

REMS Council Protocol Sub-committee  
Meeting Minutes – Wednesday, August 01, 2017– 9:00am  
REMS Council Regional Training and Simulation Center

The meeting was called to order by the chair, Patricia Derr at 9am. Members present were Patricia Derr, Linda Harris, REMS Staff, Wayne Perry, REMS Staff, Greg Leitz, Steve Mitchell, David Farmer, and guest David Noack, Spotsylvania FREM. On the phone was Maurice Moody.

Old Business:

Protocol changes/addition

1. Injury - Head (TBI) protocol
  - a. the committee approved adding the GCS scale to monitor patients but want it added as #2 for EMR and above.
  - b. MDC recommended to use vasopressors (Dopamine as first choice) to maintain Mean Arterial Pressure (MAP) at/above 60mmHg."
    - i. The committee wants to go back to the MDC to ask to use push pressors, and would recommend using Epinephrine due to already existing protocols and familiarity.
    - ii. The EPI is suggested to be added as #7 for EMT-I level and above.
    - iii. If approved, push pressors information will need to be added to reference section as well
2. Injury-Multisystem – open injury comments and infection precaution from MDC
  - a. There was some discussion about the status of Ancef and adding this to the formulary. It will be going to G & T on 8/22, the Pharmacy Committee on 9/7, and then to the BOD in October.
  - b. Committee decided not to add note on infection control as it was standard practice
  - c. Regarding crush injuries the recommendation to add definition information about what is a crush injury under criteria.
3. Administrative Section 3.18 - Assault & Neglect
  - a. Draft language was presented to the committee for review and edited during the meeting.
  - b. There was a recommendation to add language regarding financial exploitation
  - c. It will be blended into the same paragraph format to match with the other areas of the administrative section
  - d. The committee asked that the final document be sent to Spotsylvania County Social Services for their review of the content
  - e. After that feedback, it will be moved along to G & T, MDC, and BOD.
4. New medication sheets are needed based on the recently approved mass gathering protocol
  - a. The draft document for acetaminophen was presented and edited by the group.
  - b. The draft document for ibuprofen was presented and edited by the group.
5. There was a recommendation from the EMS community to look at options for non-narcotic pain management. Items such as cold therapy and liquid Tylenol were suggested. The R-OMD is amenable to either, but would like the pharmacy committee to review the cost impact of adding something like liquid Tylenol. This will be sent to the pharmacy committee for their input.
6. There was a discussion about the Next Generation Burn care information that was provided to the group. The sub-committee would like to check with burn centers to see if they approve this field treatment. It was suggested to check with Katie Holloway at Washington Hospital Center first. Staff will reach out to inquire.
7. There was a discussion regarding the AHA Stroke Severity Based Algorithm for EMS. This has been added to the State stroke plan with will be voted on at EMSGAB this week. The information will be sent to the Stroke Committee Chairman to be included in the revisions to the REMS stroke plan.
8. Protocol training for Dahlgren- Patricia Derr has information to assist this agency with protocol training. They will be sent her contact information.

9. There was discussion about the use of Magnesium Sulfate. It was recommended to change from online medical control to standing order in the Respiratory Distress protocol. Will move on to G & T, MDC & BOD.
10. There was a discussion about the use of Lasix. It was recommended to remove Lasix from the Respiratory Distress protocol and therefore also from the medication reference & formulary. This will go to G & T, MDC & BOD.
11. There was a discussion regarding the use of CPAP by providers. In the Ventilator and CPAP Clinical Procedure under criteria, it was recommended to remove the reference to pulse oximetry in line 1. Also under treatment section it was recommended to amend the EMT skill box from Online Medical Control to R-OMD. This recommendation will go to G & T, MDC & BOD.
12. There was some discussion on the dose of versed being different between protocols, but the final decision was to leave it unchanged in the protocols.
13. There was a discussion regarding the Allergic Reaction/Anaphylaxis Protocol. Under treatment - #9 it was recommended to remove Prednisone altogether. If approved, then also remove it from the medication reference and the formulary. If approved, it was recommended to move Solu-medrol to the Intermediate level. Number 10 would remain at the Paramedic level.
14. There was a discussion regarding the Altered Mental Status Protocol. It was recommended to move treatment item #7 to the AEMT level.
15. There was a discussion about scope of practice and it was recommended to change Adult IO to standing orders for AEMT.
16. There was a discussion about the possibility of adding Nitroglycerin paste as an option for patient care. This will go to Pharmacy Committee to find out the options/availability for this being added to the formulary, and it will also go to the medical direction committee for their input.

Meeting was completed at 11:30am Next meeting will be Wednesday August 16 at 12:30pm