November 17, 2015, 6:30PM; 11881 S Sunset Dr.

Members present: Dr. Barnett, Chair (CMH), Dr. Richardson (SMMC), Dr. Jacobsen (JOCO EMS Medical Director), Dr. Ruthstrom (JOCO EMS Deputy Medical Director), Dr. Fishman (OPRMC), Dr. Bowser (SLS), Dr. Millard (SJMC), Dr. Policky (OPRMC)

Others in attendance: Ted McFarlane (Med-Act), Brad Cusick (OPFD), Travis Vaughn (LFD), Natalie Hartig (Med-Act), Melody Morales (QA Manager for JOCO EMS), Kevin Joles (OFD), Greg Zarobsky (AMR), Jason Jenkins (AMR), Jon Perry (OPFD), Mark Linn (SFD), Steve Chick (JCFD2), Bill Parker (OFD), Mark Terry (Med-Act), Kevin Hicks (OPRMC)

Members absent: Dr. Fanning (SMMC), Dr. Brovant (OPRMC) Dr. Moncure (KUMC) Dr. Allin (KUMC) Dr. Pierson (MMC), Dr. Miller(MMC),

TOPIC	PRESENTER	DISCUSSION	ACTION	STATUS
Approval of minutes from 4/28/15	Dr. Barnett	Motion made by Dr. Bowser, seconded by Dr. Richardson. Motion passed.	Approved	Completed
Standing Items:				
Medical Director Program Update	Ted McFarlane	❖ Budget proposal for EMS System Medical Director Program will be presented to Executive Committee/Advisory Board soon. ❖ Announced that SJMC and Lenexa Fire joined program.	Information Only	
New Business:				
2016 EMS proposed Protocols	Dr. Jacobsen	• Spinal Motion Restriction ❖ Proposal to change language to spinal motion restriction in place of "immobilization" language • Hyperventilation ❖ Proposal to remove the act of re-breathing expired air • Appendix B and E regarding Helicopters ❖ Proposal to remove section I referring to deployment of resources. This is more of an operational issue and not appropriate for medical protocol book.	Approved Approved Approved	

		❖ Proposal to delete landing zone requirements section in Appendix E. This is an operational issue and not appropriate for the medical protocol book.		
		• Anaphylaxis/Albuterol/Epinephrine in protocol/formulary ❖ Proposal to add "administer" instead of "assist" with albuterol administration for BLS providers, change wording to "auto-injector" in place of using Trademarked "Epi-pen", added that auto-injector may be repeated every 5 minutes if available. ❖ Discussion around removing all brand names of meds/supplies throughout the protocol book.	Approved	
		• Online Medical Direction ❖ Proposal to add the Medical Director and Deputy Medical Director as options for online medical control. ❖ Dr. Barnett requested wording be changed to reflect a Medical Director designee if Medical Director and Deputy Medical Director are unavailable		
		• Cyanide Poisoning ❖ Proposal to add cyanide poisoning to the H's & T's section of the Adult and Pediatric Cardiac Arrest Checklist.	Approved	
		• Pregnant Cardiac Arrests ❖ Added indication to continue resuscitation and rapid transport for OB patients in cardiac arrest.	Approved	

		• Zofran Dosing/Nausea/Vomiting ❖ Proposal to add a Nausea and Vomiting protocol. Changed wording of dosage to be clearer. ❖ Dr. Barnett requested to remove brand name from protocol book.	Approved	
		• Dystonic Reaction/Epistaxis Protocol ❖ Proposal to add a Dystonia and Epistaxis protocol.	Approved	
		• IO Analgesia in Conscious patient ❖ Proposal to change the process for administering lidocaine for IO insertion in the conscious pt.	Approved	
		Motion made by Ted Barnett to pass all protocols above, Dr. Bowser seconded. All members present in agreement. Motion passed.		
		• ACS/CVA ❖ Proposal to change wording for CVA and ACS protocol to not routinely apply supplemental oxygen to pt's that are normoxic.	Approved	
		• Temperature Management in Cardiac Arrest ❖ Proposal to remove hypothermia protocol as well as checklists and other areas that mention administering chilled saline. ❖ Dr. Policky asked if other systems are doing this as well ❖ Dr. Richardson asked if there were negative outcomes associated with hypothermia.	Approved	
		• Temperature Management in Excited Delirium ❖ Proposal to remove the administration of chilled saline to excited delirium patients.	Approved	

		• Narcan ❖ Proposal to change dosing range for Narcan to 0.5-2mg with a max total dose of 4mg for adult and pediatric patients. ❖ Request made to remove brand name from protocol. ❖ Question asked if there was a concern with the wide dose range. Dr. Jacobsen stated in order to decrease errors and increase autonomy to field providers, this seems to outweigh the wide dose range issue.	Approved	
		• Adrenal Insufficiency ❖ Proposal to add an Adrenal Insufficiency protocol. ❖ Currently premise notes are added to all patients with Adrenal Insufficiency along with direction to contact medical control for steroid administration if pt has on-hand.	Approved	
		• Free Standing ED's ❖ Proposal to transport only green patients to Free Standing ED's. ❖ January to September 33% admit rate for EMS patients to Shawnee FSED ❖ Olathe 3rd quarter data 33% admit rate for EMS patients to Olathe FSED ❖ Discussions have taken place with management of these free standing ED's and they are in agreement with this proposal. ❖ Dr. Fishman asked if this is a burden on Med-Act to transport multiple times or what the reason was for the change. Clarification made that AMR transports the patients that require additional transport. Dr. Richardson stated that there is a lot of variability within the free standing ED physicians and who they accept. Dr. Fishman stated that the throughput is a lot better at free standings vs. hospital ED's. Ted McFarlane clarified that the triage	Approved	

