

REMS Council Protocol Sub-committee  
Meeting Minutes – Monday August 03, 2015 – 10:00  
REMS Council Regional Training and Simulation Center

**Call to Order:** Meeting was called to order at 10:05am by the Chair, Patricia Derr

Members Present: Patricia Derr, Chair: Leron Lewis; Brian Weston; Maurice Moody; Jake Marshall; Jeffrey Dixon, Spotsylvania FREM in place of Greg Leitz; Linda Harris, REMS Staff and Wayne Perry, REMS Staff

**New Business**

Prior Meeting Minutes Approval – Motion to approve by LeRon Lewis, seconded by Maurice Moody, motion carried

Cell phone app for protocols—this will be looked into by Brian Weston

Review protocols that contain sedation or anticonvulsants and amend everything to Midazolam and/or Ketamine; consider if Lorazepam and Diazepam can be removed/replaced. All protocols were reviewed and changes made during the meeting.

Review protocols that contain analgesia and amend everything to Sublimaze; consider if Morphine can be removed/replaced. All protocols were reviewed and changes made during the meeting

Create a proposed airway management protocol that includes Ketamine—presented by Brian. Will be revised & sent out to committee members

All protocol changes need to go to Guidelines & Training Committee then Medical Direction Committee for approval prior to going to the BOD for final approval. The formulary will need to be sent to both the Trauma Committee & Pharmacy Committee also

**Old Business**

Protocols need to be cross references with the MAY update of VPHIB. Update from Trisha

**Medical Section**

Cardiac Arrest – therapeutic hypothermia. Update from Jake Marshall—should have a note that the agency must have capabilities to access core body temperature

On page 4/6 – add Amiodarone as an option for anti-arrhythmic

Amiodarone – dilution? Jake will revise

2015 AHA changes- timeline was emailed to committee members on 6/23

**Trauma Section**

Spinal Clearance – Protocol

Approved – memo will come from REMS/Wayne with roll out to include new Trauma Triage plan- update from Wayne

**Clinical Procedures**

IV Access – EJ peripheral access for AEMT/E – update

Chemical Restraint- was to be rewritten by Jake adding Ketamine- update from Jake

Need to finalize the chemical restraint/behavioral protocol. This was reviewed during the meeting with changes made

TXA protocol – report from Tricia & Brian on new protocol. Update from Tricia & Brian-tabled

VAD – Chris Payne will be re-writing.. No report

RSI– New protocol will be written by Brian Weston – presented and revised during meeting

Patient Refusal- Admin 3:16 – Robert Usher will re-write to revise indications & management. No report

**Next Meeting: tentatively set for August 24 but emails will be sent out to meet at earlier date**

**Meeting adjourned at 1:30pm**

**REMS Council Protocol Sub-committee**  
**Meeting Minutes – Friday, August 14, 2015 – 8:00am**  
**REMS Council Regional Training and Simulation Center**

**Call to Order** – Meeting was called to order by the Chair Patricia Derr at 8:05am

Members present were Patricia Derr, Chair, Leron Lewis, Maurice Moody, Greg Leitz, Jake Marshall, Wayne Perry, REMS staff and Linda Harris, REMS staff.

**New Business**

Prior Meeting Minutes Approval –Motions by Jake Marshall, seconded by Leron Lewis to approve, motion carried  
Naloxone information-info will be emailed out to committee members from Dr Lindbeck about dispensing of Naloxone

Port/PICC access added to scope of practice- Jake Marshall will work on the this protocol.

**Old Business**

Cell phone app for protocols—update-Brian Weston was working on this - tabled

Protocols need to be cross references with the MAY update of VPHIB. Update from Trisha. Info was shared that protocol name have to match VLHIM names. Trisha will work on this.

