

**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

**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.

REMS Council Protocol Sub-committee
Meeting Minutes – Wednesday, November 16, 2016– 11:00am
REMS Council Regional Training and Simulation Center

The meeting was called to order at 11am by the Chair, Patricia Derr. Members present were Patricia Derr, Jake Marshall, Linda Harris, REMS Staff, Wayne Perry, REMS Staff and on the phone were Maurice Moody and Kim Madison. Excused was Greg Leitz.

The minutes from the October 12, 2016 meeting have been posted and were approved by the committee.

Old Business:

Protocol changes

- 1.) Medication Sheets- new addition of Suggested Route of Administration for each med sheet. The changes were approved with a few minor changes such as adding IO route to all that list IV and adding Vec, Sodium Bicarb & Roc to the medication sheet/ Trish Derr will work up the Roc medication sheet Any reference to route in the protocols need to be deleted and just have the suggested routes added to last item on each med sheet
- 2.) Toradol Medication sheet this was approved with minor changes in numbering,
- 3.) Draft – Trauma Cardiac Arrest Protocol- this was reviewed and some changes were made to include adding AEMT to starting IV and checking into the name “title under the VAv3 list and it states Cardiac Arrest-Trauma Arrest.
- 4.) Medical Cardiac arrest – some changes were made to match up with the wording on the Cardiac Arrest-Traumatic Arrest protocol to include the depth and rate of compressions & ventilatory rate to using ECC guidelines
- 5.) Mass Gathering Protocol—This protocol has been tabled to next meeting.
- 6.) Indwelling Devices- magnet use. Line item added to the Indwelling Medical Devices about the use of Magnets and a fact sheet will be added to Reference section.
- 7.) General-Pain Control – Ketamine has been added .25-.5mg/kg repeat 1x if needed
- 8.) Any reference to D50 needs to be deleted in the following protocols: Cardiac Arrest – Unknown Rhythm; Medical- Altered Mental Status and Medical- Seizures.

All changes will be sent to the Medical Direction Committee, Guidelines & Training Committee and the REMS BOD for approval.

There being no further business the meeting was adjourned at 1:10PM

Next Meeting: Will be Wednesday, January 25 at 11am.

REMS Council Protocol Sub-committee
Meeting Minutes – Wednesday, January 25, 2017– 9:00am
REMS Council Regional Training and Simulation Center

The Meeting was called to order at 9am by the Chair. Patricia Derr. Members present were Patricia Derr, Jake Marshall, Linda Harris, REMS staff, Wayne Perry, REMS staff and on the phone was Brian Weston. Excused were Maurice Moody and Greg Leitz. Greg Leitz sent Greg Fleck in his place representing Spotsylvania FREM.

The minutes from the November 16, 2016 meeting were approved by the committee.

Old Business:

Protocol changes/additions

- 1.) Mass Gathering Protocol- Motion was made and approved to send the Proposed Mass Gathering Protocol to the MDC, G & T, and BOD for approval. Will request that Acetaminophen and ibuprofen be added to the Authorized Medication Table in Clinical Procedures. Need to add in Scope of Practice the line for Mass Gathering Protocol – C-OMD, Conditional OMD Approval for event.

New Business:

Protocol changes/additions

1. Request for more Narcan on trucks- Wil made the request for Pharmacy Committee to increase amount to 10mg. The following change is proposed- Narcan –
Medical- Cardiac Arrest- Unknown Rhythm - #6 remove max dose
Medical – AMS – Keep #3; #7 delete max dose; add “Titrate for sufficient respiratory effort”
1. From Dr Lenbeck – now an epi auto-injector for slightly over \$100/2- for information only – no action
2. From Greg Leitz - Zofran lawsuits- for information only – no action
3. ITLS Role of TXA in Traumatic Hemorrhage- for information only – no action
4. Protocol App – there is a pay for app but not affiliated with REMS
5. Wake up Stroke memo- for information only – no action
6. Some typo changes to protocols in Medications-Toradol, Epi dosage for Newborns and adding Versed
7. Ancef – request came from an OMD to add Ancef to med boxes for open fractures. This will be sent to Pharmacy Committee and the protocol changes will be sent to MDC, G & T and BOD. This is the protocol change: Trauma – Injury Multisystem -AEMT↑ #3 for open fractures in adult patient administer Ancef (Cefazolin)1G/IM
8. Lactate Levels – Protocol change to be added Sepsis Pearls as follows: – in Admin 3.21- Sepsis pearls- Add “When obtaining Lactate levels use current research guidelines. This will be sent to MDC, G & T and Bod
9. Double Sequential Defibrillation – Recommend follow change” – Medical V Fib/Pulseless VTac algorithm page 4/6 Add a defibrillation block to top of algorithm. At end add block “Consider Double Sequential Defibrillation:”
10. Heads Up CPR – Recommend the following change “Cardiac Arrest – Unknown Rhythm- To #4 add “Consider elevating patient head 30° if using mechanical device”

Meeting was adjourned at 11:00am
Next Meeting will TBD