PRC Meeting

Wednesday, July 12, 2023
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	May 2023	
Announcements		
Old Business	Norepinephrine Infusion for IV Pump OSP Asthma/COPD – removal of Mag consult, repeat nebs (paramedics), add terbutaline back into protocol	Dr. Margolis and Dr. Kaul Dr. Chizmar
New Business	Pediatric Stroke Protocol Changes Rule of Nines for Burns - Removal NDT Pediatric Procedural Protocol Change ROSC – Pediatric Epi Drip Dosing Clarification for Infusion Pumps Changes to Pediatric Allergic Reaction and Anaphylaxis Protocols Addition of Pediatric Patients to LVAD Protocol	Dr. Anders Dr. Anders Dr. Anders Dr. Anders Dr. Anders Dr. Anders
Journal Club		
Discussion(s)	Cuffed ET tubes for Peds Neurotrauma vs. Other Trauma Centers	

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Adjournment		
Next Meeting	September 13, 9:30am-12:00pm	

Protocol Review Committee Meeting Minutes

July 12, 2023

Attendance:

Committee Members in Attendance (In-person/Virtual): Kathleen Grote, Dr. Jennifer Anders, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Mark Buchholtz, James Gannon, Dr. Thomas Chiccone, Dr. Matthew Levy, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

Guests: William Rosenberg, Chris Shannon, Dr. Asa Margolis, Cyndy Wright-Johnson, Mustafa Sidik, Peter Fiackos, Terrell Buckson, Morganne Castiglione, Erich Goetz, Jeanie Hannas, Ben Kaufman, Dwayne Kitis, Jon Krohmer, Melissa Meyers, Scott Legore, Bryan Pardoe, Michael Reynolds, Zachary Tillett, Dr. Jonathan Wendell

Excused:

Alternates: Tim Burns

Absent: Mary Alice Vanhoy, Mary Beachley, Christian Griffin, Melissa Fox, Rachel Itzoe, Gary Rains, Dr. Kevin Pearl, Dr. Roger Stone

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Meeting called to order at 9:37a.m. by Dr. Chizmar.

Minutes: The minutes were approved by acclamation.

Announcements:

Old Business:

Norepinephrine Infusion for IV Pump OSP – Dr. Margolis: This proposal was originally presented at the May 2023 meeting by Dr. Kaul and Dr. Margolis. Requested revisions included addition of MAP targets and possible inclusion of pediatric patients less than 15 years of age.

Dr. Anders advised that PEMAC needs more time to consider use of norepinephrine in pediatric patients and will possibly add them to the protocol for 2025. It was suggested that the lower age limit be changed from 15 to 18 years old for the current proposal. Both Dr. Anders and Dr. Margolis agreed with this change.

MAP targets are suggested to remain at 65. Previously raising the MAP target for post-ROSC patients had been considered but, for consistency sake, it was agreed to leave MAP at 65 for all cases.

Considerations of MOLST status and whether to discontinue the norepinephrine infusion in cases of cardiac arrest were discussed extensively. The current procedure to discontinue pressors and use the cardiac arrest protocol in such situations was agreed to apply. Statements were added regarding confirming cardiac arrest through either a pulse check or use of ultrasound depending on the availability of ultrasound.

A motion was made by Dr. Levy and seconded by Dr. Chiccone to approve the proposal as modified. The motion passed with no objections or abstentions.

A request to put this proposal forward as a mid-year addition was declined.

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Asthma/COPD Algorithm Changes– Dr. Chizmar, Erich Goetz: This proposal was originally presented at the May 2023 meeting. Key elements include the elimination of the requirement for a medical consultation for repeat doses of nebulized albuterol and for administration of magnesium sulfate. The return of terbutaline back into the algorithm was also included in the proposal.

Return of terbutaline to the algorithm was discussed. When it was originally removed from the formulary it was because evidence was presented showing IM epinephrine is more effective and has fewer cardiac effects. Terbutaline was added back into the formulary as an option during COVID as a means of avoiding use of aerosolized medications. It remains in the formulary for use during medications shortages. Erich Goetz agreed to work with Dr. Lawnor to determine whether there is any evidence to justify returning it the main formulary.

Additional discussion centered on whether to completely eliminate the need for medical consultation for the administration of repeat doses of nebulized epinephrine (for paramedics) and magnesium sulfate for adult patients. Dr. Anders advised she would take the question of eliminating the need to consult for administration of magnesium sulfate in pediatric patient to PEMAC in September. It was suggested that the consultation requirement be tied to the level of patient distress rather than administration of a specific medication. The concern was raised that need for performing a consult may lead to delays in providing treatment. It was suggested that to avoid delays in treatment, consultations could be strongly recommended after magnesium sulfate administration for further treatment consideration and physician input.

With no further discussion, it was agreed to bring the question of returning terbutaline to the algorithm back to the September meeting.

New Business:

Pediatric Stroke Protocol Change – Dr. Anders: Dr. Anders presented a proposal calling for the removal of the statement regarding oxygen administration via nasal cannula for patients less than 18 years of age who are not hypoxic or in respiratory distress. The adjacent Panda logo would also be removed.

A motion was made by Dr. Levy and seconded by Kathleen Grote to approve the proposal as presented. The motion passed with no discussion, objections, or abstentions.

Rule of Nines for Burns – Removal – Dr. Anders: A proposal to replace the Rule of Nines with the Palmar Method for estimating the percentage of BSA burned was presented. The change was requested by the pediatric trauma centers. The adult trauma and burn centers were also consulted and verbally support the proposed change.

