Medical Committee
Meeting Minutes
April 6, 2009

Members Present	Representing
Assistant Chief Rick Helminski	Springfield Twp. FD
Todd Brookens, D.O.	The Toledo Hospital
Cheryl Herr, R.N.	St. Luke's Hospital/Nurse Manager's Association

Staff

David Lindstrom, M.D.	Medical Director LCEMS
Brent Parquette	EMS QA/QI
Dennis Cole	LCES
Gary Orlow	EMS Manager
Pat Moomey	Communications Manager

Others

Rob Martin	St. Vincent's Life Flight
Acting Captain Ken Kantura	Toledo Fire EMS Bureau
Denise Abbott, R.N.	St. Charles Hospital EC
Carolyn Nagy, R.N.	St. Charles Hospital
EMS Chief Martin Fuller	Whitehouse Fire

Absent

Mary Beth Crawford, M.D.	St. Luke's Hospital
Kenneth Chelucci, M.D.	St. Anne Mercy Hospital
Lucas Delatore, M.D.	Flower Hospital
Pat Mattevi, M.D.	Bay Park Hospital
Kris Brickman, M.D.	UTMC Hospital
David Miramontes, M.D.	Mercy Health Partners – TFD
Domian Kandah, M.D.	St. Charles Hospital
Rod Standiford (primary)	Paramedic Committee
Matt Homik (alternate)	Paramedic Committee

Call to Order

Chief Helminski called the meeting to order at 8:33 am. Chief Helminski introduced himself and reported he is filling in for Chief Cousino.

Minute Approval

The minutes from the February 2, 2009 meeting were made available for review. One change to be made on page three, fourth paragraph, first sentence should read "Chief Fuller noted in December's meeting Dr. Brookens raised the issue of paramedics wanting the use of post intubation sedation, not the use of RSI." With no further corrections, the minutes were approved.

CE

Brent reported April's CE will cover the newly revised Medical Emergencies protocols. There will be skill stations to emphasize these changes. Brent made available a page summary of changes made in the LCEMS protocols and medications. (attached) Brent reported a concern was voiced at CE about OLMC physicians are making comments as to why the paramedics are doing some interventions. Brent went through each of the items. Brent reported the paramedics need to fill out an Unusual Incident Report and send it in instead of vocalizing the issue in CE.

Dr. Lindstrom reported paramedics can also reach him through Dispatch to discuss the issue with him and in turn he will contact the doctor.

Brent reported there is one additional item needed in the list which is Post Intubation Scenario and the use of Versed in a controlled setting. Dr. Lindstrom said he's giving the paramedics judgment in the use of this drug. They start with a dosage of 2mg. The paramedics will be allowed to repeat the dosage within five minutes without Medical Control.

Dr. Lindstrom reported we do not currently have a Stroke diversion protocol. Dr. Lindstrom mentioned stroke intervention comes and goes. Maybe in the future, vascular specialists may do something with a stroke patient. There needs to be a consistent scoring system to train the paramedics. Dr. Lindstrom reported they looked at the LA county scale and it was much harder to learn. They have 12 scores. Dr. Lindstrom said they decided to go with a scale more useable and chose the Cincinnati scale.

Chief Fuller inquired about the use of Magnesium Sulfate in the eclamptic patient and the length of time given and Versed use. Dr. Lindstrom reported it would be the blend of the two medications.

Chief Fuller brought up the issue of head trauma and the elderly patient and the confusion of the protocol and citing a scenario.

Dr. Lindstrom reported LCEMS has done several trials for the company Advanced Circulatory System. The first product was the ResQPod and the second item was the ResQGARD. Advanced Circulatory System has asked LCEMS to trial the CirQLATOR Dr. Lindstrom reported in wanting to the keep the Medical Committee in the loop with what are some evaluations that we will be undertaking.

