



Meeting Minutes

Subject: Medical Services Committee

Date: June 13, 2014 – final

Voting Members: Dr. Burstein (chair), Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker.

Absent

Members: P. Brennan, Dr. Walter and Dr. Wedel.

1.0 Agenda

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2.0 Call to Order

Dr. Jon Burstein called to order the June meeting of the EMCAB Medical Committee at 10:05 am on June 13, 2014 in the Training Room of the Massachusetts Emergency Management Agency, Framingham, MA.

3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
Motion: by Dr. Restuccia to approve the April minutes. Seconded by Dr. Pozner.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
Dr. Dyer willing to serve as vice-chairperson. Dr. Dyer named vice chairperson of MSC Committee by acclamation.	Approved by acclamation.

Motion	Result
Motion: by Dr. Pozner to keep the doses for methylprednisolone as they are in the protocols. Seconded by Dr. Geller.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
Motion: by L. Moriarty – Infusion pumps will be required for the administration of any pressor agent by 2017. Seconded by Dr. Geller.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-Dr. Pozner - opposed-none.

Motion	Result
Motion: by Dr. Geller to make Norepinephrine the vasopressor agent in the protocols. Dopamine will be eliminated from the protocols. Seconded by Dr. Dinneen.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
Motion: by Dr. Geller to move Amiodarone to the medical control options for antiarrhythmic use in ROSC. Seconded by Dr. Dinneen.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
Motion: by Dr. Patterson to amend language in Protocol 6.4 to include the language listed and to no longer require the use of backboards for spinal stabilization. The ambulance cot can serve as an immobilization device. Seconded by Dr. Geller.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
Motion: by L. Moriarty to make the Selective Spinal Assessment (Protocol 6.4) changes an emergency change. Seconded by Dr. Patterson.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

Motion	Result
Motion: by Dr. Pozner to approve MAI project waiver for 2 years. Seconded by Dr. Geller.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none-opposed-none.

Motion	Result
Motion: by Dr. Pozner to have a meeting with the Bureau Director to discuss the community paramedicine spw. Seconded by L. Moriarty.	Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-Dr. Geller - opposed-none.

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

4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility
1. re draft shock protocols to include sepsis fluid doses	Dr. Walker
2. Meeting with Bureau Director and MSC voting members- Community Paramedicine	Dr. Burstein

1. Minutes

Motion: by Dr. Restuccia to approve the April minutes. Seconded by Dr. Pozner. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

2. Task Force –no reports

3. Old Business

- System CQI report- no report
- MATRIS-data drawn from MATRIS on pressor and steroid use, for later discussion

4. New Business

a. Membership replacements and vice chair election-J. Burstein

Dr. Dyer willing to serve as vice-chairperson. Dr. Dyer named vice chairperson of MSC Committee by acclamation. Michael Pulit resigned his Committee seat. Discussion - how to fill the vacancy. It was decided that the regions will do an initial screen and forward candidate information to Dr. Burstein. Candidate list will be brought to MSC for final vote.

b. Steroid dose limit for methylprednisolone and Adrenal Insufficiency

A community pediatrician from the Congenital Adrenal Hyperplasia Research Education and Support (CARES) group raised the question about methylprednisolone dosing in adrenal crisis, requesting that the maximum dose should be at 40 mg. The concern was sepsis resulting from the ½ life of higher doses. According to the community clinician the adult dose in adrenal crisis would be methylprednisolone 20 mg for an adult, 10 mg for a child 6-15 years of age and 5 mg for an infant/toddler from birth through age 5 years. Discussion – a review of the literature revealed no data.

Motion: by Dr. Pozner to keep the doses for methylprednisolone as they are in the protocols. Seconded by Dr. Geller. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

c. Pressor infusions by pump? (routine care text)

According to the MATRIS report February 1, 2013-January 31, 2014 - Dopamine was administered 79 times, Epinephrine (thought to include IV push not infusion alone) was administered 2,656 times. Discussion – this is a standard of care in hospitals and should be for EMS if giving a vasoactive infusion. Neo stick use discussed- determined more information is needed.

Motion: by L. Moriarty – Infusion pumps will be required for the administration of any pressor agent by 2017. Seconded by Dr. Geller. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-Dr. Pozner - opposed-none

d. Pressor agents-draft protocol

Currently the protocols have dopamine as the vasopressor agent. Should the medication be changed to Norepinephrine 0.1 to 1 mg/kg/minute? Discussion – the question of pediatric use was raised, not a lot of data on pressor use in pediatric patients.

AHA guidelines are trending toward Norepinephrine; Dopamine is becoming a second line agent. Norepinephrine is being used in EDs. Dobutamine is noted in the pediatric literature. Norepinephrine does not come pre-mix, additional education will be required. Plan to incorporate in next protocol update.

Motion: by Dr. Geller make norepinephrine the vasopressor agent in the protocols. Dopamine will be eliminated from the protocols. Seconded by Dr. Dinneen. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none, opposed-none.

e. Oral Diphenhydramine

Question was raised if Diphenhydramine can be given orally. Currently given parenterally to anaphylaxis patients. Discussion - Epinephrine is the drug of choice in anaphylaxis. MATRIS data reports 1,618 anaphylaxis calls, Epinephrine was given 211 times. No motion.

f. Antidysrhythmic after ROSC

Current practice is to give Amiodarone bolus followed by an Amiodarone drip. Science does not support the current protocol. Change in next protocol update.

