

Maryland

# E·M·S

## NEWSLETTER

Vol. 16, No. 7

For All Emergency Medical Care Providers

March 1990

### **New Guidelines for Ground-Based Providers On Med-Evac Flights**

The acquisition of the safer and faster Dauphin helicopter has created both new and improved opportunities for patient care. In addition to allowing better access to the patient and allowing additional life support equipment to be carried, the new aircraft provides the ability for two providers to care for two patients.

In the majority of off-scene med-evac requests, there is only one patient needing air transport. There are instances, however, in which there are two patients at the same scene for which helicopter transport is indicated. There are also instances in which the care of one critically injured patient would be most optimal if performed by two EMS personnel. In these situations the Maryland State Police (MSP) have authorized Aviation Division EMT-Paramedics to request that a ground-based EMS provider accompany them to assist with patient care. This request for an EMS provider is indeed a request and is not to be viewed as obligatory.

The following are questions that have been asked frequently:

1. What are the responsibilities of the ground-based provider while aboard the aircraft?

The ground-based provider should be available to assist with patient care as needed by the MSP EMT-P, up to the level of the ground provider's certification. This may include care such as maintaining the airway, applying MAST, performing chest compressions, starting IVs, administering medications, etc. The ground-based provider will not be

*(Continued on page 3)*

### **Flynn Named MIEMSS Director**

The Board of Regents of the University of Maryland has approved the appointment of James P.G. Flynn, MD, as Director of MIEMSS.

Dr. Flynn has been serving as Acting Director of MIEMSS since May 18, 1989, when its founder, R Adams Cowley, MD, left to become director of the Charles McC. Mathias, Jr., National Study Center for Trauma and Emergency Medical Systems.

As Director of MIEMSS, Dr. Flynn heads the state emergency medical services program and the R Adams Cowley Shock Trauma Center.

He has served as director and chief executive officer of Montebello Rehabilitation Hospital, which, during his tenure, was transformed from a long-term, chronic-care facility to a nationally recognized center for rehabilitative medicine.

In addition, Dr. Flynn has served on the Boards of Directors of the

### **ATS Annual Meeting To Be Held in May**

The 17th annual meeting of the American Trauma Society (ATS) will be held May 2-5 at the new Holiday Inn Crown Plaza in Washington, DC.

Panel discussions will focus on three themes: "1988-89: The Year of Disasters—Preparedness, Response, and Lessons Learned," "Uncompensated Trauma Care—Potential Solutions," and "Societal Violence—A Crisis in Our Time." Other topics will be covered during the free paper presentations of individual research.

For information, contact ATS at 1-800-556-7890 or 301-925-8811.



*Dr. James P. G. Flynn*

American Lung Association, the American Heart Association (Maryland Affiliate and Central Maryland Chapter), American Cancer Society, and House of Ruth. He is an active member of the Maryland Thoracic Society, Maryland Executive Helicopter Advisory Committee, and the American Academy of Medical Directors.

Dr. Flynn received his medical degree from Trinity College, University of Dublin, and a master's degree in public health from the Johns Hopkins University School of Hygiene and Public Health.

Under Dr. Flynn are two deputy directors of MIEMSS—Philip Militello, MD, who is also the Clinical Director of the Shock Trauma Center, and Ameen I. Ramzy, MD, who is also the State EMS Director.

## Ambulance Runsheet Revisions Underway

Each time an ambulance responds to a call, personnel on the unit fill out a runsheet that represents a record of patient care and a standardized measure of prehospital care, demand, and response. Data from these runsheets are used to understand patterns and causes of injury; evaluate emergency response procedures; improve prehospital, in-hospital, and rehabilitative care; and prevent injury. Data are disseminated as routine reports to jurisdictions and ambulance companies, for special studies, such as the motorcycle injury study, and for ad hoc purposes, such as the justification for communications upgrading.

In resuming the upgrading process of the Maryland Ambulance Information System (MAIS), in October 1989 State EMS Director Ameen I. Ramzy, MD, called for the first of several statewide meetings requesting EMS community participation in making runsheet data collection easier and of more benefit to those who use it. John New, senior systems analyst for MIEMSS, was appointed revision coordinator.