*1 Review protocols that contain sedation or anticonvulsants and amend everything to Midazolam and/or Ketamine; consider if Lorazepam and Diazepam can be removed/replaced. 2. Review protocols that contain analgesia and amend everything to Sublimaze; consider if Morphine can be removed/replaced. This info was emailed to committee members. Create a proposed airway management protocol that includes Ketamine- protocol was sent to committee members*  
*Medical Section*

*Cardiac Arrest – therapeutic hypothermia. Update from Jake Marshall—note needs to be added that agency must have capabilities to access core body temperature*

*On page 4/6 – add Amiodarone as an option for anti-arrhythmic*

*Amiodarone – dilution?*

*2015 AHA changes- timeline was emailed to committee members on 6/23*

*Trauma Section*

*All of the above were approved with some minor changes. Deleting Thiamine, Lidocaine*

**Sepsis Protocol** – Jake will write to include clinical procedures for lactic acid monitoring

**Chemical Restraint**- was to be rewritten by Jake adding Ketamine- update from Jake  
Need to finalize the chemical restraint/behavioral protocol.—Was sent out to committee members

**TXA protocol** – report from Tricia & Brian on new protocol. Update from Tricia & Brian

**VAD** – Chris Payne will be re-writing

**RSI**– New protocol will be written by Brian Weston – was sent out to committee members

**Patient Refusal**- Admin 3:16 – Robert Usher will re-write to revise indications & management

**Next Meeting: ?**

**REMS Council Protocol Sub-committee**  
**Meeting Minutes – Monday, October 19, 2015 – 10:00am**  
**REMS Council Regional Training and Simulation Center**

Meeting was called to order by Chair Trisha Derr at 10:00am with the following members present: Greg Leitz, Jake Marshall, Robert Usher, Brian Weston, Chris Payne, Maurice Moody, Wayne Perry and Linda Harris

Prior Meeting Minutes Approval – Motion by Trisha Derr to approved, Seconded by Chris Payne. Motion carried

**Old Business**

Cell phone app for protocols—update. Chris Payne will research

**New Business**

The following Protocols changes were discussed and sent forward to both the Medical Direction Committee and Guidelines & Training Committee for approval.

**Changes to protocols 10/19/15**

**Admin Section**

- 1) Updated the BOD, committee, and other relevant items (dates, page numbers, etc)
- 2) 3.15.2 – updated provider levels to current terminology (EMR, EMT, etc)
- 3) 3.18.3 -- Added SRMC as a SANE facility
- 4) 3.21 – new section “Sepsis PEARLS”

**Medical Section**

All of the protocols are REQUIRED to comply with the new data dictionary for VPHIB v3. We were mandated by OEMS to update the names of protocols. Those protocols with only an update to the name are indicated below with an asterisk.

All of the protocols were updated to amend the initial treatment from SaO<sub>2</sub> > 90% to SpO<sub>2</sub> of 94-99%. All of the protocols added EMR to the first responder provider and changed EMT-B to EMT.

- 5) Allergic Reaction – now “Medical-Allergic Reaction/Anaphylaxis”
  - a. Added STAT kit use of Epi-pen for EMT level (#2)
  - b. Relocated dystonic reactions tx from Altered States of Comfort (#3)
- 6) Altered Mental Status – now “Medical-Altered Mental Status” \*

Altered States of Comfort broken into separate protocols due to naming requirements

- a. Morphine removed due to formulary changes
  - b. Dystonic Reactions now in allergic reactions
  - c. Nausea and Vomiting now in new nausea vomiting protocol
  - d. Pain Management, Anxiety, and Sedation now in new pain control protocol
  - e. Chemical extrication and crush management now in injury-multisystem
  - f. Notes 1 and 4 were moved to behavioral
  - g. Notes 2 and 3 were eliminated
- 7) Cardiac Arrest/ACLS/PALS is now “Cardiac Arrest – Unknown Rhythm”
    - a. Updated rate of compressions to new 2015 AHA guidelines (100-120) and new depth of compressions (2-2.4 inches)

- b. Removed therapeutic hypothermia
- 8) Cardiac Chest Pain is now “Medical-Chest Pain –Cardiac Suspected”
  - a. Added STAT kit NTG and ASA elements to EMT section
- 9) Eclampsia is now “OB/GYN-Eclampsia” \*
- 10) Hypotension is now “Medical-Hypotension/Shock Non-Trauma” \*
- 11) Overdose/Poisoning/Toxic Ingestion now “Medical-Overdose/Poisoning/Toxic Ingestions”
- 12) Respiratory Distress is now “Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway”
  - a. Added #4 and #5 to EMT section from the patient assisted medication (STAT kit)
- 13) Seizures is now “Medical-Seizure”
  - a. Removed Ativan and Valium per changes to the formulary
- 14) General – Pain Control (new protocol)
- 15) General – Nausea Vomiting (new protocol)
- 16) General – Behavioral / Patient Restraint (new protocol)**
- 17) General – Indwelling Medical Device/Equipment (new protocol)
- 18) Patient Assisted Medication – DELETED
  - a. ASA and NTG moved to Chest Pain
  - b. Epi-pen moved to Allergic Reaction
  - c. MDI moved to Respiratory Distress

