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|  |  **Meeting Minutes** |  |
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| Subject: | Medical Services Committee  |
| Date: | April 26, 2019 –final |
| VotingMembers:Absent Members: |  Dr. Burstein (chair), Dr. Beltran, Dr. Bivens, P. Brennan, Dr. Chung, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Nemeth, Dr. Old (remote-conference line), Dr. Tennyson, Dr. Walker and Dr. Walter. S. Gaughan and Dr. Tollefsen.  and Dr. Walker.    |

# 0 Agenda

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# Call to Order

Dr. Jon Burstein called to order the April meeting of the Emergency Medical Care Advisory Board’s Medical Services Committee at 10:03 am on April 26, 2019 in the Operations Room at the Massachusetts Emergency Management Agency (MEMA)-Framingham.

# 3.0 Motions

The following table lists the motions made during the meeting.

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| **Motion** | **Result**  |
| **Motion:** by Dr. Walter to accept the February minutes with 4 amendments. 1) S. Gaughan listed twice in the Fallon waiver vote. Dr. Walker reported 2) voting no in the With Lights and Sirens (WLS) vote. 3) The count would change to Motion failed 10-4 and 4) the word Approved was bolded. | Approved **–** unanimous vote. |

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| **Motion** | **Result**  |
| **Motion:** by Dr. Tennyson to move Epinephrine to the Basic section of protocol 2.6A Bronchospasm with Medical Control for the first dose. Seconded Dr. Walter. | Approved Dr. Beltran, Dr. Bivens,Dr. Chung, Dr. Dyer, D. Faunce, Dr. Tennyson and Dr. Walter. Opposed-P. Brennan, Dr. Cohen andDr. Walker. Abstentions-Dr. Nemeth and Dr. Old. Motion passed 7-3-2. |

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| **Motion** | **Result**  |
| **Motion:** by Dr. Walker to add Glucagon IM/IN to the Protocols as a Medical Director option adding in section 6. Seconded by P. Brennan. Friendly amendment by Dr. Beltran to remove the IN option. Seconded by Dr. Walter. Dr. Burstein asked if this should this be an emergency change. | Approved- Dr. Beltran, Dr. Bivens, Dr. Chung, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Nemeth, Dr. Old, Dr. Tennyson, Dr. Walker. Opposed-P. Brennan. Abstention-Dr. Walter Approved- Dr. Beltran, Dr. Bivens,  P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce, Dr. Nemeth, Dr. Old, Dr. Tennyson, Dr. Walker and Dr. Walter.  Opposed-none Abstention-Dr. Chung |

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| **Motion** | **Result**  |
| **Motion:** by Dr. Chung to add to the protocol in protocol 6.5 TXA in the Paramedic section dose15 mg/kg for patients > 5 years, to add Do Not delay transport. The protocol will be rewritten with this information and will be brought back to MSC. Seconded by Dr. Bivens. | Approved-unanimous vote. Opposed-none. Abstentions-none. |

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| **Motion** | **Result**  |
| **Motion:** by Dr. Beltran to replace current language in Protocol 3.5 with language to use according to the manufacturer’s recommendations. Seconded by Dr. Tennyson. | Approved-unanimous vote. Opposed-none. Abstentions-none. |

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| **Motion** | **Result**  |
| **Motion:** by Dr. Beltran to approve the Hyperkalemia Protocol. Seconded by Dr. Bivens. Friendly amendment by Dr. Dyer to take out continuous neb, leave as nebulizer. Friendly amendment by Dr. Bivens to maintain continuous monitor and call medical control. Friendly amendment by Dr. Dyer to replace mmol with mEq. | Approved-unanimous vote. Opposed-none. Abstentions-none. |

**4.0Action Items**

The following table lists the action items identified during the meeting

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| **Item** | **Responsibility** |
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**Agenda**

1. Acceptance of Minutes: Friday, February 8, 2019 meeting.

 **Motion:** by Dr. Walter to accept the February minutes with 4 amendments.

1) S. Gaughan listed twice in the Fallon waiver vote. Dr. Walker reported 2) voting no in the With Lights and Sirens (WLS) vote. 3) The count would change to Motion failed 10-4 and 4) the word Approved was bolded. Approved unanimous vote.

1. OEMS Update-Mark Miller resigned yesterday. Scott Cluett the MIH Manager was named Interim Director.
2. Old Business-none
3. New Business
	1. Add ipratropium to 6.1 BLS albuterol? Albuterol/ipratropium combined neb is being used for pediatric patients 6 months and older. No motion. Dr. Burstein informed the committee he will add ipratropium to all protocols.
	2. Add IM epi by BLS for 2.6A adult bronchospasm? There has been previous discussion of having EMT-Basics administering Epinephrine for Bronchospasm. Not approved due to cardiac risk. Should Basics be allowed to administer now? Discussion.

**Motion:** by Dr. Tennyson to move Epinephrine to the Basic section of protocol 2.6 A Bronchospasm with Medical Control for the first dose. Seconded Dr. Walter.

