



PRC Meeting

Wednesday, March 13, 2024

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****

Meeting called by:	Dr. Timothy Chizmar
Type of meeting:	Protocol Review Committee

PRC Agenda Items		
Call to order		Dr. Chizmar
Approval of minutes		
Announcements		
Old Business	Maximum Ketamine Dose for CPR Induced Awareness	Dr. Chizmar and Dr. Levy
	Ancef for Open Fractures	Daniel Ebling, Dr. Ciotola and Zach Yerkie
New Business	Sepsis Protocol Modification	Erich Goetz
	Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART)	Dr. Brown
Journal Club		
Discussion(s)	Maternal Hypertension and Expanding the Standing Order Indications for Magnesium	Dr. Stone and Ben Kaufman
Adjournment		
Next Meeting	May 8, 2024 9:30am-12:00pm	



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Attendance:

Committee Members in Attendance (In-person/Virtual): Mary Alice Vanhoy, Kathleen Grote, Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Marianne Warehime, Rachel Itzoe, James Gannon, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

Guests: Mustafa Sidik, Ben Kaufman, Daniel Ebling, Dr. Douglas Floccare, Dr. Jeffrey Short, Melissa Meyers, Michael Cole, Dr. Stephanie Kemp, Terrell Buckson, Will Tipton, Zach Yerkie, Dr. Zachary Tillett, Erich Goetz, Nicholas Wagner, Cyndy Wright-Johnson, Dr. Kathy Brown, Nicole Duppins, Daniel Goltz

Excused: Mark Buchholtz, Dr. Matthew Levy

Alternates: Tim Burns

Absent: Mary Beachley, Dr. Steven White, David Chisholm, Dr. Kevin Pearl

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

Minutes: Christian Griffin made a motion that was seconded by Mary Alice Vanhoy and Tyler Stroh to accept the January 31, 2024 Minutes as written. The motion passed without objections or abstentions.

Announcements:

Old Business:

Maximum Ketamine Dose for CPR Induced Awareness – Dr. Chizmar: Dr. Chizmar reviewed the proposal presented at the January meeting to specify a max dose of 1 mg/kg ketamine IV/IO up to 3 doses for CPR induced awareness. Currently there is no maximum dose specified for ketamine when it is administered for CPR induced awareness. All other indications for use of ketamine do specify a max dose. Options are to leave the dosing as it is with no max or to add a max dose to be consistent with the rest of the protocols.

Discussion points included:

- Speculation on the half-life of ketamine and whether there would be a rush of ketamine in circulation after ROSC.
- Several people mentioned favoring adding a max dose to maintain consistency within the ketamine formulary.

Mary Alice Vanhoy made a motion, seconded by Kathleen Grote and Dr. Martin, to move forward with the proposed max dose of ketamine for CPR induced awareness. The motion passed with no abstentions or objections.



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Dr. Stone asked whether this would be a mid-cycle modification. Dr. Chizmar advised that he would consult with Dr. Delbridge but, at this point, he considers this a clarification that will be added to the 2024 protocols.

Ancef for Open Fractures – Zach Yerkie and Daniel Ebling: The modified proposal was reviewed. Indications for administration of ancef include open fractures, amputations, and mangled or degloved extremities. Dosing was clarified as 2 grams in 100 mL diluent IV/IO over 5-10 minutes with no IM dosing.

Discussion included:

-Whether to add penetrating wounds such as stabbing or gunshot wounds to the indications. The consensus was that ancef is not the preferred antibiotic for penetrating wounds in either adult or pediatric patients. Unless there is an obvious fracture, puncture or penetrating wounds are excluded from this protocol.

-Wording of the open fracture indication. It was agreed to use the wording “suspected open fracture”.

-Need for education regarding recognition of open fracture with no visible bone.

-Use in pediatric patients. Dr. Anders advised that PEMAC is in favor of including pediatric patients in the protocol. She presented an age-based dosing chart as follows:

Less than 1 year old – medical consultation is required

1-4 years of age – 500 mg

5-12 years of age – 1 gram

13 years of age and older – 2 grams

-Weight-base dosing of 50 mg/kg for infusion pumps.

-Whether this should be a general protocol or an OSP. There were no objections to making this a general protocol.

Kathleen Grote made a motion, seconded by Christian Griffin, to accept the proposal as presented.

Further discussion included:

-Does the medication need to be stocked on all ALS units or can jurisdictions choose to stock it only on chase units that can deliver it to the scene? Dr. Chizmar advised that this is a question for the VAIP Committee.

-The importance of prioritizing ancef administration versus other stabilizing treatment and transport. Resuscitation and transport must not be delayed in order to administer ancef.

-Several of the trauma protocols will be impacted by this addition.

The motion passed with no objections, or abstentions.

New Business:

Sepsis Protocol Modification – Erich Goetz and Dr. Chizmar: This proposed modification of the Sepsis Protocol calls for administration of vasopressors early in the treatment of unstable, fluid-sensitive patients. Administration of vasopressors after the initial 250 mL fluid bolus is suggested for these patients. Timing of vasopressors for non-fluid-sensitive patients is less clear and, as written, requires a medical consultation. Dr. Chizmar offered to entertain questions now but would like to bring this proposal back for discussion in the May meeting.

Pediatric Prehospital Airway Resuscitation Trial (Pedi PART) – Dr. Brown and Dr. Anders: This is a research proposal with a projected May 2024 start date. The study will include 10 locations nation-wide. It applies only to Prince George’s County in Maryland. The initial stage of the study compares effectiveness of BVM alone versus SGA in patients who are at least 1 day old and less than 18 years old. A later stage of the study will look at BVM or SGA versus ETI. Dr. Brown described the details of the study including



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randomization of treatment by odd/even date, reporting methods, and exceptions to informed consent. Dr. Chizmar advised that MIEMSS leadership will review the proposal a part of the approval process. The proposal will be presented to SEMSAC and the EMS Board in April.

Tyler Stroh made a motion, seconded by Dr. Fillmore, to accept the proposal as presented. The motion passed with no further discussion, objections or abstentions.

Discussions:

Maternal Hypertension and Expanding the Standing Order Indications for Magnesium - Dr. Stone, Tim Burns, Ben Kaufman and Will Tipton: Current use of magnesium sulfate for treatment of eclampsia and evidence of expanding its use to include maternal hypertension, pre-eclampsia and postpartum eclampsia were discussed. It was noted that these are low frequency, high acuity calls that often go unrecognized. Other medications that are not currently in the formulary were also suggested as treatment options including labetalol, nifedipine, and hydralazine. Dr. Tillett raised concerns over possible adverse effects on the fetus of treating hypertension in patients whose baseline is hypertension. Dr. Chizmar suggested that Dr. Stone and Dr. Tillett collaborate on a proposal to bring back at a later date.

PRC Membership: Gary Rains has resigned as the Commercial ALS Representative to the Protocol Review Committee. The bylaws require that the open spot be advertised for 30 days on the MIEMSS website and through CASAC.

Adjournment: Marianne Warehime made a motion, seconded by Tyler Stroh, to adjourn the meeting. With no objections or abstentions, the meeting was adjourned at 11:25 am.