



# PRC Meeting

Wednesday, March 9, 2022  
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>	November 2021 minutes	
<b>Announcements</b>	Protocol Administrator	Dr. Chizmar
<b>Old Business</b>		
<b>New Business</b>	Ketamine for Pacing/Cardioversion Research Protocol: Pedidose for Pediatic Seizures	Dr. Stone Dr. Brown
<b>Journal Club</b>		
<b>Discussion(s)</b>	Lidocaine dosing in Peds	Dr. Anders
<b>Adjournment</b>		Dr. Chizmar

<b>Next Meeting</b>	May 11, 2022 9:30am-12:00pm	

Updated 2/23/2022



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### **Attendance:**

#### **Committee Members in Attendance:**

Jennifer Anders, Mary Beachley, Thomas Chiccone, Jeffrey Fillmore, James Gannon, Kathleen Grote, Rachel Itzoe, Matt Levy, Janelle Martin, Tim Chizmar (Chair), Kevin Pearl, Gary Rains, Richard Schenning, Roger Stone, Mary Alice Vanhoy, Marianne Hoppa Warehime, Meg Stein (Protocol Administrator)

#### **Guests:**

Tim Burns, Morgan Castiglione, Eric Cohn, Eric Garfinkel, Kaytlin Hack, Jeannie Hannas, Ben Kaufman, Nadav Korman, Jon Krohmer, Pete Fiackos, Jason Shorter, Cynthia Wright Johnson, Kathleen Brown, Terrell Buckson

#### **Meeting called to order at 9:34 am by Dr. Chizmar.**

**Minutes:** November minutes were sent out. Marianne Warehime made a motion to accept the minutes as posted. The motion was seconded by Kathleen Grote and unanimously passed.

**Announcements:** Dr. Chizmar introduced Meg Stein as the new Protocol Administrator and Jamie Gannon as the new Trauma Net Representative.

The PRC Career ALS and Alternate ALS positions are both open. Dr. Chizmar has received a letter from Dr. Todd nominating Melissa Bragg. Dr. Chizmar opened the floor for additional nominations. A letter of recommendation and CV should be sent to Dr. Chizmar from the nominating EMSOP.

**Old Business:** None.

#### **New Business:**

**Ketamine for Pacing/Cardioversion – Dr. Stone/Chief Burns:** Dr. Stone presented the proposal to add ketamine as an alternative to opiates and benzodiazepines for sedation and pain management during pacing and cardioversion. For hemodynamically unstable patients, ketamine may allow sedation without the depressant effects that opiates and benzodiazepines exert on blood pressure and respirations. Ketamine is already in the formulary. Supporting data from Montgomery County included in the proposal packet indicates that clinicians may be more likely to give a medication without hemodynamic compromise. Use would be contraindicated for patients less than 3-months-old. Changes to the Pharmacology and Protocol pages are noted in the proposal packet.

Dr. Anders: PEMAC has no issues with the proposal as written. They want to keep the requirement for a medical consult for pediatric patients. This is a very uncommon occurrence for pediatrics.

Dr. Levy: Noted this is an interesting idea but was not sure if he was in favor of it. Pacing and cardioversion are very different in that pacing is a longer-term event and cardioversion is very brief. He



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raised concerns that clinicians may have trouble accurately dosing based on body weight. He also questioned whether the duration of altered mental status in an already compromised patient beyond the length of the procedure is acceptable. Dr. Levy also was concerned that, as written, fentanyl, midazolam, and ketamine appear to be equal options to be used at the discretion of the clinician. He asked that, if the proposal is to go forward, the dosing be reconsidered to include “ideal body weight”.

Dr. Chizmar: Concurred with Dr. Levy’s concerns regarding accurate dosing base on body weight. He also raised the questions of whether ketamine would be a good choice of medications for patients with chest pain due to its inotropic effect.

Dr. Stone: There is a balancing act between treating patient’s discomfort and concerns about the side effects of the medication. Should patients for whom midazolam and fentanyl are not options receive no medication?

Mary Alice Van Hoy: Raised the concern that adding a new use of ketamine would increase its use due to a tendency for increased use by clinicians of when a medication is new.