Approved Dr. Beltran, Dr. Bivens, Dr. Chung, Dr. Dyer, D. Faunce, Dr. Tennyson and Dr. Walter.

Opposed-P. Brennan, Dr. Cohen and Dr. Walker. Abstentions-Dr. Nemeth and Dr. Old. Motion passed 7-3-2.

* 1. Glucagon by BLS in 2.3 AMS or as MDO?  Discussion and vote. 2.3 A Altered Mental Status. In the A section Glucagon can be administered IV/IO/IM/IN. Can Basics give Glucagon IM/IN for those that participate in the check and Inject Epinephrine protocol? Concerns about preparing glucagon as it must be mixed with sterile water. Recommend IM route only due to better absorption than IN. Chief Zellman (Turners Falls) advocated for Basics to be able to administer glucagon IM.

**Motion:** by Dr. Walker to add Glucagon IM/IN to the Protocols as a Medical Director option in section 6. Seconded by P. Brennan. Friendly amendment by Dr. Beltran to remove the IN option. Seconded by Dr. Walter.

 Approved- Dr. Beltran, Dr. Bivens, Dr. Chung, Dr. Cohen, Dr. Dyer, D. Faunce,

 Dr. Nemeth, Dr. Old, Dr. Tennyson, Dr. Walker. Opposed-P. Brennan.

 Abstention-Dr. Walter.

Dr. Burstein asked if this should this be an emergency change. Yes

Approved- Dr. Beltran, Dr. Bivens, P. Brennan, Dr. Cohen, Dr. Dyer, D. Faunce,

Dr. Nemeth, Dr. Old, Dr. Tennyson, Dr. Walker and Dr. Walter. Opposed-none Abstention-Dr. Chung.

* 1. TXA for pediatrics? (EMSC). Discussion and vote. Currently in Protocol 6.5 the minimum age for TXA administration is 16. Should TXA be administered to pediatric patients? Limited studies. Hasbro Hospital in RI is using TXA for pedi patients.

[11:00 Dr. Walter left the room-11:03 am returned.] No side effects in Women’s Trial. Patients given TXA survived, few did develop DVTs and PEs. In pedi patients TXA could prevent 10-20% of deaths. Randomized trial Tic Toc shows Pedi results similar to the CRASH data.

 Tic Toc dosing 15 mg/kg, 30mg/kg or placebo. Discussion-support education including emphasis on hypotension if TXA given IV push. Brain trauma injury patients showed no harm from TXA administration.

 [11:10 am Dr. Walter left meeting.]

 TXA is in the RI protocols for pediatric patients.

 **Motion:** by Dr. Chung to add to protocol 6.5 TXA in the Paramedic section, the dose, 15 mg/kg for patients > 5 years and to add the phrase “Do Not delay transport”. The protocol will be rewritten with this information and will be brought back to MSC.

 Seconded by Dr. Bivens. Approved-unanimous vote. Opposed-none. Abstentions-none.

* 1. TXA mandatory? Discussion and vote. The question was raised should TXA be mandatory. [11:14 am Dr. Nemeth left the room. Retuned 11:18 am.] No motion. Will remain optional.
	2. Change in 3.5 defib energy language? Discussion and vote.

Protocols have language noting the settings for defibrillation. Language reviewed.

**Motion:** by Dr. Beltran to replace current language in Protocol 3.5 with language to use according to the manufacturer’s recommendations. Seconded by Dr. Tennyson.

Approved-unanimous vote. Opposed-none. Abstentions-none.

* 1. Central line access by paramedic cf 1.0? (Dr. Old).

Current language in Routine Patient Care protocol allows Paramedics to access PICC lines. “In a critical patient with no other vascular access, if trained to do so and with concurrent on-line medical control order, Paramedics may access a Peripherally Inserted Central Catheter (PICC) line (not any other central access) in order to administer medications.”

Discussion- should central lines, PICC lines and Quentin catheters be allowed to be accessed? June meeting for further MSC discussion.

* 1. New protocol cf. 7.6?  Sedation after intubation (Dr. Old).

The dosing for a patient post intubation would be higher than those for sedation. Suggestion to mirror medications currently utilized in the MAI project. To return to MSC for further discussion.

* 1. New protocol?  Hyperkalemia (Dr. Beltran). Discussion and vote.

Reviewed. Previous hyperkalemia special project did not find albuterol contributed much.

**Motion:** by Dr. Beltran to approve the Hyperkalemia Protocol. Seconded by Dr. Bivens. Friendly amendment by Dr. Dyer to take out continuous neb, leave as nebulizer. Friendly amendment by Dr. Bivens to maintain continuous monitor and call medical control. Friendly amendment by Dr. Dyer to replace mmol with mEq.

Approved-unanimous vote. Opposed-none. Abstentions-none.

* 1. BLS transmission of ECGs?  (Dr. Beltran). Discussion and vote.

 Tabled

* 1. Hypertonic saline for pediatric head injury (EMSC). Discussion and vote.

 Tabled

* 1. 100% QA for critical procedures (which?)? Discussion and vote.

 Tabled

**Next Meeting:**  June 14, 2019