#### **Trauma Section**

- 19) Burns is now “Injury-Burns” \*
- 20) Traumatic Brain Injury is now “Injury – Head (Traumatic Brain Injury)”
- 21) Injury-Bleeding/Hemorrhage Control (new protocol)
- 22) Injury –Multisystem (new protocol)

Patient Refusal- Admin 3:16 – Robert Usher will re-write to revise indications & management

Meeting adjourned at 12:00pm

**Next Meeting:** Monday November 2, 2016 at 3pm

**REMS Council Protocol Sub-committee**  
**Meeting Minutes– Monday, November 02, 2015 – 3:00pm**  
**REMS Council Regional Training and Simulation Center**

Meeting was called to order by Brian Weston at 3:00pm. Those in attendance were : Brian Weston, Maurice Moody, Jake Marshall, Chris Payne, Greg Leitz, Wayne Perry, REMS staff and Linda Harris, REMS staff and Patricia Derr

Prior Meeting Minutes Approval – Motion by Brian Weston and seconded by Chris Payne to approve – Motion passed

Old Business Cell phone app for protocols—update—Chris Payne is still working on this item

Protocol Improvements & Updates from MDC & G & T

Remove ‘q’ from all protocols

6 – Medical – Altered Mental Status

2mg Nebulized Narcan for EMT-B - motion to accept and added to nebulizer training by Chris Payne, Second by Brian Weston – motion passed.

Add IV dosages for ALS providers .4mg/max 2 mg, repeat every 2 min. Motion by Chris Payne, Second by Jake Marshall. Motion passed.

11 - Medical – Overdose/poisoning/toxic ingestion

Motion by Chris Payne, seconded by Maurice Moody to match dosages of Narcan in #6 for EMT-B Motion passed

Motion by Chris Payne, seconded by Jake Marshall to match ALS dosages in #6 motion passed

19 – Injury-Burns – add ABA criteria to reference section. Motion by Chris, seconded by Jake to added Burn Center Criteria to reference section – motion passed

Clinical Procedures

26 – IV/IO—PICC/Central line for Intermediate; Mediport line - for Paramedic –Motion by Jake & second by Chris – Motion carried

Reference Section

Add ABA

Change SCOPE to add IV mediport ( access indwelling port) for Paramedic / PICC line access – Intermediate - Conditional– motion by Jake, second by Greg – Motion carried

Add a suggested list of supplies that are needed to fulfill the contents of the protocols—Chris Payne will work On this

**Additional Items**

\*FROM Trauma Services\_ review suggestions for changes in Spinal Immobilization Protocol—Protocol stands as is.

\*Review Stroke Time per Dr White MWH—4.5 hours for TPA and if it's above 6 hrs. take directly to VCU- sent to Stroke Committee to change the Stroke Plan

Patient Refusal- Admin 3:16 – Robert Usher will re-write to revise indications & management- Will contact Robert

Protocol Training- Fredericksburg Fire has offered facilities to create video for protocol training using Dr White

Soft start will be March 1, 2016 and hard start May 1, 2016

Training – TTT should start February 1.

TTT prerequisites- Will be minimum of 2 ALS providers per agency will the minimum of 2 years field experience, need to be agency approved preceptor and some instructor certifications ( ACLS instructor, DFP instructor, VAVRS instructor etc)

TTT Classes – 7 total, 3 evening, 2 daytime 2 on weekend. There will 2 make-up classes – 1 daytime & 1 evening  
Locations and dates TBD

Video – Trisha & Dr White. Greg will work on scenarios for STAT kit & restraints. Wayne will work with Dr White on dates for the video

Test - ALS & BLS – Jake will work on this

Each agency will provide to REMS an OEMS roster for the classes they teach

Sepsis Brochure/chart – will need to be placed in clinical procedures. Jake will check on copyright infringements

Meeting adjourned at 5:15pm

**Next Meeting: November 19. 2pm**

**REMS Council Protocol Sub-committee**  
**Meeting Minutes– Thursday, November 19, 2015 – 2:00pm**  
**REMS Council Regional Training and Simulation Center**

Meeting was called to order by committee member Brian Weston at 2:10pm. Members present were Greg Leitz, Jake Marshall, Brian Weston, Maurice Moody, Wayne Perry, Rems Council, Linda Harris, Rems Council, Robert Usher and Trisha Derr.