The CirQLATOR is another device developed by Advanced Circulatory Systems. This is the next step to cardiac resuscitation. This device creates a vacuum which augments ventricular filling. It has been FDA cleared. Dr. Lindstrom reported we are the first system to trial this device and will go through an IRB so we can take out the data to publish. Dr. Lindstrom reported we will put this out in the street in select hands. Dr. Lindstrom reported it will be no cost for us to use, the company wants it to get experience in the field. This device can be used in cardiac arrest patients as well as hypotensive, hypovolemic patients. Dr. Lindstrom said that Dr. Brookens, Brent and he will be "call jumping" on cardiac arrests and putting this device on these patients. Dr. Lindstrom mentioned he's not ready to train any of the paramedics on it yet.

Phyio Control has given LCEMS two LUCAS devices to trial in the field. LUCAS is a device which does chest compressions. He would like to give one to one of the departments and use one in an administrative response vehicle. This device would be used in conjunction with the ResQPOD. Dr. Lindstrom reported he spoke to a couple of the departments to do the trial and the training in its use. Dr. Lindstrom said he does not want anybody using the device that is not trained. Brent will be doing training for the departments that are able to support the evaluation.

Dr. Lindstrom reported he will be implementing the use of MAD (Mucosal Atomizer Device). This device delivers medication across the nasal and oropharyngeal mucous membranes. The paramedics will be able to give Versed without an IV to patients that are seizuring or post intubation. Dr. Lindstrom explained that more and more patients may show in the emergency departments without a line. This is a good approach for pre hospital care. This will not only work well medically but also save money. Usually pre hospital IVs are discontinued. This will probably be taught in May and implement late May or June. Dr. Lindstrom reported he is working on compiling a list of medications to work with MAD and this will cut down on IV intervention.

Dr. Lindstrom reported if the nurse managers would like a presentation on this, he or Brent would be glad to give a demonstration at their next meeting. Cheryl Herr reported the next Nurse Manager's meeting is scheduled Friday, May 8th at 8:30 a.m. at St. Anne's Hospital.

A discussion ensued regarding the device.

Old Business

ICE – Brent reported we have just started to capture the data from the hospitals. A couple of cases have done very well. Cheryl Herr reported St. Luke's has a 58.3% survival rate out the door. She reported they have had sixteen (16) with four (4) declared deceased in the emergency center. Cheryl mentioned this has gone very very well. She said they are doing a case study on one of the patients.

RFP – Gary Orlow reported we are moving forward with billing. We went out to bid and received four proposals. The committee has met several times to review the proposals and have developed criteria to rate them. Gary mentioned they are hoping to make a decision this month.

New Business

ePCR – Cheryl Herr reported at the last ED managers meeting the discussion of the expectation of the run sheets being delivered. Some of the managers reported they can't get on line to get them and asked if there needs to be an educational piece given at their next meeting or at each hospital. She mentioned it has been a long time since being trained.

Dr. Lindstrom reported the paramedics are to give a verbal report on the radio and at the bedside. The paramedics are to do and leave the report at the hospital. If they get called on another run, the report will be generated later. Dr. Lindstrom mentioned the paramedics can do the report, but could be in a draft document with the possibility of additional changes later.

Dennis Cole suggested the training be done at each hospital with a couple of people at the hospital to learn how to access the report.

Brent reported the paramedics are to finish the report at the hospital if there is not a run to go on. The intent is not for the paramedics to finish it later. In the past, when the reports were hand written, they completed them at the hospital and it's expected for them to do it now.

Ken Kantura brought up the issue of the 20 minute out of service time and not enough time to complete reports and be back in service. The paramedics feel pressured.

A discussion ensued regarding reports and the delivery of them.

Dennis Cole asked that it be reinforced to the paramedics to work on the reports at the hospital unless they get toned out.

Dr. Lindstrom stated this is not an issue for the Medical Committee and to table this discussion and it should be brought to either the Policy Board or the Paramedic Committee.

Next Meeting and Adjournment

The next Medical Committee meeting will be Monday, June 1st at 8:30 am. With no further business, the meeting was adjourned at 9:32 am.

