Meeting Minutes

Subject:	Medical Services Committee
Date:	April 21, 2017 – final
Voting Members:	Dr. Burstein (chair), Dr. Dyer, D. Faunce, S. Gaughan, Dr. Geller, Dr. Gutiérrez, Dr. Restuccia, Dr. Tennyson and Dr. Tollefsen,
Absent Members:	P. Brennan Dr. Cohen, Dr. Conway, and Dr. Old, Dr. Walker and Dr. Walter.

1.0 Agenda

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2.0 Call to Order

Dr. Jon Burstein called to order the April meeting of the Emergency Medical Care Advisory Board's Medical Services Committee at 10:06 am on April 21, 2017 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.

Motion	Result
Motion by Dr. Restuccia to accept the December minutes. Seconded by Dr. Gutiérrez.	Approved- unanimous vote

Motion	Result
Motion: by Dr. Tollefsen to recommend to the Department that an approval be granted for the services to continue with the Epinephrine Check and Inject special project. Seconded by Dr. Dyer.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Geller to recommend to Department that an approval be granted for the services to continue with the Tranexamic Acid (TXA) special project. Seconded by Dr. Restuccia.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Geller to recommend to the Department that St Luke's TXA project be added to the Trauma protocol-4.5 at the Paramedic level of care for adults. Seconded by Dr. Restuccia. Friendly amendment to add the dose 1 Gram in 100 cc Normal Saline drip over 10 minutes (St. Luke's special project dose). Approved by unanimous vote. At 11:14 am further friendly amendment by Dr. Tollefsen to add as an **emergency change.** Approved by unanimous vote.	Approved – unanimous vote.

Motion	Result
Motion: by David Faunce to recommend to the Department that approval be granted to Kingston Fire to participate in the Ketorolac (Toradol) special project. Seconded by Dr. Geller.	Approved - – unanimous vote.

Motion	Result
Motion: by D. Tollefsen to recommend to the Department that MSC's recommendation from the December 9 2016 meeting and today is to make Midazolam the sole benzodiazepine and Fentanyl the sole narcotic medication in the next edition of the STPs. Seconded by Dr. Restuccia.	**Approved** – unanimous vote.

Motion	Result
Motion: by Dr. Tollefsen to recommend to the Department that the following medications are added to Protocol 2.13 Pain and Nausea Management Adult and Pediatric Acetaminophen Adult: Acetaminophen 1000 mg IV or po Pediatric: Acetaminophen 15 mg/kg IV or po to max 1000mg Ibuprofen Adult: Ibuprofen 600 mg po Pediatric: Ibuprofen 10 mg/kg po to max 600 mg Ketorolac Adult: Ketorolac 15 mg IV or 30 mg IM Pediatric 0.5 mg/kg IV or IM to a max dose of 15 mg By Paramedic providers as a standing order. Contraindications will be listed in the drug reference. This will be recommended to the Department as an **emergency change.** Seconded by Dr. Gutiérrez.	**Approved** – unanimous vote.

Motion	Result
Motion: by Dr. Gutiérrez to recommend to the Department that the following language be added to the Interfacility Transport Protocol –Section B1 *Any neonate (30 days or younger) requiring transfer for evaluation and/or treatment of an UNSTABILIZED acute condition.* *And* *Any pediatric patient requiring* <u>*acute*</u> *ventilatory support (NIV, high flow NC, ventilator, etc.) who requires an interfacility transfer.* This is recommended to the Department as an **emergency change.** Seconded by Dr. Dyer.	**Approved** – unanimous vote.

Motion	Result
Motion: by Dr. Dyer to recommend to the Department that the pediatric components are added to Protocol 3.8 Post resuscitative Care - Medical Control section: Epinephrine Infusion - Administer .01-2 mcg/kg/min per minute IV or IO, by pump, with titration to goal SBP of 90mmHg. Remove Amiodarone and Lidocaine. To add a line under the Paramedic Standing Orders as a 3rd bullet to bolus IV fluid at a rate of 10 ml/kg.	**Approved** – unanimous vote.

