induction of field hypothermia. This change is supported by evidence discussed at last meeting (TTM trial in *NEJM*).

**TXA:** The proposal moving forward is to add tranexamic acid (TXA) as an ALS medication for patients 15 years and older who are: 1) in hemorrhagic shock (SBP <90) from a significant traumatic mechanism; 2) less than one hour from time of injury.

Floor opened for discussion: Dr. Lawner offered his compliments for moving it forward. Recommends inclusion of a caveat, that it does not delay transport. Compliments to Dr. Chizmar for keeping it brief. Under a ten (10) minute transport to a trauma center. Trauma surgeons are in support of the addition, with close monitoring of usage.

Dr. Millin: Jurisdictions with close proximity to a trauma center, 10 minutes becomes 45 minutes. Favors pushing this forward. Richard Schenning agrees with the protocol. Should include transport to a trauma center? Is this strictly limited to trauma patients or the GI bleeder, for example. Evidence in GI bleed was shaky. Will keep to trauma patients for now.

Mary Alice Vanhoy: Questioned the cost - \$15 per dose. Enough to treat one patient. Those attending who are operational chiefs were asked if they could fit this cost in their budgets. Howard and Washington counties replies yes. Dr. Levy asked if Trauma Net is okay with this, Dr. Chizmar confirmed they are (as well as trauma surgeons). There seems to be general support for moving forward as no opposition was heard.

**VAD Proposal:** Introduction of a proposed ventricular assist device (VAD) protocol for patients who have hemodynamic compromise or cardiac arrest - to provide more specific guidance. Adult patients who have an implanted VAD. VAD document based on national clinical practice guidelines. We will incorporate input from the group and VAD coordinators. Drs. Margolis and

Anders are in support, as well as Richard Schenning and Dr. Millin. Dr. Levy recommends adding to base station training also. Dr. Chizmar will send to Drs. Margolis and Lawner for edits. Will bring back to the November meeting.

**Review of Articles:**

- 1) ***“Routine Use of a Bougie Improves First-Attempt Intubation Success in the Out-of-Hospital Setting.”***

***Andrew J. Latimer, MD; Brenna Harrington, BS; Catherine R. Counts, PhD, MHA; Katelyn Ruark, BS; Charles Maynard, PhD; Taketo Watase, MD; Michael R. Sayre, MD***

Montgomery County has a Bougie check list. Mary Alice Vanhoy said to check and see if it's possible to get a Bougie in all ambulances in the state. Dr. Millin commented that many don't know how to use the Bougie and it should be included in the education; it should not be curled up in a bag.

- 2) ***“Effect of a Strategy of Initial Laryngeal Tube Insertion vs Endotracheal Intubation on 72-hour Survival in Adults With Out-Of-Hospital Cardiac Arrest. A Randomized Clinical Trial.”***

***Henry E. Wang, MD, MS; Robert H. Schmicker, MS; Mohamud R. Daya, MD, MS; Shannon W. Stephens, EMT-P; Ahamed H. Idris, MD; Jestin N. Carlson, MD, MS; M. Riccardo Colella, DO, MPH; Heather Herren, MPH, RN; Matthew Hansen, MD, MCR; Neal J. Richmond, MD; Juan Carlos J. Puyana, BA; tom P. Aufderheide, MD, MS; Randal E. Gray, Med, NREMT-P; Pamela c. Gray, NREMT-P; Mike Verkest, AAS, EMT-P; Pamela C. Owens; Ashley M. Brienza, BS; Kenneth J. Sternig, MS-EHS, BSN, NRP; Susanne J. May, PhD; George R. Sopko, MD, MPH; Myron L. Weisfeldt, MD; Graham Nichol, MD, MPH***

Dr. Lawner volunteered to present an article for journal club at the next PRC Meeting.

***The next Protocol Review Committee Virtual Meeting is scheduled for Wednesday, November 10<sup>th</sup> at 9:30 am. Please submit any Agenda items you may have at your earliest convenience.***

Good of the Order: None

Meeting Adjourned at 11:20 a.m.