



PRC Meeting

Wednesday, May 14, 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****

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

PRC Agenda Items		
Call to order		Dr. Chizmar
Approval of minutes		
Announcements	Buprenorphine	Dr. Chizmar
Old Business 9:30 – 10:00 am	Acute Hypertensive Disorders	Dr. Stone, Will Tipton, et al
New Business 10:00 – 11:00 am	BLS CPAP	Dr. Chizmar
	Metoprolol to replace Verapamil	Dr. Chizmar
	Abdominal Aortic Junctional Tourniquets	Dr. Levy
Journal Club		
Discussion(s) 11:00 – 11:30 am	Allowable Ranges for IV Nitroglycerine for IV NTG Pilot Protocol	Dr. Stone
	Modification of Consult Requirements for Midazolam	
	Expansion of Indications for Ketamine	
Adjournment		
Next Meeting	July 9, 2024 9:30am-12:00pm	



Protocol Review Committee Meeting Minutes

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Attendance:

Committee Members in Attendance (In-person/Virtual): Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, Tyler Jaworski, David Chisholm, Marianne Warehime, Rachel Cockerham, Mark Buchholtz, John Oliviera, James Gannon, Dr. Kevin Pearl, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Matthew Levy, Dr. Janelle Martin, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

MIEMSS Staff: Donna Geisel, Dr. Douglas Floccare

Guests: JoElyn Lerp, Will Tipton, Jonathan Siegel, Tina Kintop, Terrell Buckson, Dr. Jonathan Wendell, Mike Reynolds, John Creagh, Dr. Kyle Fratta, Anthony Scott, Dr. Stephanie Kemp

Excused: Kathleen Grote

Alternates:

Absent: Dr. Jeffrey Fillmore

Meeting called to order at 10:01 a.m. by Dr. Chizmar.

Minutes: A motion was made by Marianne Warehime, seconded by Dr. Guyther, to accept the minutes as written. The motion passed with no objections, abstentions, or discussion.

Announcement: In response to a legislative bill, effective July 1, 2025, use of buprenorphine will expand beyond MIH, and be available as an OSP for all ALS clinicians. Funds for training may be available in late 2025.

Old Business:

Acute Hypertensive Disorders – Dr. Stone and Will Tipton: Based on feedback from previous presentations of this proposal, a work group was formed to revise the proposal with emphasis on reducing complexity and evidence-based practices. The modified proposal includes indications for patients with severe hypertension and signs of either stroke, hypertension-mediated organ damage (HMOD), or acute aortic syndrome. Blood pressure criteria for all indications is SBP greater than or equal to 220 and DBP greater than or equal to 120 confirmed with two readings. Two doses of 10mg labetalol would be allowed without consult. Further doses to a maximum total dose of 80 mg would require medical consultation.



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Discussion included the possibility of integrating this protocol into existing protocols. Neither Dr. Stone or Will Tipton objected to integrating the proposal into existing protocols rather than leaving it as a stand-alone protocol if needed.

Emphasis on using the correct size BP cuff along with education on the importance of BP cuff size in obtaining accurate readings were also discussed.

A motion was made by Dr. Levy, seconded by Christian Griffin, to move forward with the proposal. The motion passed with no further discussion, objections, or abstentions.

New Business:

Metoprolol to Replace Verapamil – Dr. Chizmar: Dr. Chizmar advised there is a potential for a shortage of diltiazem. The current alternative to diltiazem in the pharmacology is verapamil. Due to problems with verapamil causing hypotension, Dr. Chizmar would like feedback on removing verapamil from the back-up pharmacology and replacing it with metoprolol. The proposed metoprolol dosing would be 5 mg IV every 5 minutes to a maximum of three doses for a-fib with RVR.

Discussion included possible use of esmolol instead of metoprolol in jurisdictions that use infusion pumps. It was agreed to present written proposals for both metoprolol and esmolol at the July meeting.

BLS CPAP – Dr. Chizmar: BLS use of CPAP is in the national scope of practice but is not currently allowed in Maryland. While there are pros and cons to BLS CPAP, it is a relatively safe procedure. The cons would be the cost of stocking BLS units and possible loss of ALS care for these patients. Dr. Chizmar advised that he is looking for feedback on the idea of adding BLS CPAP to the Maryland Protocol.

Discussion included:

- whether BLS would be limited to application of CPAP to cases when ALS is already en route
- possible consult requirements for situations in which ALS rendezvous was unavailable, and
- stocking of equipment and VAIP compliance.

Dr. Chizmar advised that a formal proposal packet will be presented at a future meeting.

Abdominal Aortic Junctional Tourniquets – Dr. Levy: Dr. Levy presented a draft proposal for the use of abdominal aortic junctional tourniquets in cases of life-threatening junctional bleeding, pelvic instability or fractures, and witnessed traumatic circulatory arrest. The proposed device is already in use by the Go-Team and Howard County Tactical EMS.

Discussion included:

- whether the device would be mandatory for all EMS units or could be included as an option “as available”
- cost of the device
- whether this would be an ALS or BLS skill, and
- the proposed lower age limit of 15 years of age.



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Dr. Levy had to leave for another meeting. Further comments or feedback should be directed to him off-line.

Discussion:

Allowable Dosing Ranges for IV Nitroglycerine for the IV NTG Pilot Protocol – Dr. Stone and Will Tipton: Some results from the IV Nitroglycerine indicate that the current maximum dose of 80 mcg/min via IV infusion pump is not achieving the desired effect in some of the patients with SBP of 190 or greater. Evidence that higher dosing is more effective in lowering blood pressures was discussed. An increase in the maximum dose from 80 mcg/minute to 100 mcg/minute was proposed.

Discussion included low rates of adverse effects, and the nature of the pilot protocol and ability to make changes based on outcomes.

A motion was made by Christian Griffin, seconded by Marianne Warehime, to move forward with the proposed increase in the maximum allowable dose of IV NTG to 100 mcg/minute. The motion passed without further discussion, objections or abstentions. Dr. Chizmar advised this may be able to go through as a mid-cycle change.

Modification of the Consultation Requirement for Midazolam – Dr. Stone and Will Tipton: Removal of the requirement for a medical consultation prior to a second dose of midazolam for seizures was discussed.

Discussion points included:

- separate research is underway regarding whether the starting dose of midazolam is high enough or should be increased
- balance between risks and benefits
- concerns for the dosing of older patients and their increased risk of respiratory depression, and
- PEMAC endorsement for changes to the consultation requirements for pediatric patients with special consideration for the prevalence of rescue medications administered prior to EMS arrival
- Suggestions that Keppra or ketamine be added to the Seizure Protocol for treatment of seizures refractory to midazolam.

Further discussion was tabled until the July meeting.

Expansion of the Indications for Ketamine for Pain Management – Dr. Stone and Will Tipton: Use of ketamine for treatment of abdominal pain was discussed. Questions asked included:

- Why was ketamine contraindicated for abdominal pain in the original protocol?
- What is the efficacy of ketamine in treatment of abdominal pain?

It was agreed that further consideration and ongoing discussion was needed.



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Good of the Order: 2025 Protocol Books are available in both 3-ring binder and spiral formats. The rollout video is in the final stages of formatting and should be ready to go on line in the coming days.

Adjournment: The meeting was adjourned by acclamation at 11:57 a.m.