



# PRC Meeting

Wednesday, January 31, 2024

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\*\***

<b>Meeting called by:</b>	Dr. Timothy Chizmar
<b>Type of meeting:</b>	Protocol Review Committee

<b>PRC Agenda Items</b>		
<b>Call to order</b>		Dr. Chizmar
<b>Approval of minutes</b>		
<b>Announcements</b>		
<b>Old Business</b>	Maximum Ketamine Dose for CPR Awareness	Dr. Chizmar/Dr. Levy
<b>New Business</b>	Ancef for Open Fractures	Daniel Ebling, Dr. Ciotola, and Zach Yerkie
<b>Journal Club</b>		
<b>Discussion(s)</b>		
<b>Adjournment</b>		
<b>Next Meeting</b>	March 13, 2024 9:30am-12:00pm	



## Protocol Review Committee Meeting Minutes

January 31, 2024

---

### Attendance:

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

**Guests:** Daniel Ebling, Zach Yerkie, Dr. Joseph Ciotola, Donna Geisel, Dr. Douglas Floccare, Dr. Jeff Nusbaum, Melissa Meyers, Brian Dougherty, Cyndy Wright-Johnson, Ben Kaufman, Mustafa Sidik, Dr. Stephanie Kemp, Dr. Asa Margolis, Dr. Jeffrey Short, Scott Legore

**Excused:** Dr. Steven White, Dr. Thomas Chiccone

**Alternates:** Tim Burns

**Absent:** Mary Alice Vanhoy, Melissa Fox, Gary Rains

---

**Meeting called to order at 9:32 a.m. by Dr. Chizmar.**

**Minutes:** Marianne Warehime made a motion, seconded by Dr. Fillmore, to accept the November 2023 Minutes as written. The motion passed with no discussion, objections or abstentions.

### Announcements:

#### Old Business:

**Maximum Ketamine Dose for CPR Induced Awareness – Dr. Chizmar and Dr. Levy:** This topic was originally discussed in November of 2023 but was tabled due to time constraints. There are maximum doses for ketamine everywhere else in the protocols except for CPR Induced Awareness. For consistency, should there be a maximum dose added for CPR Induced Awareness? The current dose is 1 mg/kg with repeat doses requiring a medical consultation. Questions over whether a maximum single dose should be specified as well as a maximum total number of doses were raised. Three doses of 1 mg/kg each was proposed as the maximum.

In the discussion, concerns were raised that correct dosing should be based on ideal body weight rather than actual weight. Dr. Floccare noted that in a low-flow state, such as cardiac arrest, it would be hard to give too much ketamine. It would be unlikely to cause harm. Dr. Levy agreed and supported the proposal of 1 mg/kg IV/IO repeated up to 2 times for a maximum of 3 mg/kg.

Dr. Chizmar asked that people think this over and he will bring it back for further discussion in March.

#### New Business:



## Protocol Review Committee Meeting Minutes

January 31, 2024

**Cautionary Statement that pulse ox may not be accurate in dark skinned people – clerical proposal – Dr. Chizmar:** Dr. Chizmar proposed a simple clerical change to the Alerts for inaccurate or misleading SPO2 readings to include dark skinned people. Readings in patients with dark pigmented skin tend to be higher than in light-skinned people. A brief discussion included support for the change as well as the need for education on this point.

**Ancef for Open Fractures – Zach Yerkie, Daniel Ebling and Dr. Ciotola:** Zach Yerkie and Dan Ebling presented their proposal for an Optional Supplemental Protocol to administer cefazolin (Ancef) to adult patients with open fractures, amputations, and mangled or degloved extremities. Dr. Ciotola, EMS medical director and orthopedic surgeon, described the importance of early antibiotic administration for these patients to avoid infection.

In the discussion, Dr. Anders advised she would strongly endorse the proposal and asked that it be expanded to include pediatric patients with dosing to be determined.

Further discussion included the feasibility of administering cefazolin (Ancef) without an infusion pump so that it can be a general protocol rather than an OSP. Concern for how this will fit in with the general trauma protocols was discussed. While there was general agreement over the concept, important discussion points included prioritizing other interventions over cefazolin (Ancef) administration on short transports and how to adjust the wording of the protocol to make this clear. Number of patients that would be affected and trauma center goals regarding timing of antibiotic administration were also discussed.

It was agreed that the authors would get input from other stakeholders and bring a modified proposal back to the March meeting.

### **Journal Club:**

### **Discussions:**

### **Good-of-the-order:**

Dr. Chizmar advised that two proposals for use of labetalol to treat hypertension have been received and may be presented in March.

Dr. Stone mentioned that he has been looking at the IV Nitroglycerine protocol and is wondering whether the requirement for SBP>150 should be removed from the parameters for administration of SL nitro in patients that need CPAP. He advised that this is not a problem he expects to solve today, but is something to ponder. Dr. Chizmar noted that the protocols were conservative when high-dose SL nitroglycerine was added and it may be time to reconsider them.

**Adjourned by acclamation at 10:33 a.m.**