**New Business**

Motion was made by Maurice Moody, seconded by Greg Leitz to approve the meeting minutes from the 11/2/15 meeting. Motion passed.

**Old Business**

Cell phone app for protocols—update—Chris Payne. This item was moved to next meeting

Update on training & video- Trisha is working with the officer with Fredericksburg Fire Dept that creates and produces their training videos. Several dates in January were scheduled for Dr White & Wayne to work on the protocol update video.

**Additional Items**

\*Changes in Spinal Immobilization Protocol – Memo was sent out on 11/6 from Dr White clarifying the Spinal Immobilization protocol. Since that time 4 new cases of improper immobilization have occurred. She will be sending out a new memo revoking the changes that were made 6/15. A revised spinal immobilization protocol will be created and all providers will need OMD approved training to assure that the protocol is clearly understood. Greg Leitz will create a training skill check list/flow chart that he will share with the committee

\*Bleeding Control Changes- revised the Injury/Bleeding – Hemorrhage control protocol to include hemostatic agents. Also revised the scope of practice to include Hemostatic agents for EMR and above

\* Delayed Sequence Intubation- revised the Airway Management- Non Paralytic

\* Shock Index- this is a predictor of Hypotension in patients. Revised the RSI Protocol with a note referring providers to the reference section where the Shock Index check list will be listed

\*ETCO2 for TBI/Shock- revised the TBI protocol to assure that the ETCO2 is the range of 35-40. Also added to the Scope of Practice that Capnography is a EMT skill.

\*Update on Sepsis Brochure/chart- Jake Marshall will work on this to be added to the Reference Section

Patient Refusal- Admin 3:16 – Robert Usher emailed changes to the committee. He recommended adding patient definitions to our patient refusal protocol—Non-Patient, Patient, Public Assistance Non-Patient. This was approved by committee

**Next Meeting: December 14, 2015 at 2pm**



REMS Council Protocol Sub-committee  
Meeting Minutes – Thursday, December 14, 2015 – 2:00pm  
REMS Council Regional Training and Simulation Center

Meeting was called to order at 1400 hrs by chair Trish Derr. Members present were Jake Marshall, Patricia Derr, chair, Maurice Moody, Wayne Perry. REMS Staff and Linda Harris, REMS staff. Excused was Greg Leitz.

**New Business**

Motion was made by Jake Marshall to approve minutes from 11/19/15 meeting. Seconded by Maurice Moody. Motion carried

**Old Business**

Cell phone app for protocols—update—Chris Payne- will discuss in January once protocols are finalized

Update on training & video- There will be a meeting with Dr. White on January 6 to discuss the taping, going over talking points etc. Taping will be January 21, 2016. The Spinal Immobilization/Clearance training information was sent to committee members

The following protocols were sent out to committee members and were discussed then forwarded to Guidelines & Training Committee for approval prior to going to the OMD Committee & REMS BOD: Injury Head/Traumatic Brain Injury, Injury-Bleeding/Hemorrhage Control, Airway-Sedation Assisted (Non-paralytic), Shock Index for the reference Section.

**Additional Items**

\*Update on Sepsis Brochure/chart- we can confirmed that we can use the Sepsis Chart so it will be added to the Reference Section. Sent forward to G & T Committee, OMD Committee & REMS BOD for approval

Discussion over Lasix administration in Medical-Respiratory Distress. The decision was made to change wording to 'consider' the use of Lasix instead of administer Lasix. This also will be forwarded to G & T, OMD & REMS BOD for approval.

\*Patient Assisted Medications Protocol- added Narcan, up to 2 mg by nebulizer for EMT level and Zofran to protocol to include dosages. This was also forwarded to G & T Committee, OMD Committee & REMS BOD for approval.

Stroke- the Stroke Committee was informed that the time frame for TPA is 4.5 Hours per the Stroke Team at MWH

Medication Infusion List was presented and had much discussion about the number of infusions fluid bags required. The Committee decided to reduce the number to 3- 100ml D5W Advantage, 250ml D5W and 100ml NS and the list will be revised prior to sending it to G & T Committee, OMD Committee & REMS BOD for approval.