In November's meeting, a three-phase process was proposed for the revision as determined by a system assessment: 1) defining what questions need to be asked/answered from the

perspective of those who use the runsheet data, such as receiving physicians, hospitals, local ambulance companies, jurisdictions, regions, etc.; 2) considering the most efficient format for reporting and using that information to draft the new document; and 3) circulating the document draft widely for input regarding its content and structure and piloting a revised runsheet based on that input from around the state.

The means for revision input at this meeting entailed identifying four separate users of MAIS information: prehospital care providers, EMS system managers/supervisors, regional managers/hospital clinicians, and the state EMS office. Each group identified the items of importance that it would like answered on the runsheet.

In the November meeting it was determined that better methods of information collection and reporting

were needed and that statistical reports should be revised to be more useful in the management of ambulance services and patient care. A draft of revised MAIS questions was discussed among the group members and findings were presented to all participants.

These findings were summarized and circulated in early February. Responses to an enclosed questionnaire provided the basis of consensus and the development of baseline data recommendations by Dr. Ramzy that were structured around the runsheet patient care questions, such as the patient's condition, course of care, and the responsible parties involved in that care. It was recommended that the runsheet would also function as a tool for system assessment, indicating what requests/demands were made of the Maryland EMS system; what responses

*(Continued on page 3)*

## STC Building Marks First Birthday

On February 13, EMS officials, providers, and supporters joined physicians, nurses, and other staff from the MIEMSS Shock Trauma Center and hospitals throughout Maryland to celebrate the first birthday of the R Adams Cowley Shock Trauma Center

building. More than 3,300 patients were admitted during the first year in the new building. Two of those patients, Cathy Jacobs and Cheryl Walters, addressed the audience during the birthday celebration.

Ms. Jacobs was struck by a car while riding her bike last October. She had multiple fractures, contusions, lacerations, and internal injuries. "I knew I had serious injuries, but I also knew I was getting the best care. If I had been in any other EMS system, I probably wouldn't have lived," she said.

Ms. Walters, hit by an allegedly drunk driver while she was delivering pizzas last November, had internal injuries and broken bones in every extremity. She felt that "the two things that saved my life were my seatbelt and the Shock Trauma Center."

During the birthday celebration, MIEMSS Director James P.G. Flynn, MD, praised the work of prehospital care providers and all who are part of Maryland's EMS system. State EMS Director Ameen I. Ramzy, MD, commented that the state's "EMS providers give us a better fighting chance here at Shock Trauma."



*The Shock Trauma Center's birthday celebration would not have been complete without a cake shaped like the new building. Shown here (l-r) are Cheryl and David Walters, Cathy Jacobs, Doug Tilton, Dr. Flynn (MIEMSS Director), and Sandy Weed (MIEMSS Acting Director of Nursing).*

# Ground-Based EMS Providers on Helicopters

(Continued from page 1)

expected to be responsible for operation of the on-board radios or medical equipment. The MSP EMT-P will be responsible for overall patient care and will relay all necessary medical information to the receiving facility.

## 2. What special training is necessary in order to be able to board the aircraft?

If necessary, the essential elements of safety and on-board communications can be relayed to a ground-based provider at the scene of an incident. It is preferable, however, for this second provider to have received an orientation to the aircraft and related procedures prior to the time of the incident. An actual Dauphin body shell has been used to construct an electrified simulator of the helicopter interior. This simulator can be pulled by trailer to different locations and will soon be available to provide orientation sessions for ground-based providers. These sessions have been approved for

### Mark Your Calendar

Pyramid '90, an educational program for all EMS providers, will be held September 8-9, 1990, at Solomons, MD. Watch for further information.