LUCAS COUNTY

April 6, 2009

TO: LCEMS MEDICAL COMMITTEE

FROM: Brent Parquette, NREM-P
Lucas County EMS Training and Quality Assurance Manager

RE: **LCEMS Protocol/Medication Changes**

A. **Induced Cooling by EMS (ICE Protocol):** Sustained ROSC following cardiac resuscitative care not related to trauma or hemorrhage. Patients with an advanced airway in place and remain comatose or no purposeful response to pain (>18 years of age):

- Cold packs to axilla, groin, neck
- **Fentanyl** 100mcg IV/IO
- **Etomidate** 20mg IV/IO (repeat q 10min to maximum of 80mg)
- **Norcuron** 0.1mg/Kg IV/IO (max. 10mg) – repeat PRN at 0.01mg/Kg
- Cold Saline Bolus – 30mL/Kg (maximum 2 Liters)
- Dopamine for maintenance of MAP 90-100

B. **TCP / Cardioversion Sedation:**

- **Versed** 2mg slow IV – may be repeated in 3-5 minutes PRN
- If allergy to **Versed, Fentanyl** IV (< 50Kg = 1mcg/Kg; > 50Kg=50mcg)

C. **Chest Pain / Acute Coronary Syndromes:**

- **Lopressor** removed from STEMI care algorithm

D. **Symptomatic A-Fib/Flutter / SVT with known history of pre-excitation syndrome or WPW:**

- **Procainamide** 20mg/min until resolve of arrhythmia
- **Procainamide** maintenance drip 1-4mg/min

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E. **Wide Complex Tachycardia with a Pulse (Ventricular Tachycardia):**

- **Procainamide** 20mg/min until resolve of arrhythmia
- **Procainamide** maintenance drip 1-4mg/min

F. **Discontinuation of Prehospital Resuscitation:**

- "See attached protocol"

G. **Cardiogenic Pulmonary Edema:**

- CPAP
- **Nitroglycerin spray** (q 3-5 min) PRN
- **Versed** 2mg IV – anxiolytic therapy related to CPAP use
- **Captopril** 25mg SL
- Maintenance of SBP > 110mmHg
- ***LASIX removed from treatment algorithm***

H. **Traumatic Cardiac Arrest:**

- Bilateral chest decompression

I. **Seizure Control:**

- 2-4mg **Versed** IV/IM – repeat in 5 minutes PRN
  - Pediatrics: 0.1mg/Kg IV (0.2mg/Kg IM)
- Eclampsia
  - 4Gm **Magnesium Sulfate** over 10-20 minutes
  - **Versed** 2-4 mg IV if refractory to **Magnesium**

J. **Hypertensive Emergencies:**

- **Nitro Spray** or tablet
- **Captopril SL**
- Reduction of MAP to 110-115

K. **Stroke:**

- Cincinnati Prehospital Stroke Scale

LUCAS COUNTY

G
Discontinuation of Prehospital Resuscitation

Policy:

Discontinuation of cardiopulmonary resuscitation and other advanced life-saving interventions may be considered **when ALL of the following criteria have been met:**

Procedure:

1. Persistent Asystole refractory to Vasopressin administration and three (3) full rounds of ACLS medications (Epinepherine/ Atropine) and no reversible causes (H's and T's) are identified;

2. Adequate CPR has been administered including ResQPOD use;

3. Endotracheal intubation and/or rescue airway device (LMA, Combitube, King, etc.) placement has been successfully accomplished with adequate ventilations;

4. IO/IV access has been achieved;

5. Rhythm-appropriate medications and defibrillations for ventricular dysrhythmias have been administered according to protocol;

6. Failure to establish spontaneous circulation (palpable pulse) **and** absent any EMS witnessed neurologic activity (spontaneous respiration, eye opening, or motor response) at any time;

7. Patient must be at least 18 years of age;

8. All paramedics on scene must agree with decision to cease efforts;

9. ***On-Line Medical Control*** contact with permission by physician to terminate resuscitative efforts in the field.

Note: Family members and others present must be acknowledged and assisted as needed.