Patient Refusal – it was decided by committee to add complete assessment where possible and forward this to G & T, OMD & REMS BOD for approval.

**Training** There is a meeting with Dr White on January 6 to discuss talking points which will be Stat Kits, Patient Restraint, Spinal Immobilization Restrictions, Ketamine, Fentanyl, TXA. If you want to attend this meeting please let Trisha Derr know. Filming will be January 21. And he will need about 3 weeks to edit the video. The committee will have a chance to review before training will begin. Greg Leitz will provided scenarios to use during training for Spinal Immobilization restrictions, Patient Restraint & Stat Kits. Jake will complete the test for provider to take while watching the video

There be no further business the meeting was adjourned at 1545 hrs

**Next Meeting: TBD**

REMS Council Protocol Sub-committee  
Meeting Minutes – Wednesday, February 10, 2016– 1:00pm  
REMS Council Regional Training and Simulation Center

Meeting was called to order at 1300 hrs by chair Trish Derr. Members present were Patricia Derr, Jake Marshall, Robert Usher, Chris Payne, Linda Harris REMS staff & Wayne Perry REMS Staff

**New Business**

Prior Meeting Minutes Approval Motion was made by Trish Derr, seconded by Chris Payne to approve the minutes from December 2015 meeting

**Old Business**

Cell phone app for protocols—update—Chris Payne- this is on hold until the protocols go live

Update on video- first part of video with Dr White complete and was reviewed by committee members present. Once Brian Weston completes the power point the voice over will be completed. Also waiting on the skills to be written along with check list by Greg Leitz and they will be added to the video.

**Training:**

**Prerequisites** for TTT were discussed. They will be:

- ALS – Intermediate and Paramedic released in REMS 2 years, hold instructor certification such as ALS Coordinator, OEMS Education Coordinator, Instructor in ACLS, PALS, PEPP or ITLS;
- Recommendation from Chief or Captain of their agency

**Curriculum:**

Once video is completed Committee will write the curriculum for the TTT course to be carried through to the training they will complete with their agency to include introduction self, training center layout, synopsis of what is to occur, timeline, what is expected, information about the test to be completed during the video, the skills to be completed following the video, CEU hours – step by step how to get the CEU hours for this training, Describe the test, hand our test, watch video to include the skills demo, review test, break, skills- spinal motion restraint, patient restraint, stat kit, provide step by step check lists, after skills testing complete rosters & CEU cards complete with topic number, questions & adjourn. Recommend 1 instructor per 6 students for skills. The TTT is responsible for the passing of all taking the training. They can designate a ALS provider who has successfully completed the training course to assist with the skills practice.

**ALS Skills-** this should be per OMD approval. Suggested possible having a Hospital night out to conduct this training in different areas of our region. (SRMC, Fauquier, Culpeper) Dates TBD

**Training Dates:** Dates set as 2/25 7-10pm; 2.27 10a-1p; 2/29 7-10p; 3/3 10a-1p & 7-10p; 3/9 10a-1p and 3/13 3-6pm.

**TEST** for providers ALS/ BLS and KEYS will be completed by Jake Marshall once video & PP complete.

**Patient Refusal-** Admin 3:16 – Robert Usher will re-write to revise indications & management

**Next Meeting:** February 23 9am to review video and complete rest of training

Meeting adjourned at 2:45pm

REMS Council Protocol Sub-committee  
Meeting Minutes – Wednesday, February 23, 2016– 9:00am  
REMS Council Regional Training and Simulation Center

Meeting called to order at 9:02am by Chair Patricia Derr. Members present: Patricia Derr, Jake Marshall, Chris Payne, Brian Weston, Greg Leitz, Wayne Perry, REMS staff and guest Sarah Mullins from Spotsylvania County. On the phone was Leron Lewis

New Business

Prior Meeting Minutes Approval – Not available

**Old Business**

Cell phone app for protocols—update—Chris Payne- no action at this time

**Training:**

Training Dates: originally said 2 days, 3 nights; 2 weekend and 2 make up  
Review registration form – form was approved  
Set new dates- will set dates once video and test is complete

Who is conducting the training? So far only Jake has signed up- TBD

Update on Video- Greg Leitz & Tricia Derr will complete next week on 3/1 at 8am. Greg will arrange for actors for video.

