

Rappahannock EMS Council
Protocol Sub-Committee Minutes
March 12th, 2007

Members Present: Heather Calhoun, Chris Corbin, Dr. David Garth, Greg Leitz, Lori Knowles, Mark Shiflett, and Robert Usher.

Members Absent: Dave Morris

Meeting called to order at 1305 hours at the REMS Council Training Center.

Protocol review and discussions continued:

- Non-Traumatic Chest Pain: Discussion about allowing Intermediates to have Morphine as a standing order. Dr. Garth will have to talk with the other OMDs. Some ER doctors feel that EMS is overusing Lopressor. Dr. Garth has spoken with cardiologists about it's use. In the protocol it is highlighted to only use Lopressor when signs are highly suggestive of cardiac involvement. Move obtain 12 lead EKG to the 1st page.
- CHF: Lasix dose changed to 0.5 mg/kg for patients not on Lasix at home and 1.0 mg/kg for those already taking the drug. Considering Morphine & Lasix as standing orders for Intermediates. NTG was changed to be administered every 5 minutes.
- Oral Aspirin for EMT-Basics. The provider will assist the patient with taking their own Aspirin. 324 mg is the AHA recommended dosage.
- Nausea & Vomiting: Zofran will be standing orders for Intermediates & Paramedics. 4-8 mg Zofran for adults. 0.1 mg/kg for pediatrics, repeat one time to a maximum of 4mg. Can be administered IV or IM. Phenergan will be removed from the box.
- Fast1 IO: Standing order for Intermediates and Paramedics. Not for anyone less than 8 years old or less than 80 pounds. Will put a note at the bottom of the protocol to read: Other devices may be considered with the agency's OMD and GTC approval.
- PRN Adaptors protocol is completed and no comments.
- Nasal Drugs: Versed/Narcan, looking at Valium. Some forms of Valium are oil based, which will not absorb as well as the water based. 1 cc is maximum dose for each nair. Dr. Garth wants to review data before any decisions are made.
- Fentanyl: Dr. Garth is not approving it.
- Medication Assisted Intubation: Etomidate's dose will be 0.3 mg/kg. Do not hyperventilate the patient.
- Robert would like Oral Gastric tubes to be placed in all intubated patients.
- Pacing: Change the statement that pacing is not recommended in asystole to do not pace asystole. Heather will email Billy Yeatman about the hospital supplying the pacing adaptors to make switching a patient from our monitors to the ER's monitors easier.

- Communications: Greg added in a contact sheet. Dr. Garth spoke of a Regional Based Command that is coming to our region. Problem of the triage tech not allowing providers to speak with the physicians for med control. Heather will email Billy Yeatman about the problem.
- Seizures: The committee would like to keep Versed as a second line drug for persistent seizures.
- Anaphylaxis: Solumedrol or Decodron will be added- whichever one is cheaper.
- Asthma: Approval to add in Atrovent from Dr. Garth.
- CPCR: Chris will work on a procedures protocol for it.
- The Adult Protocol was reviewed with no comments.
- Capnography: 30-35 mm mercury for closed head injuries exhibiting signs of herniation syndrome.
- Change Combi-Tube to the King Airway. The protocol will include a note that other Blind Insertion Airway Devices (BIAD) will be considered with the agency's OMD and GTC approval.
- AutoPulse: Not approved at this time. Dr. Garth will re-consider it if an agency can prove that their response times are between 2-6 minutes.
- Still looking at who will type the protocols up once we finish.

May 1st, 2007 is our deadline to have the protocols completed and sent to the printers.

The next meeting was scheduled for Monday, March 26th, 2007 at 1300 hours at the REMS Council Training Center.

Monday, April 16th, 2007 and Monday, April 30th, 2007 will be our final meetings. Both will be from 1300-1500 hours and at the REMS Council Training Center.

The last three meetings will be announced as public town forums for providers to come & express their thoughts.

Meeting adjourned at 1500 hours.