

**REMS Council Protocol Sub-committee
Meeting Minutes – Tuesday, August 09, 2016– 10:00am
REMS Council Regional Training and Simulation Center**

Meeting was called to order a 10am by the chair Trisha Derr. Members present were Trisha Derr, Jake Marshall, Robert Usher, Linda Harris, Rems Staff, Wayne Perry, REMS staff. By phone was Maurice Moody. Guests present were Timothy Doucheny from Spotsylvania Dept. of Fire and EMS filling in for Greg Leitz.

New Business:

Scope of Practice Table—CPAP shows as 'O' for EMT. Which is online medical control but protocol for respiratory distress states standing order. Motion was made to change the CPAP for EMT to R-OMD – conditional specific authorization from OMD, to make sure provider has received the training on device. And this should be standard for AEMT above.

Medication- route of administration for Fentanyl- IN. – the following routes of delivery for Fentanyl have been proposed to be sent to G & T and MDC for approval. Medical-Pain Control- IV, IO, IN; Medical- Chest Pain Cardiac Suspected- IV; Trauma- Burns-IV,IO,IN; Trauma- Injury Multisystem- IV, IO, IN; Clinical Procedures Airway Sedation Assisted- Non-Paralytic- IV, Airway RSI-IV.

Trauma Bleeding Hemorrhage Control- Tranexamic Acid (TXA) – committee wants approval for 1gram bolus or infusion for Traumatic Arrest patients

Medical-Hypotension/Shock Non-Trauma- Zofran add EMT to administer 4mg ODT to treat or provide prophylaxis against nausea

Medical General-Pain Control--To send to Pharmacy Committee- the availability of Toradol (ketorolac) 30mg/1ml to be used for pain control for AEMT and above IV/IN

Medical Altered Mental Status/ Medical Seizures/ Medical Cardiac Arrest Unknown Rhythm- Motion to add D10 as listed:

For patients with BGL less than 60mg/dl or clinical sign & symptoms indicate hypoglycemia and oral glucose is contraindicated: For Adult Patients: Establish IV normal saline KVO, Patient greater than 40kg administer Dextrose 10% 100ml bolus. Repeat once in 2 minutes if AMS persists. If Dextrose 10% is unavailable, administer Dextrose 50% 1G/kg up to 25G IV. For Pediatric patients – If greater than 30 days administer Dextrose 10% (5ml/kg. max dose 100ml) via IV or IO. If less than 30 days administer Dextrose 10% (2ml/kg) via IV or IO. If Dextrose 10% bag is unavailable: If patient is less than 30 days old, administer Dextrose 10% (2cc/kg) IV or IO mixed as below. If patient is greater than 30 days but less than 8 years old, administer Dextrose 25% (2cc/kg) IV or IO mixed as below. If patient is greater than 8 years old, administer Dextrose 50% (0.5mg/kg, max 25gm) IV or IO. Procedures for mixing: Dextrose 25%- In 50ml syringe, mix 25ml of Dextrose 50% with 25 ml of Normal Saline- mixture will yield 50ml of Dextrose 25%. Dextrose 10%- In 50ml syringe, mix 10ml of Dextrose 50% with 40 ml of Normal Saline. Mixture will yield 50ml of Dextrose 10%.

Article on Cervical collar use from Jake – to be sent to Medical Direction Committee

Advanced Skills Tracking Forms – revise/update – to be sent to PI Committee to see if this is still needed

Old Business

Cell phone app for protocols—update—Chris Payne. Per Chris Payne it is available on the Apple Store and Google Play.

Training: Protocol Train the Trainers – feedback and discussion

Meeting was adjourned at 1140AM

Next Meeting: TBD