### NAEMT Conference

The National Association of Emergency Medical Technicians (NAEMT) will hold its 13th Annual Educational Conference, "EMS Heading for the Year 2000," on June 14-17, 1990, in Philadelphia. Topics will include pediatric and geriatric emergencies, various clinical aspects of EMS, writing journal articles, pitfalls of trauma designation, mass casualty incidents, quality assurance, and drug testing. Special presentations will be given on military techniques and air rescue, hazmat response, JRC site evaluation, legal aspects of DNR (do not resuscitate) situations, and protecting employees from AIDS. For further information, contact the NAEMT conference department at 816-444-3500 between 8:30 am and 5:00 pm (central time).



Ground-based EMS providers may be asked to assist with patient care on med-evac flights.

MIEMSS continuing education credits at the EMT-A, CRT, and EMT-P levels.

## 3. How is the ground-based provider selected at the scene?

Ideally this would be a person who has already been working with the patient. The MSP EMT-P will request the level of certification that he thinks necessary, and the EMS officer in charge of the ground scene will ultimately be responsible for any selection. Once the ground-based provider orientation program is in place, it is preferable that the person selected already have received such training.

## 4. Is the ground-based provider covered for injury occurring while aboard the aircraft?

The provider is covered as any other passenger would be covered by the insurance carrier for the State.

## 5. How will the ground-based provider be returned?

Every effort will be made to return the provider to the vicinity of his/her station following the transport. There is a possibility of this being delayed if the aircraft is immediately dispatched to a second call.

- ◆ Ameen I. Ramzy, MD  
State EMS Director
- Douglas J. Floccare, MD, MPH  
Aeromedical Director
- Maj. Charles Hutchins  
Commander, MSP Aviation Division

## Helicopter Update

In April 1989, the Maryland State Police (MSP) Aviation Division began a transition from Bell Jet Ranger helicopters to larger helicopters—the Aerospatiale Dauphin 2. To date, six Dauphins have been delivered.

The new twin-engine helicopters are stationed at Martin's State Airport (May 1989), Salisbury (October 1989), Cumberland (December 1989), and Frederick (mid-January 1990). The other two Dauphins are used for training and maintenance coverage.

Three additional Dauphins are currently in production and are expected to be delivered during July, August, and September 1990.

## Ambulance Runsheets

(Continued from page 2)

were made to the requests; and what was the outcome.

At a meeting held on February 27, group leaders were chosen from each of the four areas of MAIS users. Each group will present a draft of a MAIS form representing its needs and reflecting the needs of the statewide system. These forms will be disseminated for review and comments among the EMS community. Additional goals are to be able to optically scan the MAIS form and to make one form useful to both BLS and ALS providers. Options such as providing patient outcome data, possibly with a tear sheet filled out by the hospital, are being explored.

## Across the State

### Awards Banquet

The 16th Annual Region I Awards Banquet was held at the Grantsville Holiday Inn on March 3. Representatives from all the Region I ambulance services, as well as EMTs with 5, 10, or 15 years of service attended.

Speakers for the program included State Senator John Bambacus, State EMS Director Ameen I. Ramzy, MD, and Maj. Charles Hutchins, commander of the Maryland State Police Aviation Division. Sen. Bambacus was instrumental in the development of Senate Bill 508, which provided direct financial support to Maryland's fire and rescue services.

Special awards were presented to Jeffrey Davis, MD, who serves as medical director for the Cumberland Fire Department and Cresaptown Volunteer Fire Department. Also recognized was William Steele from Bowie. Mr. Steele, a native of Frostburg, has returned to Region I for the past five years to present outstanding accident prevention programs to area high-school students.

Distinguished service awards were presented to Deputy Randy Shaffer of the Garrett County Sheriff's

(Continued on page 5)



Del. Betty Workman and Maj. Charles Hutchins with EMTs having 10 years of service. (Back, l-r) Roger Murphy, Steve Kesner, Robert Rase, Louie Schoppert, Denny Reed, and Maj. Hutchins. (Front, l-r) Betty Fresh, Lois Hughes, Del. Workman, and Ken May.



Dr. Ramzy, Del. Betty Workman, and Sen. John Bambacus with EMTs having 15 years of service. (Back, l-r) Dr. Ramzy, Ian Reikie, Francis Mowbry, Wayne Mowbry, and Sen. Bambacus. (Front, l-r) Carolyn Campbell and Del. Workman.