4.0Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

Agenda

1. Acceptance of Minutes: December 9, 2016 meeting (Vote)
   Motion: by Dr. Restuccia to accept the December minutes. Seconded by Dr. Gutierrez
   Approved – unanimous vote.
2. Task Force reports
3. Old Business
   a. (System CQI report)
   b. (MATRIS)
   c. Epi Check and Inject SP report. Presentation, discussion, and vote.
   Presentation by James DiClemente. PowerPoint Presentation (PPP). Project began 1/13/16 From 4/21/16 to 4/20/17 58 adult and 7 pediatric patients have been treated with the check and inject method. Pro provides quarterly training, skills labs, simulation and 100% CQI of all check and inject administrations. At present 6 agencies would like to continue with the Epinephrine 1:1000 IM check and inject project (Boxborough, Carlisle, Littleton, Maynard, Professional and Stow). Discussion on adding to the protocols. Decision to wait for additional services to seek approval for this project so that additional data is

available. Pro willing to return to present additional data on national use of the check and inject administration of Epinephrine.
Motion: by Dr. Tollefsen to recommend to the Department that an approval be granted for the services to continue with the Epinephrine Check and Inject special project. Seconded by Dr. Dyer. Approved by unanimous vote.

10:27 am-Introduction-Mark Miller-OEMS Director-spoke to the attendees, gave brief history of EMS career.

d. TXA SP Report. Presentation, discussion, and vote.
Presentation by Dr. Matt Bivens-St. Luke's Hospital. PPP. The special project is to administer Tranexamic Acid (TXA) to a select group of trauma patients. There have been no problems. Brief overview of the history of TXA given. TXA is most beneficial 1-3 hours after trauma. PPP slides circulated to voting members.
Project began 1/13/16. 31 patients treated with TXA. 1 patient did not survive injuries -97% of patients successfully treated.
Criteria: Patients with blunt or penetrating trauma mechanisms suffered in the past 3 hours, who appear age 16 or over and show signs of significant hemorrhage (SBP < 90 mm Hg, HR > 110 BPM); or who are considered in paramedic judgment to be at high risk of significant hemorrhage. Dose: 1 Gram IV over 10 minutes.
Motion: by Dr. Geller to recommend to the Department that an approval be granted for the services to continue with the Tranexamic Acid (TXA) special project. Seconded by Dr. Restuccia. Approved by unanimous vote.
Motion: by Dr. Geller to recommend to the Department that St Luke's TXA project be added to the Trauma protocol-4.5 at the Paramedic level of care for adults. Seconded by Dr. Restuccia. Approved by unanimous vote.
Friendly amendment to add the dose 1 Gram in 100 cc Normal Saline drip over 10 minutes (St. Luke's special project dose). Approved by unanimous vote.
Further friendly amendment by Dr. Tollefsen to add as an **emergency change**. Approved by unanimous vote.

10:53 am Dr. Gutiérrez left room-returned 10:55am

4. New Business
   a. MAI SPW change to STP/MSC subcommittee? Discussion and vote. -on hold

   b. SPW request, ketorolac, Kingston. Presentation, discussion, and vote.
   Motion: by David Faunce to recommend to the Department that approval be granted to Kingston Fire to participate in the Ketorolac (Toradol) special project. Seconded by Dr. Geller. Approved by unanimous vote.

   c. Narcotic and benzo choices/draft. Presentation, discussion, and vote.
   Dr. Burstein reviewed the draft amendments to Protocols
   -2.13 Pain and Nausea Management Adult and Pediatric
   -2.15A Seizures-Adult
   -2.15P Seizures-Pediatric.
   Discussion: is it wise to eliminate all but one benzodiazepine and one narcotic. What about shortages, how will that work if the pharmaceutical companies can't supply the approved medications. Shortage management mechanisms are in the protocols.
   Motion: by D. Tollefsen to recommend to the Department that MSC's recommendation from the December 9 2016 meeting and today is to make Midazolam the sole benzodiazepine and Fentanyl the sole narcotic medication in the next edition of the