Dr. Garfinkel: Suggested that a good compromise might be to approve ketamine for pacing but not cardioversion. He also suggested adjusting the proposed dosing to be the same as for pain management.

Chief Burns: Suggested that maybe the compromise is to give ketamine in the pain management dose as a treatment for pain rather than for pre-procedural sedation and avoid the potential complications of the dissociative dose.

Dr. Chizmar: Advised that it appears future discussion of analgesia in general would be beneficial. He also suggested that AHA guidance should be explored.

Dr. Hack: Was also more comfortable with the pain dose levels rather than sedation dosing.

Paramedic K. Grote was concerned about interactions of ketamine with some of the causes of bradycardia such as overdose or poisoning.

Paramedic N. Korman: Felt that as a clinician, his concern is to give electrotherapy first and consider dealing with discomfort afterwards.

Dr. Chizmar: Asked if the sponsors were willing to research and potentially revise the dosing to address the committee’s concerns.

Dr. Stone: Wanted to know if there would be support for a revised proposal before putting effort into the revision.

Dr. Fillmore: Agreed with Dr. Stone that without an alternative to midazolam and fentanyl, patients would get no pain medication.

Dr. Chizmar polled the room to see if there would be support for a revised proposal. 19 members voted with 10 yes votes, 2 no, and 7 undecided.

The sponsors were asked to amend the proposal and bring it back to the next meeting as Old Business.



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**Research Protocol: Pedi dose for Pediatric Seizures – Dr. Brown:** PG County has been invited to participate in a national research study (PediDOSE) looking at the effect of age-based dosing of midazolam in the treatment of pediatric seizures. Weight-based dosing of midazolam has been shown to lead to delayed administration and inaccurate dosing. Dr. Brown presented and explained the research protocol as it was presented in the proposal packet including the inclusion criteria, dosing, and study time-frame. Implementation of the study for PG County could be any time in the next 3 years with 6 months warning for clinician training. EMS Chief Terrell Buckson from PG County will be handling the logistics of training. Dr. Brown advised there is funding provided for training.

Dr. Anders: Advised the proposal received a favorable review from PEMAC

Dr. Stone: Asked for clarification of the study's goals and standardization of training.

Dr. Chizmar: Discussed questions of timing of the IRB and informed consent.

Dr. Levy: Asked DSMB and potential interference with local QA/QI processes.

Dr. Brown: Training is standardized across the study. Periodic updates to PEMAC are possible and there should be at least annual reports from DSMB. The IRB has already been approved by Children's National and the other receiving hospitals.

Dr. Levy made a motion to accept the proposal which was seconded by PM K. Grote. The motion passed by acclimation with no objections or abstentions.

**Journal Club:** None.

### **Discussions:**

**Lidocaine dosing for pediatric IO – Dr. Anders:** In response to a request for clarification of 2% lidocaine dosing for IO pain in pediatrics, Dr. Anders proposed age-based dosing. In the discussion it was acknowledged that the dose of 0.25mL for 1-4 year-olds would be problematic due to the difficulty drawing up and administering a dose that small and she recommended that it be contraindicated for patients less than 5 years old.

Dr. Levy made a motion to accept the clarification, seconded by Marianne Warehime. The motion passed with no objections and the revisions will be sent to Patrick Tandy for incorporation into the Protocols.

### **Good of the Order:**

Dr. Stone raised concerns over the shortages of D50 and D10. Dr. Chizmar brought up other options including glucagon and mentioned the expense and situational ineffectiveness of glucagon. D5W has volume overload concerns. Creative use of glucose paste and food are other options.

Dr. Stone brought up a recent review of intubation and airway management in cardiac arrest by Jeff Jarvis. Dr. Chizmar requested that Dr. Stone help him present the review for Journal Club at the next meeting.

Reminders of upcoming nominations for annual awards and the Medical Director's Symposium.



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**Adjournment:** A motion was made by Dr. Stone and seconded by Dr. Anders to adjourn the meeting at 11:42 AM.

**Next meeting:** May 11, 9:30am to 12 pm. In person option TBD.