## EMS Volunteer in Region V Killed in Line of Duty

Charles Henderson, a 19-year veteran of the Ironsides Volunteer Rescue Squad, was electrocuted on February 24 in Welcome, Maryland, while attempting to rescue an 8-year-old boy shocked by power lines. The boy touched the lines while he and a friend were playing in a tree. His friend climbed down and summoned help.

Mr. Henderson and two other Ironsides volunteers were en route to begin an interhospital transport when they heard the radio call about an electric shock victim. When they arrived at the scene, Mr. Henderson climbed the tree in an attempt to put a blanket over the boy, who was shivering from the cold. In the process, Mr. Henderson's hand apparently touched a 7,300-volt wire.

Reuben Blake, another crew member, was below Mr. Henderson when the electrocution occurred. He also received a shock but remained in the tree to rescue Mr. Henderson. Several minutes after receiving the call

to shut off the power, workers from Southern Maryland Electric Cooperative arrived at the Welcome site. The squad members began CPR and transported Mr. Henderson to Physicians Memorial

Hospital, where he was pronounced dead.

(This article is based on Lee Stephen's article in the *Maryland Independent*, Feb. 28, 1990.)

### Talbot Co./MIEMSS Install Tower at Easton

A new communications tower has recently been completed at Easton. This tower is the result of a cooperative agreement with the Talbot County Council and its Emergency Management Director, "Ed" Mullikin, and the MIEMSS communications department.

Slightly over two years ago, Talbot County began planning to move their central alarm (911 center) to a new location, about a half mile west of the existing county courthouse. The MIEMSS communications department required a better antenna location to improve medical communications within the county, as well as a higher tower for microwave signal transmissions.

The MIEMSS communications

department and the Talbot County Council proceeded upon a joint venture agreement that would result in building a tower that was better than what each could independently afford. Talbot County became responsible for the land and tower foundations, and the MIEMSS communications department became project manager for tower construction, including mounting the antennas and transmission lines.

The cooperative effort not only resulted in improved county communications (law enforcement, roads, etc.) and enhanced medical channel radio coverage, but also provided resource savings for both Talbot County and MIEMSS.

## Across the State

### Awards Banquet

(Continued from page 4)

Department and to Tri Towns Ambulance Service, Potomac Fire Company, and Bloomington Fire Company. Deputy Shaffer was recognized for reviving a victim of cardiac arrest; Tri Towns Ambulance and Potomac and Bloomington Volunteer Fire Companies were recognized for care given to an individual struck by a railroad car on October 10, 1989, in Luke, Maryland.

All the Region I volunteer and municipal ambulance companies passed the statewide voluntary ambulance inspections and each received a seal of excellence. These companies were recognized during the banquet.

The Allegany County Civil Defense Central Dispatch operators were recognized for their contributions to the successful operation of the Region I Critical Incident Stress Debriefing (CISD) team. Their service has made it possible for rapid response of the CISD team to situations requiring their expertise.

Also announced at the banquet was the designation of the Department of Psychology, Frostburg State University as the Coordinating Center for Critical Incident Stress Debriefing. The official appointment letter was presented by Lee Ross, PhD, CISD regional leader, to Kenneth Stewart, PhD, dean of the School of Natural and Social Sciences.

In addition to EMS providers, many local elected officials attended the banquet.



Bill Steele (center) with Bill Herbaugh and Dave Ramsey.



Dep. Randy Shaffer and Dr. Jeffrey Davis were honored at the Awards Banquet. Shown (l-r) are Region I Administrator Dave Ramsey, Dep. Shaffer, Sheriff Evans, Dr. Davis, Bill Herbaugh (Region I EMS Advisory Council Communications Committee chairman), and State EMS Director Dr. Ameen Ramzy.