Scenarios for training- they are ready for filming next week

TEST for providers ALS/ BLS and Keys – Jake should have completed by 3/02 once video is complete

Keep Hard start date of 5/1/16 – ask pharmacy committee to delay etomidate move

Patient Refusal- Admin 3:16 – Robert Usher will re-write to revise indications & management

Other items: Committee wants Scope of Practice added to live copy  
Add table of contents at beginning of protocols  
Med OD/Poisoning \* add IV/IM/IN/IO to narcan  
Cardiac Arrest – add mEq for NaCO3  
Ventilators & CPAP 3. Altered States of Comfort-Del- 3  
Injury-Head – altered State – Del- 7  
Vec listed twice  
From LVAD to VAD in #5  
Delete Narcan IV for CCP/AP #10  
Fentanyl dose Mcg #12  
Wound packing #17  
Duplicate #14/15

**Next Meeting: Monday March 7 at 1pm**

**REMS Council Protocol Sub-committee  
Meeting Agenda – Monday, March 14, 2016– 10:00am  
REMS Council Regional Training and Simulation Center**

Meeting was called to order at 1000 hrs by the chair, Tricia Derr. Members present were Patricia Derr, Jake Marshall, Brian Weston, Greg Leitz, Wayne Perry, REMS Staff, Linda Harris, REMS Staff and on the phone was Chris Payne.

**New Business**

Prior Meeting Minutes Approval – February 10, 2016 & February 23, 2016 Motion to approve by Tricia Derr, second by Greg Leitz

**Old Business**

Cell phone app for protocols—update—Chris Payne- postponed until later date

**Training:**

Update on Video/ scenarios for training/ skills. The committee watched the new addition to the video and approved. There are a few small items that need correction and once it is edited the video is finished.

Training Dates: The new training dates, locations & instructors are as follows:

Wednesday 3/23 10a-1p @ REMS- instructors Chris Payne, Greg Leitz, Brian Weston & Jake Marshall

3/23 7a-10p @ REMS – instructors Jake Marshall & Chris Payne

Friday 3/25 10a-1p @ REMS – instructors Jake Marshall & Greg Leitz

Monday 3/28 7a-10p @ REMS – instructors Jake Marshall & Chris Payne

Thursday 3/31 2p-5p @ Culpeper – instructors Greg Leitz & Chris Payne

3/31 7p-10p @ Culpeper – instructors Greg Leitz & Chris Payne

Saturday 4/2 2p-5p @ REMS – instructors Jake Marshall & Brian Weston

Saturday 4/9 2p-5p @ REMS – instructors Brian Weston & Chris Payne

Sunday 4/10 2p-5p @ Fauquier – instructors Greg Leitz & Chris Payne

Curriculum for course - Tricia Derr will work on the Curriculum and will email it to Linda in the next few days. It will be forwarded to committee for editing.

TEST for providers ALS/ BLS and KEYS—Jake will work on the test which will be emailed to Linda on Wednesday. Then it will be forwarded to committee members

Other items:

RSI check list- Wayne will work on this and forward to committee members

An Advanced Paramedic Provider class is in the beginning stages of being coordinated.

Med boxes changes per MWH

*EMS boxes Starting March 1:*

*remove vasopressin 20 units/1ml*

*add tranexamic acid 1000mg/10ml vial*

*add Dextrose 10% 25gm/250ml bag.*

*Also, we looked into the norepinephrine vials that were discussed in the last meeting and we are able to order in the vials that are slightly cheaper than the dopamine bag. That is an option for us. Is there already an existing protocol for the norepinephrine versus dopamine?*

*Lastly, we are able to get in the etomidate 40mg/20ml vials so I would like to change the box content from etomidate 20mg/10ml x2 vials back to etomidate 40mg/20ml vial as they were before.*

*Narcotic Bags Starting May 1:*

*remove morphine 10mg/1ml*

*remove lorazepam 2mg/1ml*

*remove diazepam 10mg/2ml*

*add ketamine 500mg/10ml vial x 1*

*add fentanyl 100mcg/2ml vial x 2*

*It was mentioned in prior meetings to consider changing midazolam concentration from 5mg/5ml vials to something more concentrated for intranasal use. We can change them to 5mg/1ml vials.*

The above is being sent to Pharmacy Committee. – Wayne is suggesting to add Vec to narc kit in lieu of having another completely separate RSI kit. The committee approved this change.

