



PRC Meeting

Wednesday, November 9, 2022

9:30 AM to 12:00 PM

****The Committee does not anticipate a need for a closed session during this meeting****

****VIRTUAL / IN-PERSON HYBRID****

Meeting called by:	Dr. Timothy Chizmar
Type of meeting:	Protocol Review Committee

PRC Agenda Items		
Call to order		Dr. Chizmar
Approval of minutes	September 2022 minutes	
Announcements	2023 Meeting Schedule JAC Representative to the PRC	M. Stein/Dr. Chizmar
Old Business	PEMAC Recommendations for Changes in Pediatric Cardiac Arrest Protocol and Procedures	Dr. Anders
	Incorporation of the New National Guidelines into the Trauma Decision Tree	Dr. Chizmar
	IV Nitro Pilot	Dr. Sward
New Business	TXA for OB	Dr. Chizmar
	TEMS Protocol Updates	Dr. Kemp
	HHFNC for Pediatric Interfacility Transports	Dr. Anders
Journal Club	Head and thorax elevation during cardiopulmonary resuscitation using circulatory adjuncts	Dr. Chizmar
Discussion(s)		
Adjournment		Dr. Chizmar
Next Meeting	January 11, 2023 9:30am-12:00pm	



Protocol Review Committee Meeting Minutes

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Attendance:

Committee Members in Attendance (In-person/Virtual): Mary Beachley, Kathleen Grote, Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Itzoe, Mark Buchholtz, Gary Rains, James Gannon, Dr. Kevin Pearl, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Matthew Levy, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

Guests: Terrell Buckson, Dr. Douglas Floccare, Daniel Goltz, Jeanie Hannas, Ben Kaufman, Dr. Kashyap Kaul, Dr. Stephanie Kemp, Nadav Korman, Dr. Asa Margolis, Melissa Meyers, Scott Legore, Michael Reynolds, David Sabat, Dr. Jonathan Wendell, Dr. Michael Millin, Cyndy Wright-Johnson, Raquel Millet, Pete Fiackos

Excused:

Alternates:

Absent: Mary Alice Vanhoy, Melissa Fox

Meeting called to order at 9:33 a.m. by Dr. Chizmar.

Minutes: A motion was made by Marianne Warehime and seconded by Kathleen Grote to approve the September 2022 Minutes as written. The motion passed without objection.

Announcements:

The 2023 PRC Meeting Schedule was included in the November meeting packet and will be posted on the MIEMSS website.

Dr. Chizmar introduced the new JAC Representative to the PRC, Chief Christian Griffin of the Baltimore County Fire Department.

Old Business/New Business: (Due to time constraints of presenters, Old and New Business were combined and presented out of the order listed in the agenda.)

PEMAC Recommendations for Changes in Pediatric Cardiac Arrest Protocol and Procedures – Presented by Dr. Anders: Dr. Anders reviewed the proposed changes to the Pediatric Cardiac Arrest Protocols that were originally presented in the September meeting. Since the proposed changes involve reorganization of several sections of the protocols, the proposal was presented showing the graphic protocol format. The focus of these changes is to emphasize staying on scene, HPCPR, and rapid epinephrine administration. In order to facilitate rapid epinephrine administration, a change from weight-based to age-based epinephrine dosing was proposed. A table showing age-based dosing was presented and discussed. Suggested additions to the table included specifying the dilution of epi to be used and making separate columns for ml and mg measurements. The question was raised as to how these dosing changes would fit in with other reference documents such as Handtevy and Broselow tapes. It was noted that Handtevy will change the dosing, upon request, to match the Maryland Protocols.



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Dr. Chizmar opened the floor for discussion or a motion. Dr. Fillmore made a motion, seconded by Marianne Warehime, to move forward with the proposal as presented. The motion passed with no objections or abstentions.

HHFNC for Pediatric Interfacility Transports – Presented by Dr. Anders: Dr. Anders presented a new proposal for continuation of HHFNC as an Optional Supplemental Protocol for interfacility transport of patients less than 13 years old. The Protocols is already include an OSP for Adult HHFNC for interfacility transports. This proposal is intended only for use by appropriately trained paramedics credentialed and operating as part of a pediatric specialty care transporting agency. Dr. Anders reviewed the proposed Indications, Contraindications, and Procedures.

The requirement for patients to be on a stable or decreasing rate of flow for at least six hours prior to transport was discussed. Dr. Anders explained that six hours was used as a means of assuring that the patient was stable for transport without and RN. It was suggested that the call for transport could be made much earlier with the understanding that it would take time to arrange for the transport and if the patient became unstable at any point the request could be cancelled.

Dr. Chizmar opened the floor for discussion.

Discussion revolved around which SCT services would use the protocol. It was pointed out that there is no specific Pediatric SCT designation but not all SCT services routinely transport pediatric patients. Dr. Anders wanted to make sure that the screening is done by a pediatric specialist.

Dr. Anders noted that there is a great increase in the number of transports of pediatric patients on HHFNC from one community hospital to another community hospital. The ability to transport these stable pediatric patients on HHFNC without an RN in needed.

Dr. Chizmar reviewed the protocol and called for additional questions or concerns. A motion was made by Tyler Stroh and seconded by Christian Griffin to forward the proposal as presented to Dr. Delbridge for approval as an emergency protocol. The motion passed with no abstentions or objections.