Recipients of distinguished service awards - (l-r) Terry Tinbrook (Tri Towns), Chief Leon Marple (Bloomington), Francis Mowbray (Tri Towns), and Tim Dayton (Potomac) - with Region I Administrator Dave Ramsey. (Banquet photos by Dale Evans)

## ALS Established in Calvert County

Calvert County officially announced the establishment of ALS service at a ceremony held at Calvert Memorial Hospital on December 27; service began on January 1, 1990. A newly devised computerized ECG monitoring system was installed by Gene Bidun, MIEMSS director of communications, and Tom Miller, chief of communications development. The computer interfaces with the base station, transmits the ECG strip by phone and radio, and generates the ECG on the monitor at the hospital. The ECG can then be printed out.

Calvert ALS (CALS) is an all-volunteer, tiered response system with a nontransport ALS unit located centrally for countywide access in the control center at Prince Frederick. CALS began service with a vehicle on loan from Charles County ALS, which will be used until the CALS unit is available. Additional CRTs and EMT-Ps are currently being trained at the Calvert County satellite campus of Charles County Community College. David Fricke, MD, general surgeon and a

former MIEMSS trauma fellow, is medical director for the county; Mary Ann Antoun, CRT, of Prince Frederick, is the president of CALS.

### New Paramedic Unit

Prince Georges County dedicated Paramedic Unit #10 at the Marlboro Volunteer Fire Department in Upper Marlboro on January 19. The new unit will provide advanced life support to 43,000 residents in the Upper Marlboro, Marlton, Croom, and Melwood communities, who were previously served by paramedic units in the Pointer Ridge and Largo areas.

The dedication was combined with a groundbreaking ceremony for a new building which will eventually house the paramedic unit and provide additional storage space for fire/rescue vehicles and equipment.

During the dedication, State EMS Director Ameen I. Ramzy, MD, presented a Life Pak 5 to the paramedic unit.

## Across the State

### 129 Prehospital Providers Attend Frederick Seminar

The Frederick County Volunteer Fire and Rescue Association's EMS Committee sponsored a seminar on March 4 at the Frederick Sheraton Inn that was attended by 129 prehospital care providers.

James Morgan, chairman of the EMS committee, coordinated the seminar which provided both ALS and BLS providers with eight hours of MIEMSS-approved continuing education credits. Support was also provided by the Frederick County ALS Program, the North Central Regional Office of MFRI, and the MIEMSS Region II Office.

The Frederick County ALS Medical Director, Jeffrey Fillmore, MD, opened the seminar with a presentation



*Rick Himes lectures to seminar participants.*

on when BLS should call for ALS. Larry Romane, MD, from the emergency department of Frederick Memorial Hospital, followed with a discussion of case studies of medical emergencies, which included participation from the audience to identify the patient's probable illness and recommended prehospital management.

Other presentations included "Cave-in and Trench Rescue" by Lee Waylon (First Line Safety Consultants); "General Management of a Poisoning" by Lisa Booze (Maryland Poison Center); and "START" (Simple Triage and Rapid Treatment) by EMT-P Richard Himes, the Frederick County ALS program coordinator.

State EMS Director Ameen Ramzy, MD, concluded the seminar

with a presentation on trauma patient care, which included a review of patient management in the "field," the Maryland statewide trauma system and specialty referral centers, identification of types of patients that should be referred to these specialty centers, and hospital definitive care, which reflected the importance of why these patients needed a trauma center.

In her closing remarks, J. Anita Stup, the president of the Board of County Commissioners of Frederick County, praised the career and volunteer EMS providers for the excellent care and service that they

provide to Frederick citizens.

On behalf of the Frederick County Commissioners and the FCVFRA EMS Committee, she then presented Dr. Ramzy with an engraved plaque for his continued support and guidance in prehospital EMS programs.

Mr. Morgan announced that next year a two-day program will be offered in which the BLS providers will be able to obtain their full 12 hours of didactic continuing education (4 medical, 4 trauma, and 4 local option). ALS continuing education credits will also be offered. This program is tentatively scheduled for March 2-3, 1991.

### Hospital Heliport Now Renovated

A grand opening ceremony was held on January 3, 1990, for the recently renovated heliport serving the Memorial Hospital and Medical Center of Cumberland, Inc., the areawide trauma center for Region I.