Next Meeting: The next meeting will be an after action meeting and the date is TBD.

Meeting adjourned at 1130hrs.

**REMS Council Protocol Sub-committee  
Meeting Minutes – Wednesday, April 11, 2016  
REMS Council Regional Training and Simulation Center**

Meeting was called to order a 9am by the chair Trisha Derr. Members present were Trisha Derr, Greg Leitz, Jake Marshall, Chris Payne, Robert Usher, Linda Harris, Rems Staff, Wayne Perry, REMS staff. By phone was Brian Weston. Guests present were Timothy Doucheny and Baldwin Locher both from Spotsylvania Dept. of Fire and EMS.

**New Business:**

**Rollout/Provider Questions (review/feedback)**

**Changes:**

Admin section:

\*\*page 14 sec 5 – delete from 'the Medical practitioner who assumes responsibility – through to end of paragraph.

\*\*Page 25 – sec 3.15.3 – add 12 lead

Medical Protocols:

**Tachycardia Algorithm**

No mention of Polymorphic V-Tach (Torsades de Pointes) (Not specified in 2012 protocols & not broken out in 2015 ACLS flowchart) No Change

Add AHA recommendations for cardioversion doses (would be different doses for different manufacturers – would need to list each device and amount) No change

Describe Amiodarone infusion (add drug dose) drug dose will be added

**Bradycardia Algorithm**

No description of pacing (also not in clinical procedures section) No change

Dopamine infusion dosing range inaccurate (needs to be made weight based) (error, should be 2-20mcg/KG/min) change will be made

**V-Fib/Pulseless V-Tach Algorithm**

Remove vasopressin per AHA guidelines (no longer recommended) (Current protocol has it removed)

No change

Add Amiodarone as an additional antiarrhythmic (in algorithm) (not changed from 2012 protocols) No change

**ROSC Algorithm**

Remove "Consider therapeutic hypothermia" (Current protocol has it removed) no new change

Add blood glucose check

Add 12 lead EKG – added to admin section

**General Pain Control**

No mention of how many doses total of Fentanyl? (the protocol has a maximum single dose and a repeat x1 based on BP) no change

How much Fentanyl will be in the narcotics bag?

**Allergic Reaction**

Dose and concentration of IV epinephrine needs to be annotated-- add Epi IV .3-.5 o 1-10,000

**Altered Mental Status**

Under EMT-I please add Narcan dose and route (IV, 10, IN) (error – should be added, previously approved) to be changed

**Overdose/Poisoning**

Under EMT-I, clarify that Narcan can be delivered IM but not IN -- to be changed

**Respiratory**

Confirm max dose of Lasix is 40mg for patient's on home Lasix- that's correct No change

Confirm Magnesium Sulfate is Med Control for Paramedics – (not changed from 2012 protocols)

(listed as standing order under authorization medication table) (Table shows PERMITTED medications, not changed from 2012 protocols) No change

#### Trauma Protocols

##### Burns

No mention of the Parkland burn formula in protocol or reference section (no longer the recommended procedure for resuscitation) No change

##### Multi System Injury (Chem Ext/Crush)

Please clarify "standard vehicle extrication time" No change

##### Standard Medication Infusions

- Amiodarone not indicated for SVT (error – should only be for VT with a pulse) will be changed
- IOOm D5W bags not included in recommended fluids (it is listed); please correct drip rates for 250ml Bag (unsure about question)
- No Lidocaine infusion information (premixed, not included) no change
- No mention of sodium bicarb infusion for crush injuries (this is listed in the protocol) no change
- Epinephrine drip doesn't specify microdrip or macrodrip sets (that information is absent) will be changed
- Add-Vantage kits are normal saline, not DSW change to D5W or NS

#### Medication Reference

Remove Flumazenil (15.0) Done

Add TXA Done

Add Medication sheets for: Rocuronium, Vecuronium, Predisone, TXA  
Was sent to committee on 4/4/16

#### Old Business

Cell phone app for protocols—update—Chris Payne

#### Training:

Protocol Train the Trainers – feedback and discussion

**Next Meeting: ?**