



Meeting Minutes

Subject: Medical Services Committee
Date: June 10, 2016 – final
Voting Members: Dr. Burstein (chair), P. Brennan, Dr. Conway, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Tennyson, Dr. Tollefsen, Dr. Walker (left at 10:35 am) and Dr. Walter.
Absent Members: S. Gaughan and Dr. Restuccia

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2.0 Call to Order

Dr. Jon Burstein called to order the June meeting of the Emergency Medical Care Advisory Board's Medical Committee at 10:00 am on June 10, 2016 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. Geller to accept the April minutes Seconded by Dr. Walker.	Approved- unanimous vote.

Motion	Result
Motion: by Dr. Tollefsen to add Ketamine to the Behavioral Protocol. Ketamine 4 mg/kg IM only to a maximum dose of 400 mg IM only as a single dose. This will be a Standing Order. Seconded by L. Moriarty.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Geller to adjourn the meeting.	Approved – by assent.

4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

1. Acceptance of Minutes: April 8, 2016 meeting
2. Task Force chairs to distribute written reports as needed
3. Old Business
 - a. (System CQI report)
 - b. (MATRIS)
 - c. Committee Logo-SKW added to the Medical Services Committee name. Example written in on today's agenda.
4. New Business
 - a. IN midazolam dose in pedi seizures-dosing update needed in 2.15 Seizure-Pediatric. In Paramedic Standing Orders dose will read:
Midazolam 0.05mg/kg IV/IO/IM (maximum) 4 mg or
Midazolam 0.2 mg/kg IN (maximum) 10 mg. Advisory to be sent.
 - b. Neonate Critical Care IFT
The protocols currently call for Critical Care Transport (CCT) for a neonate patient (30 days of age or younger) requiring transfer to a higher level of care. A stable patient with Respiratory Syncytial Virus (RSV) would fall into this category. Resources are difficult to obtain, should this protocol be amended for the stable neonate? Defer to next MSC meeting.
 - c. Ketamine
Should Ketamine be added to the Pain (2.13) and Behavioral Protocols? The literature indicates Ketamine is beneficial in the agitated patient. Ketamine will be given IM only in the agitated patient; it will be a Standing Order. This is a schedule III drug and will need Drug Control Program (DCP) registration (MCSR).
Motion: by Dr. Tollefsen to add Ketamine to the Behavioral Protocol. Ketamine 4 mg/kg IM only to a maximum dose of 400 mg IM only as a single dose. This will be a Standing Order. Seconded by L. Moriarty. Recommended that all intubations in setting of ketamine use be reported to state.
 - d. FYI Amio vs. Lido
Article circulated showing that antiarrhythmics may not be effective in unwitnessed Cardiac Arrest, may be useful in a witnessed arrest.
 - e. FYI CVA-Dr. Dyer
Large vessel obstruction in Stroke is best treated at an institution with endovascular therapy (EVT) capability. Discussion on how to best incorporate this into EMS care. Decision to discuss with the Coverdell Stroke Program and possibly amend the Stroke Point of Entry.
 - f. August meeting
Due to difficulty getting a quorum the August meeting will not be held. Will try to arrange for a September 9, 2016 meeting at MEMA from 10 am to 12 noon. The October meeting will be held as scheduled.

Meeting adjourned at 11:36 am

Next Meeting: September 9, 2016