STPs. Seconded by Dr. Restuccia. Approved by unanimous vote.

d. Additions to pain treatment (IV/oral/rectal NSAIDs, acetaminophen). Presentation, Discussion and vote. -Dr. Burstein
Discussion Committee of the Whole 11:30 am to 11:37 am.
Motion: by Dr. Tollefsen to recommend to the Department that the following medications are added to Protocol 2.13 Pain and Nausea Management Adult and Pediatric
<u>Acetaminophen</u>
Adult: Acetaminophen 1000 mg IV or po
Pediatric: Acetaminophen 15 mg/kg IV or po to max 1000mg
<u>Ibuprofen</u>
Adult: Ibuprofen 600 mg po
Pediatric: Ibuprofen 10 mg/kg po to max 600 mg
<u>Ketorolac</u>
Adult: Ketorolac 15 mg IV or 30 mg IM
Pediatric 0.5 mg/kg IV or IM to a max dose of 15 mg
By Paramedic providers as standing order. Contraindications will be listed in the drug reference. This will be recommended to the Department as an **emergency change**.
Seconded by Dr. Gutierrez. Approved by unanimous vote.

e. Neonate Critical Care IFT (Dr. Gutierrez, guest Dr. Kleinman). Presentation, discussion, and vote.
Critical Care Transport (CCT) is not required for all neonates. Language added to help clarify when a neonate would require CCT *italicized*
Neonate/Pediatric Critical Care
B1 – PEDIATRIC PATIENTS (8 years of age or younger)
 Any neonate (30 days or younger) requiring transfer for evaluation and/or treatment of an UNSTABILIZED acute condition.
 Any pediatric patient with critical illness or injury.
NOTE: On-line **MEDICAL CONTROL** should be involved in determining whether pediatric patients require critical care
Any pathology associated with the potential for imminent upper airway collapse and / or obstruction (including but not limited to airway burns, toxic inhalation, epiglottitis, retropharyngeal abscess, etc.). If any concerns whether patient falls into this category, contact **MEDICAL CONTROL**.
 Any pediatric patient requiring <u>acute</u> ventilatory support (NIV, high flow NC, ventilator, etc.) who requires an interfacility transfer.
 All conditions that apply to adult medical patients also require CCT for the pediatric patient
NOTE: On-line **MEDICAL CONTROL** should be involved in determining whether Pediatric patients require critical care
Motion: by Dr. Gutiérrez to recommend to the Department that the following language be added to the Interfacility Transport Protocol –Section B1
 Any neonate (30 days or younger) requiring transfer for evaluation and/or treatment of an UNSTABILIZED acute condition. And
 Any pediatric patient requiring <u>acute</u> ventilatory support (NIV, high flow NC, ventilator, etc.) who requires an interfacility transfer.
This is recommended to the Department as an **emergency change**
Seconded by Dr. Dyer. Approved by unanimous vote.

f. Pediatric ROSC protocol. Presentation, discussion, and vote.

Discussed the need to add a Pediatric Return Of Spontaneous Circulation Protocol. Discussion as a Committee of the Whole 11:47 am to 11:55 am.
Noted a fluid bolus is not in 3.4 P-Pediatric PEA protocol-update language to read: Administer a fluid bolus 20 ml/kg.
Motion: by Dr. Dyer to recommend to the Department that the pediatric components are added to Protocol 3.8 Post resuscitative Care -Medical Control section:
Epinephrine Infusion - Administer .01-2 mcg/kg/min per minute IV or IO, by pump, with titration to goal SBP of 90mmHg. Remove Amiodarone and Lidocaine.
To add a line under the Paramedic Standing Orders as a 3rd bullet to bolus IV fluid at a rate of 10 ml/kg. Seconded by Dr. Geller Approved by unanimous vote.

g. Intubation in arrest (Dr. Geller). Presentation, discussion, and vote. -on hold.

Adjourned 11:56 am
Next Meeting: June 9, 2017