Incorporation of the New National Guidelines into the Trauma Decision Tree – Presented by Dr. Chizmar: Dr. Chizmar reviewed the proposal that was originally presented in the September PRC Meeting. The proposal incorporates components of the new National Guidelines into the existing Maryland Trauma Decision Tree.

Dr. Chizmar opened the floor for discussion.

Concern was raised that the Category Delta addition of low level falls in young children with significant head impact (GCS <15, LOC > 5 sec, non-frontal hematoma, vomiting) might lead to over-triage of pediatric patients that could be cleared with a CT and/or observation. After some discussion, it was agreed to alter the descriptors of “significant head impact”. “GCS < 15” will be changed to “altered mental status”, “prolonged LOC” will replace “LOC > 5 sec”, and “seizure” will be added.

Dr. Chizmar also asked for thoughts on the Category Charlie modification to include “Need for extrication for entrapped patient”. Discussion followed of how to adjust the wording to exclude simple “door pops” from extrication. It was agreed to change the statement to “need to extricate the patient due to entrapment that impinges on patient movement (pinned)”.



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Dr. Chizmar asked for further questions or comments. A motion was made by Dr. Fillmore and seconded by David Chisholm to approve the proposal with the above modifications.

Further discussion included addition of watercraft in the Category Charlie list of transport vehicles listed for “rider separated from transport vehicle”.

With no abstentions or objections, it was then agreed to pass the proposal on to SEMSAC and the EMS Board.

IV Nitro Pilot – Presented by Dr. Chizmar as Dr. Sward was unable to attend: This proposal was already approved at a previous meeting but was sent back to the sponsors for revisions to clarify dosing guidelines. Dr. Chizmar reviewed the revised proposal and pointed out that the approved diluents are now limited to D5W and NS only, with LR excluded.

Dr. Chizmar opened the floor for discussion and asked for comments on removing the Precautions that state “Consider reduced dose for patients with no history of nitroglycerine usage” and “Consider trial of SL nitroglycerine prior to IV to test responsiveness, blood pressure may drop precipitously”. After some discussion on interpretation of the term “consider” and the need for these specific considerations, it was agreed that both of these precautions be removed.

A motion was made by Dr. White and seconded by David Chisholm to forward the proposal as amended. Dr. Chizmar called for further discussion or objections. Christian Griffin objected. With no other objections or abstentions, the motion passed.

TXA for OB – Presented by Dr. Chizmar: Dr. Chizmar presented the proposal with support from Dr. Stone. This proposal adds post-partum hemorrhage as an indication for the use of TXA. Dr. Chizmar advised use of TXA for post-partum hemorrhage would for situations where uterine massage was not effective.

Discussion revolved around how often TXA might be needed for this use. It was agreed that while this use would be less frequent than in trauma, the TXA is already stocked on the units and so will be available for OB use when needed.

Dr. Levy made a motion, seconded by Christian Griffin, to forward the proposal as written. The motion passed with no further discussion, objections, or abstentions.

TEMS Protocol Updates – Presented by Dr. Kemp: Dr. Kemp proposed a number of modifications to the TEMS Optional Supplemental Protocol. Most of the proposed changes are minor typo corrections. More significant changes to the formulary include adding Keflex, changing Haldol to Droperidol, adding TXA, adding IV/IM Benadryl, and adding ODT Zofran and updating the precautions to include QTC prolongation. Other minor adjustments to the formulary were also noted and discussed.

Dr. Chizmar called for additional discussion. Seeing none, a motion was made by Dr. Anders and seconded by Marianne Warehime to forward the proposal as written. The motion passed with no further discussion, abstentions, or objections.



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Buprenorphine for MIH: Dr. Chizmar noted that a proposal for Buprenorphine for MIH was likely to be submitted. He asked if there could either be a straw poll by email or a special meeting to discuss the proposal if it was submitted before SEMSAC and the EMS Board meet. There were no objections.

Journal Club:

Head and thorax elevation during cardiopulmonary resuscitation using circulatory adjuncts –

Presented by Dr. Chizmar: Dr. Chizmar presented a research paper that found head elevation during CPR was associated with higher survival to hospital discharge than conventional CPR. It was also associated with a higher probability of ROSC and better neurological outcomes. It was noted that due to COVID and COVID related restrictions impacting the study, there were not enough cases to achieve statistical significance. Dr. Chizmar suggested that, while this would require an investment in equipment, this may be something for Maryland EMS to consider as a way of improving outcomes from cardiac arrest.

The possibility of incorporating these results into the Maryland Protocols was discussed. Dr. Levy suggested a randomized control trial in Maryland. Based on these results, the use of impedance threshold devices should also be reconsidered.

Discussions:

Good of the Order:

Christian Griffin commented that he was happy to be back on the Protocol Review Committee and enjoyed the great discussions. He would also like to become involved with the CPR/AED Committee.

Cyndy Wright-Johnson thanked everyone who helped with the recently submitted grant proposals.

Adjournment: A motion was made by Dr. Fillmore and seconded by Dr. Stone to adjourn the meeting. The motion passed without objection and the meeting was adjourned at 11:39 a.m.