

REMS Council Protocol Sub-committee
Meeting Minutes – Wednesday, October 12, 2016– 11:00am
REMS Council Regional Training and Simulation Center

Meeting was called to order at 11:00am by committee member, Jake Marshall. Members present were Greg Leitz, Jake Marshall, Chris Payne, Linda Harris and Wayne Perry, REMS Staff. On the phone was Brian Weston. Excused were Patricia Derr and Maurice Moody

New Business:

Jake has proposed that we look at the ODEMSA Mass Gathering Protocol which covered multiple 'treat and release' patients during large events such as Stars & Stripes, marathons, various bike races. It is proposed that this protocol will be a special addendum to the current protocols. Each event may be required to have OMD approval to use the protocol/guideline. Jake will send the protocol to Wayne so it can be placed on Google docs for the committee to review/comment, then bring it back to the next committee meeting in November. Jake will also present this at the Incident and Threat Mitigation Committee. It will also need go to G & T and MDC for their review.

AICD Magnets – memo from Tina Skinner regarding the need for a protocol for the use of ring magnets on patients that are receiving inappropriate shocks with AICD's. The decision was made to add a note/line to the Indwelling device protocol about magnet use and a fact sheet about the use of magnets will be added to reference section. This info will be sent to G & T and MDC once finalized.

Old Business

Proposed Protocol changes to medication routes

- 1.) 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.

Per Protocol Committee the changes to each protocol in order to specify the addition of an IN rout will be disregarded. A section titled 'Acceptable Medication Routes' will be added to each medication page in the Medication Reference Section of Protocols instead. The list of medication pages was divided among 3 committee members. Once completed will be sent to G & T, MDC and Pharmacy Committee. There will also be new pages for the addition of Toradol and Dextrose 10%.

- 2.) Trauma Bleeding Hemorrhage Control- Tranexamic Acid (TXA) – committee wants to add an indication or accepted use for Traumatic Cardiac Arrest patients. This will be added to the Medication Reference Sheet for TXA. Based on the discussion, the recommendation is to create a new Traumatic Cardiac Arrest protocol that will include this proposed information and the other current information from the protocols. Greg Leitz will work on this. Once approved by this committee will be sent to G & T & MDC committee
- 3.) Medical-Hypotension/Shock Non-Trauma- Zofran will be added EMT to administer 4mg ODT to treat or provide prophylaxis against nausea. The decision was made to add this to protocol
- 4.) *Medical General-Pain Control—Add to the protocol, Toradol (ketorolac) 30mg to be used for pain control for AEMT and above. Jake Marshall will create the medication reference sheet for Toradol. Needs to be noted that "use caution with diagnosis of renal failure"

- 5.) Medical Altered Mental Status/ Medical Seizures/ Medical Cardiac Arrest Unknown Rhythm- Motion to add D10 as presented on the draft protocol.

Wayne presented the revised Altered Mental Status protocol which was approved. Dextrose 10% will also be added to Seizures Protocol and Cardiac Arrest unknown Rhythm. Once completed will be sent to G & T and MDC

Having no further business the meeting was adjourned at 12:20pm

Next Meeting: Next meeting is scheduled for Wednesday November 16 at 11am.