



# PRC Meeting

Wednesday, May 10, 2023

9:30 AM to 12:00 PM

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

**\*\*VIRTUAL / IN-PERSON HYBRID\*\***

<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>	March 2023 Minutes	
<b>Announcements</b>		
<b>Old Business</b>	IV Droperidol for Nausea	Dr. Sward and Erich Goetz, NRP
<b>New Business</b>	Norepinephrine Infusion for IV Pump OSP	Dr. Margolis and Dr. Kaul
<b>Journal Club</b>		
<b>Discussion(s)</b>	Propose Asthma/COPD Algorithm Changes	Dr. Chizmar and Erich Goetz, NRP
	Refractory VF/VT: Vector Change, Double Sequential Defibrillation, and Transport Considerations	Dr. Chizmar
<b>Adjournment</b>		Dr. Chizmar
<b>Next Meeting</b>	July 12, 2023 9:30am-12:00pm	



## Protocol Review Committee Meeting Minutes

May 10, 2023

### Attendance:

**Committee Members in Attendance (In-person/Virtual):** Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Itzoe, Mark Buchholtz, Gary Rains, James Gannon, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Matthew Levy, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

**Guests:** Morganne Castiglione, Erich Goetz, Terrell Buckson, Jeannie Hannas, Ben Kaufman, Dr. Kashyap Kaul, Dr. Stephanie Kemp, Dwayne Kitis, Jon Krohmer, Dr. Asa Margolis, Melissa Meyers, Obinna Obuekwe, Bryan Pardoe, Kevin Turner, Dr. Jeffrey Uribe, Cyndy Wright-Johnson, Michael Cole, Pete Fiackos

### Excused:

**Alternates:** Tim Burns

**Absent:** Mary Alice Vanhoy, Mary Beachley, Kathleen Grote, Melissa Fox, Dr. Kevin Pearl

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### Meeting called to order at 9:34 a.m. by Dr. Chizmar.

**Minutes:** A motion was made by Tyler Stroh and seconded by Marianne Warehime to accept the minutes with the noted correction in the date. The motion passed without objections or abstentions.

### Announcements:

#### Old Business:

**IV Droperidol for Nausea – Presented by Erich Goetz:** This proposal was first presented in the March 2023 meeting. Dr. Chizmar noted that the authors are in agreement with the changes recommended at the March meeting. In the current version of the proposal, IV droperidol is indicated as the first line medication for nausea and vomiting secondary to migraines and cyclical vomiting syndromes. For other general causes of nausea and vomiting, IV droperidol is an option for cases when symptoms do not improve after the first dose of ondansetron.

Discussion topics included the need to reference droperidol on the ondansetron pharmacology page, retaining the contraindication for patients less than 13 years old, and concern over increased frequency of adverse effects when the medication is pushed too fast.

Adding a recommendation for administration as a mini-bag drip was suggested. The shortage of mini-bags was acknowledged as a potential problem. Dr. Levy suggested adding a general statement to use a mini-bag drip as an option for all medications given by slow IV push with the understanding that a drip may not always be an option. Dr. Fillmore suggested diphenhydramine may be administered prophylactically.

Dr. Anders advised that PEMAC would support leaving the contraindication for patients less than 13 years old. Ondansetron remains an option for the younger patients.

Dr. Fillmore made a motion, seconded by Dr. Levy, to approve the proposal as discussed. The motion passed without objections or abstentions.



## Protocol Review Committee Meeting Minutes

May 10, 2023

### **New Business:**

**Norepinephrine Infusion for IV Pump OSP – Presented by Dr. Kaul:** Dr. Kaul reviewed data showing improved outcomes for patients with post-arrest hypotension when they are treated with norepinephrine infusions versus epinephrine or dopamine infusions. The proposed Optional Supplemental Protocol for use of norepinephrine requires that the medication be administered using an IV pump. Requirements for training on medication administration and IV pump operation as well as evaluation of 100% of cases in the first year are included in the proposal. Indications include SBP less than 90 mmHg, failed fluid resuscitation, and age greater than or equal to 15 years old.

Discussion points included the need to add volume dosing as well as mcg dosing to the protocol and adding MAP goals in addition to SBP. Pump accuracy and a requirement for use of electronic pumps with the ability to program weight-based doses was also discussed. The question was also raised as to whether IO administration should it be preferred over an IV in cases when an IO is available.

Dr. Anders agreed to have PEMAC recommendations for use in pediatric patients by the next meeting.

With no further discussion, it was agreed to bring a revised proposal back to the July meeting.

### **Journal Club:**

#### **Discussions:**

**Proposed Asthma/COPD Algorithm Changes – Presented by Dr. Chizmar and Erich Goetz:** A proposal to modify the Asthma/COPD Algorithm was presented that includes eliminating the requirements for a medical consultation for additional doses of nebulized albuterol for recurrent or persistent symptoms and for administration of magnesium sulfate. The proposal also included adding terbutaline back into the algorithm.

Discussion of eliminating the need for a medical consultation for additional albuterol and for administration of magnesium sulfate revolved around the need to provide specific parameters for judging severity of illness. Length of transport was acknowledged as an important factor in determining need for additional albuterol.

Support for eliminating the need for a consult for magnesium administration was dependent on the need to emphasize that bronchodilators are first line and magnesium sulfate is for cases in which the patient remains symptomatic after first line medications. Quantifying the severity of illness and narrowing down the dosages of magnesium sulfate were discussed.

The role of terbutaline in the algorithm was discussed. It is currently in the pharmacology as an option for cases of medications shortages. It was agreed that consideration of returning terbutaline to the algorithm requires further consideration of the reasons it was removed in the first place.

**Refractory VT/VT: Vector Change, Double Sequential Defibrillation, and Transport Considerations – Dr. Chizmar:** This discussion stemmed from the presentation by Dr. Cheskes at the Medical Director's Symposium. Currently clinicians may already choose to do vector change as it is not contraindicated. For it to be more commonly used, however, it must be specifically specified as acceptable. Refractory VF/VT needs to be defined before double sequential defibrillation can be added.



## Protocol Review Committee Meeting Minutes

May 10, 2023

A bundle of care that includes vector change, double sequential defibrillation, expeditious transport and possibly additional medications was discussed. It was agreed that this is an important opportunity that should be addressed quickly. The need to coordinate with the CICs and ECMO centers was discussed.

Dr. Chizmar noted that, if this is a truly life-saving procedure, it can be added to the protocols prior to the next cycle in July 2024. In order to do this, though, the plan must be in place and coordinated with the Council of Academies.

**Triage at MCIs:** Dr. Chizmar noted that the Council of Academies is looking at Triage procedures at MCIs and a proposal for “10 Second Triage” is expected from them later this year.

**Good of the Order:**

**Adjournment:** A motion was made by Marianne Warehime and seconded by Dr. Stone to adjourn. With no objections, the meeting was adjourned at 11:03 am.