The inherent inaccuracy of the Rule of Nines, especially for pediatric patients, was discussed. Other discussion points included the need for increased education and the difficulty of accurately assessing the extent of second degree burns during early assessments since in the early stages some burns that appear to be first degree progress to second degree over time.

A motion was made by Dr. Levy to approve the proposal pending endorsement by the adult and pediatric burn and trauma centers. The motion was seconded by Dr. Fillmore. Jamie Gannon agreed to bring the proposal to Trauma Net but does not foresee any objections. With no further discussion, the motion passes with no objections or abstentions.

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NDT Pediatric Procedural Change – Dr. Anders: Dr. Anders discussed research on the depth of the chest wall of pediatric patients and the likelihood of hitting vital organs and other complications when using the adult sized 14 ga, 3.25" catheter. Based on these studies, Dr. Anders proposed changing the catheter size for patients 1 to 15 years of age to a 16 ga, 1.5" catheter and for the Newly Born to 1 year old patients using 21 ga, 1.16" catheters.

Discussion revolved around the range of IV catheter lengths required and availability of appropriate length catheters. Dr. Levy suggested using a range of sizes instead of a specific length. He suggested 1.5 to 2" catheters and also suggested that longer catheters can be used if they are not fully inserted. It was suggested that CASAC would object to the requirement for an additional piece of specialty equipment. The need for further education regarding pediatric NDT was also discussed.

A motion was made by Dr. Levy and seconded by Dr. White to approve the proposal pending development of an implementation strategy and supply chain confirmation.

After further discussion regarding CASAC's supply chain and implementations strategy concerns, Dr. Levy agreed to table his motion until these issues could be revisited at the September meeting.

ROSC – Pediatric Epinephrine Drip Dosing Clarification for Infusion Pumps – Dr. Anders: Dr. Anders reported that one of the jurisdictions that uses IV pumps had requested the pediatric epinephrine infusion dosing table be expanded to include conversion from drops/minute to mcg/minute for pump programming. Dr. Anders presented a modified epinephrine infusion dosing table that included the requested conversions.

Discussion points included that the IV pumps should already have these calculations included in their library and that dose tables for all medications that are administered via IV pump could be included in the IV Pump OSP or in the Pharmacology for reference. It was agreed that pump dosing information be included on the pharmacology pages for all medications administered by IV pump. Dr. Levy agreed to work on this.

It was agreed not to move forward on this proposal as it will be address by the upcoming proposal to include pump dosing information on all appropriate pharmacology pages.

Addition of Pediatric Patients to VAD Protocol – Dr. Anders: This proposal would expand the existing Ventricular Assist Device (VAD) Protocol to include pediatric patients as well as adults. This would be accomplished by removing "adult" from the indications and adding the pediatric coordinator phone numbers to the contact information lists. It was also suggested that a bullet be added reminding clinicians to contact the base station at the receiving hospital/facility for Medical Consultation as needed. Dr. Anders noted that pediatric VAD patients less than 13 years of age remain in the hospital so there would be no need to change the MAP or other vital sign information as the current values are appropriate for patients great than 13 years old.

Dr. Levy made a motion, seconded by Kathleen Grote to approve the proposal as written. The motion passed with no further discussion, objections, or abstentions.

Changes to Pediatric Allergic Reaction and Anaphylaxis Protocols – Dr. Anders: Dr. Anders presented a proposal to clarify the definitions of mild moderate and severe allergic reactions, particularly the definition of severe allergic reactions which currently does not include GI symptoms. The proposal additionally would rename the Anaphylaxis Protocol so that it would follow directly after the Allergic Reaction Protocol for ease of reference.

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While there were no objections to renaming the Anaphylaxis Protocol, there was extensive discussion regarding how to better define mild, moderate and severe reactions. Suggestions included eliminating the terms mild, moderate and severe and instead refer to single system or multisystem reactions. Concern was raised over the best way to ensure appropriate IM epinephrine administration.

Dr. Chizmar suggested having the proposed changes mocked up in protocol format. It was agreed to tabling further discussion until the September meeting.

Journal Club:

Discussions:

Cuffed ET Tubes for Pediatric Patients – It was noted that the VAIP inspection requirements now include cuffed ET tubes in all sizes. The change has raised the question of whether cuffed or uncuffed ET tubes are preferred for pediatric patients and whether uncuffed tubes should continue to be stocked. Dr. Anders advised that cuffed ET tubes are now the standard for pediatric patients in-hospital so there is no problem with using them out-of-hospital as well. With the exception of the RSI Protocol, there is no mention of cuffed versus uncuffed ET tubes within the Protocols. It was agreed that the only reason to continue to use uncuffed tubes is to allow jurisdictions to use up existing stock. The need for education at the EDs regarding use of cuffed tubes for pediatric patients by EMS was discussed.

Neurotrauma vs Other Trauma Centers – Tabled until the September meeting due to time constraints.

SCT Proposed Changes – William Rosenberg: Proposed changes to the SCT Pharmacology regarding which medications require SCT and which require RN transport were presented and discussed. CASAC has been working on these revisions for several months. Discussion included the fact that certifications and regulations for SCT have changed greatly since the last revision in RN/SCT transport requirements. Need for creating an SCT scope of practice rather than relying on OSPs was also discussed.

The remaining group in attendance was small due to the meeting running long, but no objections were raised over the proposed changes.

Good of the Order:

Adjournment: A motion was made by Dr. White and seconded by Tyler Stroh to adjourn. Without objection, the meeting was adjourned at 12:38 pm.