New steel slabs and framework and aluminum decking were installed at a cost of \$100,000 to accommodate the new larger, heavier Maryland State Police (MSP) Dauphin 2 Med-Evac helicopters. Guests for the ribbon cutting included members of the legislature, the MSP, and MIEMSS.

Nearby Greenway Avenue Stadium

served as the temporary med-evac landing site during the renovation. "Through the cooperative efforts of the MSP, the Allegany County Civil Defense, and the Cumberland Fire Department, patients were quickly and safely transported to the areawide trauma center during the 3-week renovation," says Constance Spates, RN, associate administrator of ambulatory care at Memorial. Ms. Spates is vice-president of the Region I EMS Advisory Council and president of the statewide Trauma Network.



*At the heliport dedication are (l-r) Maj. Charles Hutchins (Commander, MSP Aviation Division), State EMS Director Dr. Ameen Ramzy, Dr. Douglas Floccare (Aeromedical Director, MIEMSS), Cpl. Ed Hanna, Connie Spates, RN, and Scott Murray.*

## EMT-A Medical Protocols/Standards of Patient Care

Maryland's statewide EMS system has had prehospital ALS medical protocols for 18 years. After the recent revision and distribution of the updated Maryland Medical Protocols for CRTs and EMT-Ps, attention was focused on developing a parallel document for EMT-As.

The Maryland EMS community seem to agree that EMT-A Medical Protocols/Standards of Patient Care would be desirable and are collaborating with MIEMSS to clarify the specific contents (patient conditions/injuries, requirements, and skills) that are essential to patient care given by EMT-As.

State EMS Director Ameen I. Ramzy, MD, invited the Maryland EMS community (EMS jurisdictions, regional and local medical directors, emergency departments, career and volunteer organizations, institutes of higher learning, program coordinators, and EMS instructors) to attend a meeting to focus on this EMT-A document. This meeting, which included representatives from all EMS regions, was held on November 8, 1989, at the State EMS Office in Baltimore. Participants at this meeting examined *The Maryland Way: EMT-A Skills Manual* and the need for standards of patient care for EMT-As. It was agreed upon that *The Maryland Way* establishes criteria to prepare EMT-A candidates for the MIEMSS practical examination—a

### Radios to Be Upgraded

During Fiscal Year 1990 (July 1, 1989—June 30, 1990), MIEMSS is purchasing and distributing 85 BLS radios (ALS adaptable), 50 monitor defibrillators, and 42 hand-held ALS portable radios. In addition, 26 new med-channel base station radios have been purchased to replace the tube-type EMS radios within EMS Region III, as well as the aged base station radios in Garrett and Allegany counties.

These new radios, with all solid-state electronics, will be more reliable than their replaced counterparts, while providing modern sensitive receivers that will effectively increase received signal coverage.

The new equipment was made available by a \$500,000 enhancement of funds by the State Legislature to MIEMSS for Fiscal Year 1990.

"how to" book for testing—but does not address the day-to-day "what to do" patient care procedures for the EMT-A in the prehospital setting.

At this meeting Ron Schaefer, director of the MIEMSS prehospital training and certification office, announced that beginning in July 1990, the required textbook for students enrolled in EMT-A courses will be the 5th edition of *Emergency Care*, by HD Grant, RH Murray, and JD Bergeron. This textbook, published by the Brady Company, accurately describes and colorfully illustrates step-by-step patient care procedures that will greatly enhance the learning process and eliminate the need for an additional textbook—*The Maryland Way* (a "skills" manual). MIEMSS staff were among those who had input into this new *Emergency Care* text.

It was the consensus of the participants that MIEMSS should proceed with the development of an EMT-A patient care document. The approach used in developing this document will be symptom-based, with a format that is consistent with the Maryland Medical Protocols for CRTs and EMT-Ps. The proposal for hammering out the Maryland Medical Protocols for EMT-As/Standards of Patient Care was circulated for input throughout the EMS community. The proposal described the input and feedback process and provided examples (a sample table of contents, and the burns protocol) of the format that will be used in developing this document. Recipients were asked to consider specific conditions and/or injuries to be included in this document, prepare a draft, and be ready to discuss their recommendations at the next meeting. This process was well received.