Motion: by Dr. Geller to move Amiodarone to “medical control options” for

antiarrhythmic use in ROSC. Seconded by Dr. Dinneen. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner, Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none - opposed-none.

g. Backboards

In the protocols 4.8 Spinal Column/Cord Injuries. Protocol 4.8 call for immobilization. 6.4 Selective Spinal Assessment allows for assessment and immobilization if necessary. EMS personnel can use this option if trained and the service medical director allows this practice. Protocol 6.4 language has been added to allow the elimination of the backboard. Language added for consideration:

1-Long backboards are NOT considered standard of care in most cases of potential spinal injury. Instead, use spinal motion restriction with a cervical collar and cot in most cases. Note that there exceptions, such as a patient with potential spinal injury who cannot be log rolled while being transported and may be at risk of a compromised airway.

2-including >65 years of age-added to conditions placing individuals at risk

3-and undergo spinal motion restriction added to #2 under Medical Control Options (MCO)

4-patient is over 65 – added to the schematic outline

5-Note that age >65 is a contraindication to clearance

Discussion-there is a move away from using the backboard. Members have been informed of patients who have sustained a fracture and had been assessed as not needing spinal immobilization, for this reason age > 65 has been added back into protocol 6.4. A collar will be needed for the elderly, the elderly patient can be secured/immobilized on the stretcher, suggested the use of the KED for immobilizing those patients that can be in a sitting position. The need to inform hospitals of this change was raised. Update education /training module. The ambulance cot can serve as an immobilization device.

Motion: by Dr. Patterson to amend language in Protocol 6.4 to include the language listed and to no longer require the use of backboards for spinal stabilization. Seconded by Dr. Geller. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner Dr. Restuccia, Dr. Tennyson and Dr. Walker.

Abstentions-none-opposed-none.

Motion: by L. Moriarty to make the age 65 Selective Spinal Assessment (Protocol 6.4) changes **an emergency change**. Seconded by Dr. Patterson. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none-opposed-none.

h. Data report MAI SPW-Dr. Harrington

2012 and 2013 report-4 services Boston EMS, Lawrence General Hospital, Lowell Hospital and UMass. The project began in 1996. Participants meet after the MSC meeting-every other month. Some topics discussed - every MAI case, drug shortages, new equipment. Sedatives used: Etomidate, Fentanyl, Versed and Ketamine (added due to Etomidate shortage). Paralytic Succinylcholine.

2012-1276 attempted intubations on patients 1220 intubated-97% success

2013- 1296 attempted intubations on patients 1243 intubated-96% success

MAI

2012-467 intubations attempted -454 successful-97%

2013-501 intubations attempted -474 successful-96%

Non MAI

2012 762 intubations attempted-725 successful

2013 794 intubations attempted-768 successful

Pediatric patients intubated

2012 and 2013 -30-6 MAI

Patients who were not intubated were managed with LMA, no crics in this period (3 crics last period 2010-2012)

Discussion – 20 years of BEMS data shows paramedics who intubate are more successful performing the skill. On average the skilled BEMS paramedic providers intubate 9 times/year. Request to review 20 years of data from the 4 services and present data at MSC in the future.

Motion by Dr. Pozner to approve MAI project waiver for 2 years. Seconded by Dr. Geller. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, Dr. Geller, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions-none-opposed-none.

- i. Sepsis in STP-currently 6 services are checking lactate levels in the field on septic patients. If criteria are met Normal Saline (NS) is administration at 30cc/kg. If congestive heart failure or chronic renal failure is present NS is infused at 20 cc/kg. Discussion – should the septic identification spw components be added to the STPs? No field data available. Systolic blood pressure should be a guideline determining fluid administration. Dr. Walker will re-write shock protocols and will bring to MSC for consideration.

Community Paramedicine waiver – Dr. Pozner-question raised about the delay in implementing this spw. Dr. Burstein to contact Deborah Allwes – Bureau Director to arrange a meeting for MSC committee members interested in discussion.

Motion by Dr. Pozner to have a meeting with the Bureau Director to discuss the community paramedicine spw. Seconded by L. Moriarty. Approved - Dr. Bailey, Dr. Dinneen, Dr. Dyer, L. Moriarty, Dr. Old, Dr. Patterson, Dr. Pozner Dr. Restuccia, Dr. Tennyson and Dr. Walker. Abstentions- Dr. Geller - opposed-none.

Cardiac Arrest Registry to Enhance Survival (CARES) – Dr. Geller. Intubation in cardiac arrest increases mortality. LMA more so. Reminding providers to delay intubation in the cardiac arrest patient for 8-10 minutes

- j. Adjourn – Motion by Dr. Geller to adjourn the meeting. Approval by acclamation. Meeting Adjourned at 12:00 pm.

Next meeting August 8, 2014