



Protocol Committee
061622, 1300-1600
REMS

Call to order: The meeting was called to order by the Chair, Tricia Derr, at 1300

Roll Call: Bill Tosick, Philip Hillman, Tricia Derr, Matt Russell, Kelsey Rideout- Staff Support, Wayne Perry- Staff Support

Approval of Minutes: 05/31/22, approved

New Members: None

Old Business:

- None

Unfinished Business:

- Airway Management/RSI
 - Add HFNC AP at AEMT? What did Dr. Lindbeck reply with re: intent of State MDC?
 - ➔ It was not the states intention to regulate HFNC as we use it (temporarily, 10-15 lpm, as preoxygenation for emergent RSI/DSI procedure). They only intended to regulate > 30 lpm with specialized commercial HFNC device. Therefore, we do not need to add it to our protocols.
- General Behavioral Restraint:
 - Update criteria "prior to" to "for" and "maintain"? Previously tabled
 - ➔ Yes, OK to change, Kelsey will update
 - Remove Etomidate from I level for cardioversion → move to P? What did Dr. Lindbeck reply re: class of Etomidate?
 - ➔ No Etomidate for I level, Kelsey will update
- Review new AP/R-OMD items with red background
 - Admin: Everyone
 - ➔ Multiple changes, see attached email from Tricia and draft
 - Medical: Spotsylvania FREM
 - ➔ Update AHA algorithms to 2020 versions
 - ➔ Add Epi infusion directions to everywhere it's applicable (where PDP directions are listed)
 - ➔ In Respiratory Distress protocol: add "over 10-20 minutes" for magnesium in P section and Medication Summary; Kelsey will change
 - ➔ Move Fentanyl from I to A section in Pain Control protocol; Kelsey will change

- In special resus protocol: change CO title to Cyanide poisoning; Kelsey will change
- Trauma: Tricia
 - Add proposed 'Injury- Dive Emergency' protocol from Spotsy, but move notes to reference section; Kelsey will update
 - Update Bleeding Control with new language in EMT section and take out "sustained" from vital signs in A section; Kelsey will fix both
 - Multisystem: take out #5 note as MDC did not approve this usage; Kelsey will change
 - TBI: remove note #1 as providers should be referencing Scope table and conditions; Kelsey will change
- Clinical Procedures: Tricia
 - 12 Lead: remove last line of EMT section as it applies to ALS providers; Kelsey will change
 - Mark 1 Kit: add note "comes from ChemPak"; Kelsey will update
 - Airway: break up note 1 into two sentences and add "if above attempts are unsuccessful" before DSI; Kelsey will update
- Reference:
 - Spotsy FREM proposed adding Radioactive contamination protocol (see attached for original); the group reviewed, edited for regional level, and decided to include them in the Reference section; Kelsey will add
 - Update Stroke Alert from Cincinnati to BEFAST; add anti-coag status to needed info; Kelsey will update
 - Remove TXA infusion; Kelsey will do
- Medication:
 - Any updates to medication section? Add dosing? Previously tabled
 - Tabled again

New Business:

- Do we need/want a hypertensive crisis protocol?
 - Group decided no, we don't

Meeting adjourned at 1607. Final approvals will be by virtual vote.