During the March 8 meeting, consensus was reached regarding specific patient conditions/injuries to be included in the draft table of contents, and several organizations and individuals from various EMS regions and jurisdictions volunteered to draft certain sections for this document and send them to MIEMSS within two weeks. Upon receipt of these drafts, MIEMSS staff will compile, edit, consolidate, and distribute this draft document for statewide input. Larry

West, associate director for MIEMSS training and certification BLS program, is coordinating this project.

After broad input, the regional medical directors (Fred Miltenberger, MD — Region I; John Marsh, MD — Region II; Alex Cadoux, MD — Region III; Robert Adkins, MD — Region IV; and Joseph Colella, MD — Region V) will conduct a final review of the Maryland Medical Protocols for EMT-As/Standards of Patient Care with Dr. Ameen Ramzy.

### 'High Dose Epinephrine'

The use of "high dose epinephrine" for cardiac arrest has recently come under discussion. Some researchers have suggested epinephrine regimens progressing from doses of 1.0 mg up to 10.0 mg or more. Nationally there are at least two major controlled clinical trials underway to compare the use of high dose epinephrine with the standard dose currently advocated by Advanced Cardiac Life Support (ACLS) standards. Until the American Heart Association determines whether high dose epinephrine should be a recommended treatment for cardiac arrest, it is not appropriate to consider its use in day-to-day prehospital therapy.

The epinephrine dose for adult cardiac arrest patients is 0.5 to 1.0 mg (1:10,000), according to the American Heart Association ACLS standards and the Maryland Medical Protocols for CRTs and EMT-Ps. All Maryland emergency departments and consultation centers have been informed that CRTs and EMT-Ps are not to be given medical direction for high dose epinephrine in prehospital care.

The next Maryland protocol revisions are scheduled to take place in July 1992. At that time, new ACLS standards will be reviewed along with suggestions from physicians, ALS instructors, and prehospital care providers.

◆ Ameen I. Ramzy, MD  
State EMS Director



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**DATED MATERIAL**

## **Gala Funds to Help Purchase Critical Care Vehicle**

"A Maryland Celebration, Today and Beyond" is the theme of this year's annual Shock Trauma Gala which will be held May 12 from 7 pm to midnight at the Towson Center of Towson State University.

Some of the funds raised by the Shock Trauma Gala this year will be directed toward the purchase of a critical care transport vehicle that will deliver intensive care therapies while patients are being transported from hospital to hospital.

The vehicle will feature specialized ventilator therapy, hemodynamic monitoring, and specialized IV infusion therapy. It will have extensive

diagnostic and communication capabilities, including direct linkage to EMS communications/databases and the MIEMSS computer center, and thus could be a resource in disaster/mass casualty situations.

Dispatched from MIEMSS, the vehicle will be manned on a case-by-case basis by an appropriate team of personnel, with the capability of critical care physician staffing. Use of the vehicle will be piloted in Region III to transport patients to hospitals within the region. Use of the vehicle will then be expanded to transport patients throughout the rest of the state EMS system.

"The critical care transport vehicle will extend the continuum of emergency care available in the state," says Howard Belzberg, MD, attending intensivist at MIEMSS Shock Trauma Center. "It adds to helicopter and ambulance transport by providing another modality of available care."

The gala's honorary chairman is Gov. William Donald Schaefer. Phyllis Livingston is gala director. Tickets for the black-tie event cost \$200 per person. For information, call the Gala Development Office at 301-328-8778.



**APRIL 27-29, 1990**

**at the Marriott Hotel at BWI Airport**

**Sponsored by  
Maryland Institute for Emergency Medical Services Systems**

**Hosted by  
Anne Arundel County Fire Department with additional  
support from the American College of Emergency Physicians**

For information, call the MIEMSS Region III Office, 301-328-3996.