



PRC Meeting

Wednesday, July 10, 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Announcements	Removal of outdated or unused Protocols: Vascular Doppler (14.1) and COVID Monoclonal Antibodies for MIH (15.20) Moving Video Laryngoscopy from OSP to Standard Potocol January 2025 Meeting moved to Jan 29 (5th Wed)	
Old Business	Changes to Wilderness EMS Protocol Sepsis Protocol Modifications Hypertensive Disorders of Pregnancy	Dr. Millin Erich Goetz and Dr. Sward Will Tipton, Tim Burns, and Dr. Stone
New Business	Alcohol Withdrawal Protocol	Erich Goetz and Dr. Sward



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Journal Club		
Discussion(s)	Transport Considerations for Reversible Causes of Cardiac Arrest	Dr. Stone
Adjournment		
Next Meeting	September 11, 2024 9:30am-12:00pm	



Protocol Review Committee Meeting Minutes

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Attendance:

Committee Members in Attendance (In-person/Virtual): Kathleen Grote, Christian Griffin, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Itzoe, Mark Buchholtz, John Oliveira, James Gannon, Dr. Kevin Pearl, 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: Cyndy Wright-Johnson, Mustafa Sidik, Peter Dugan, Dr. Kyle Fratta, Erich Goetz, Ben Kaufman, Jon Krohmer, Dr. Matt Leonard, Dr. Asa Margolis, Melissa Meyers, Dwayne Kitis, Dr. Michael Millin, Jeff Nusbaum, Bryan Pardoe, Anthony Scott, Dr. Jeffrey Short, Dr. Jeffrey Uribe, Dr. Jonathan Wendell, Donna Geisel, Dr. Kevin Seaman, Dr. Ryan McFague, Terrell Buckson

Excused: Mary Beachley, Dr. Jennifer Anders

Absent: Tyler Stroh

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

Minutes: Marianne Warehime made a motion, seconded by Christian Griffin, to approve the May 2024 Minutes as written. The motion passed with no objections or abstentions.

Announcements:

Removal of outdated or unused protocols for July 2025: Dr. Chizmar announced the intention to remove outdated or unused protocols in the 2025 Protocol Book, specifically Vascular Doppler (14.1) and COVID Monoclonal Antibodies for MIH (15.20).

Moving Video Laryngoscopy from OSP to standard protocol: Dr. Chizmar proposed that in 2025, Video Laryngoscopy be moved from an Optional Supplemental Protocol to the standard protocols. Fiscal impact on MSOPS not currently using the OSP were discussed and it was suggested that they might be given until 2026 to become compliant. Requirements for commercial services were also discussed. The proposal will be brought to JAC and CASAC for further discussion. No objections were raised.

January 2025 Meeting moved to January 29 (5th Wednesday)

Old Business:

Changes to Wilderness EMS Protocol – Dr. Millin: Dr. Millin presented edits to the original proposal based on feedback from the May PRC meeting. Key topics addressed were administration of doxycycline to pediatric patients as prophylactic treatment of tick bites, recommendations for treatment of acute hyponatremia with hypertonic saline, and target MAP for patients with spinal trauma.



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Dr. Millin found support in the literature for use of doxycycline for prophylactic treatment of tick bite in pediatric patients. The remaining question regarding pediatric doxycycline dosing will be brought to PEMAC.

Discussion of administration of hypertonic saline for treatment of acute, exercise-induced hyponatremia revolved around safety. For acute hyponatremia, risk was found to be low. The amended proposal reflects modified indications and dosing. WEMS medical direction will be recommended before the initial dose, if possible. Medical consultation will be required before a second dose.

The amended proposal calls for maintaining MAP greater than 80 for patients with spinal trauma. Discussion points included how this will fit with permissive hypotension for patients with hemorrhagic shock as well as consistency with the recommended MAP of 85 for head injuries. Possible wording changes for clarification were discussed.

Cyndy Wright-Johnson advised that PEMAC would look at all of the medications in the WEMS Protocol and provide a list of recommended pediatric doses.

Sepsis Protocol Modifications – Erich Goetz and Dr. Chizmar: This proposal was initially presented at the March PRC meeting but due to time constraints was not discussed. Erich Goetz presented the proposal that primarily focuses on early use of vasopressors in fluid-sensitive patients with hypotension secondary to septic shock.

Discussion points included:

- concern for early use of vasopressors for patients in extremis
- SBP and MAP parameters for indications of extremis
- possible removal of the medical consultation requirements
- considerations for treatment of both fluid sensitive patients and patients in extremis regardless of fluid sensitivity
- the potential of increased use of IV pumps
- need for more education with emphasis on critically unstable and hypotensive patients

Dr. Chizmar and Erich Goetz agreed to work off-line to solidify the SBP parameters. A mock-up of the proposed protocol will also be brought to the next meeting.

Labetalol for Hypertension: Tabled until a future meeting at the request of the authors.

Hypertensive Disorders of Pregnancy – Will Tipton, Tim Burns, and Dr. Stone: This proposal was originally presented at the May PRC meeting. Dr. Chizmar presented feedback from a meeting with Drs. Atlas and Rafi from ACOG.

Key discussion points included:

- support for the use of labetalol with a starting dose of 10-20 mg (treatment should be based on 2 blood pressures obtained at least 15 minutes apart)
- opposition to pre-hospital use of hydralazine or nifedipine
- lack of support for pre-hospital use of magnesium sulfate, except in treatment of seizures



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-suggestion that pre-hospital administration of decadron was unnecessary due to the wider time-frame allowable for its administration

In further discussion, no one objected to removing hydralazine and nifedipine from the proposal. Dr. Stone argued in support of the use of magnesium sulfate for treatment of pre-eclampsia based on discussion at the EAGLES Consortium. Dr. Stone also argued on favor of a starting dose of 20 mg of labetalol rather the 10 mg.

Dr. Chizmar suggested a follow up meeting with the ACOG doctors that would include Dr. Stone.

New Business:

Alcohol Withdrawal Protocol – Erich Goetz: Erich Goetz presented a proposal for the use of midazolam in the treatment of moderate and severe alcohol withdrawal. Determination of severity of withdrawal symptoms would be based on the use of the CIWA Score.

Discussion points included:

- elimination of weight-based midazolam dosing
- use of the CIWA score
- applicability to pediatric patients

Cyndy Wright-Johnson agreed to bring the pediatric questions to PEMAC for discussion.

Discussions:

Transport Considerations for Reversible Causes of Cardiac Arrest - Dr. Stone: Dr. Stone raised the question of what types of cardiac arrest situations might drive sooner transport versus on-scene resuscitation. Discussion revolved around recognizing reversible causes of cardiac arrest and using knowledge of treatments that can be provided in-hospital as opposed to treatment options in the field to drive transport decisions. The need for additional education as well as potential protocol changes were discussed.

PRC Committee Membership:

Mary Alice Vanhoy retired from the EMS Board at the June Meeting. Dr. Chizmar will work with Dr. Delbridge and Clay Stamp on selecting a new EMS Board Representative to the PRC.

The Career BLS position on the PRC is open as the current representative is no longer attending meetings. Follow-up through their chain-of-command will be attempted before the open position is advertised.

September Meeting: The September PRC meeting is scheduled for September 11 at 9:30 am. This time will conflict with many 911 Memorial Services. Dr. Levy made a motion to change the time to allow attendance at the morning ceremonies as well as the PRC meeting. Dr. Stone suggested a start time of 12:30 or 1:00 pm. A poll will be sent out to PRC members regarding the potential time change.

Adjournment: The meeting was adjourned by acclamation at 11:38 am.