		color is not accurate in determining hospital destination at this time and by making this change in protocol it would help decrease the number of pt's being transported to the free standing ED's that needed to be transferred out to the hospital. • Deciding hospital destination ❖ Proposal to remove language stating that EMS reserve the right to not transport to facilities outside of the Johnson County area and instead stating that every attempt should be made to transport pt to destination of their choice. ❖ Dr. Richardson stating having an issue that the language is not clear and does not show that there is any limitation to transporting outside the area (for example Topeka). ❖ Dr. Barnett also agrees with Dr. Richardson in that the proposed wording is not clear enough. Dr. Jacobsen made motion to remove this proposal, Dr. Richardson seconded motion. Motion passed.	Denied	
		• Dextrose Changes ❖ Suggesting using D10 in place of D25 ❖ Providers will have the option of dripping it in or using IV push, which will be emphasized in education ❖ Cost for D10 is roughly $350, shelf life of 2 years. This is not a cost issue and will help streamline the dosage ❖ Dr. Richardson brought up concern that in adults there would be an increase in free water, Dr. Jacobsen clarified with adult and pediatric pharmacists and they stated that the amount of free water would be negligible in regards to hyponatremia. Study provided to committee regarding the administration of D10 to adults and there were no negative outcomes in regards to free water. ❖ Dr. Richardson brought up concern for seizing pt due to	Approved	

		hypoglycemia and if it would take too long for administration. Dr. Jacobsen stated we are looking into getting larger syringes to allow the crew to draw it up and IV push as needed. ❖ Dr. Barnett asked if there needed to be wording in the protocol suggesting the need to stop infusion when pt starts to wake up. Dr. Jacobsen clarified that this will be addressed in education.		
		• Norephinephrine ❖ Proposal to replace Dopamine with Norepinephrine. ❖ Dr. Fishman asked if there would be a range for titration. Dr. Jacobsen stated that titrating without pumps could be difficult and this is the same wording that was used for dopamine in the past and there has not been any issues. ❖ Dr. Fishman also asked if systolic bp of 100 was too high. ❖ Dr. Richardson proposed having the proposed target.	Approved	
		• I-gel adoption ❖ Proposal to adopt pediatric and adult i-gel supraglottic airways in place of the combitube. ❖ Results discussed from i-gel field trial ❖ Discussed results from i-gel time study. Times were the same. ❖ I-gel is cheaper than combitube, but due to the increase in i-gel sizes, there will be a net increase in cost	Approved	
		• Adoption of QuickTrach ❖ Proposal to adopt pediatric/adult QuickTrach as the percutaneous airway device for the system. ❖ Last time percutaneous airway device used was 10 years ago. ❖ Dr. Richardson asked how we would be training on this device. Clarification made that there is a system wide	Approved	

		skills and simulation that will cover all new protocol changes. • Meconium ❖ Proposal to eliminate meconium aspiration ❖ No cases of meconium aspiration from 2009-2015 • Model Treatment Progression for Airway Care ❖ Proposal to a stepwise approach to BVM/SGA initially and endotracheal intubation if those do not work. ❖ Proposal to minimize endotracheal attempts from TWO to ONE. ❖ Discussion around Johnson County EMS System data around airway care and associative pt outcomes. Pediatric airway outcomes: 20 ped airways with ET attempt, 1 survived with a CPC of 3. ❖ Dr. Richardson asked if we would need to look in the future about removing endotracheal intubation due to the low number of cases as well as the decrease in live training opportunities. • Adult Cardiac Arrest Protocol ❖ Handout given to Committee of proposed adult Cardiac arrest protocol flow ❖ Suggestion to begin compressions immediately and begin interposed ventilations every 10th compression with either i-gel or OPA/NPA with BVM. ❖ Dr. Richardson stated he is worried this may cause an increase in intrathoracic pressure for many patients. ❖ Dr. Jacobsen stated that the saves in our system are primarily pt's that were shocked early, woke up before we arrived, and were gagging when attempting an airway. ❖ Dr. Barnett suggested having a person designated at the scene to watch the person bagging to help ensure proper rates. ❖ Dr. Richardson asked if dispatchers would still give	Approved Approved Approved	

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<tr><td></td><td></td><td>compression only CPR instructions. This was confirmed by Dr. Jacobsen.
• Added cardiac arrest in Obstetrics protocol as indication to rapidly transport with lateral manual uterine displacement.
• TPOPP
❖ Proposal to adopt comfort care/palliative care management guidelines.
❖ Dr. Jacobsen will email out to Committee to look over and e-vote

Motion made by Dr. Barnett to approve all protocols proposed, motion seconded by Dr. Policky. All members in agreement

Motion made by Dr. Richardson to recognize Walt Way, former Director of Emergency Management and Communications as an integral part of the EMS System and Medical Director Program champion, seconded by Dr. Fishman. All members in agreement. Motion passed.</td><td>Approved

Approved</td><td></td></tr>
<tr><td>Next meeting Date</td><td></td><td>• Proposal to have meeting date in the spring</td><td></td><td></td></tr>
<tr><td>Adjournment</td><td>Dr. Barnett</td><td>Motion made to adjourn, Dr. Fishman seconded. Motion passed.</td><td>2104 hrs</td><td></td></tr>
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