



Protocol Review Committee Meeting Minutes

November 11, 2025

Attendance:

Committee Members in Attendance (In-person/Virtual): Kathleen Grote, Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Cockerham, Mark Buchholtz, John Oliveira, James Gannon, 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)

MIEMSS Staff: Cyndy Wright-Johnson, Dr. Douglas Floccare, Abby Butler, Alex Kelly, Andy Robertson, Kathleen Harne, Katie Hall, Kenny Barajas, Scott Legore, Dr. Luis Pinet-Peralta, Wayne Tiemersma

Guests: Matthew Burgan, Michael Cole, Peter Dugan, Tristan Eberle, Dr. Eric Garfinkel, Scott Gordon, Jeannie Hannas, Dr. Axel Ivander, Ben Kaufman, Katherine Kelly, Dr. Stephanie Kemp, Tina Kintop, Dr. Eric Klotz, Dr. Jon Krohmer, JoElyn Lerp, Dr. Ryan McFague, Dr. Michael Millin, Emily Austill, Logan Quinn, Michael Reynolds, Anthony Scott, Jonathan Siegel, Will Tipton, Dr. Jonathan Wendell, Bernie Studds, Dr. Jeff Short, Michael Cole, Dr. Kevin Seaman

Excused: Mary Beachley

Alternates:

Absent: Tyler Jaworski, Dr. Kevin Pearl

Meeting called to order at 9:35 am by Dr. Chizmar.

Minutes: A motion was made by David Chisholm, seconded by Dr. Levy, to approve to minutes as written. The motion passed with no objections, abstentions, or discussion.

Announcements:

2026 Meeting Schedule: The 2026 PRC Meeting Schedule has been distributed and was included in the meeting packet. The November meeting conflicted with the Veteran's Day holiday and will be rescheduled on a date TBD.

PediDOSE Research Trial: The age ranges for the research trial have been revised. The lower age group for inclusion is now 6 to 16 months.

Protocol Consolidation:

- Examples of combining Adult and Pediatric Protocols that are the same except for medication dosages were presented with no objections or further discussion.
- Movement of the Transport to Freestanding Facility from the Optional Supplemental Protocols to General Patient Care was proposed with no objections or further discussion.
- Removal of the Intranasal Naloxone for Commercial Services BLS Clinicians was proposed with no objections raised.



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Solucortef/Rarely Given Medications: Dr. Chizmar noted that on occasion MIEMSS receives requests from parents or other citizens to include a specific medication in the EMS Formulary. The Protocols currently allow the patient's own medications to be administered by EMS with medical consultation. Discussion points included the impracticality of carrying medications that are rarely needed.

Old Business:

Revisions of the Newly Born Protocol – Dr. Anders: Dr. Anders presented a revised Newly Born algorithm based on feedback from previous discussions. The new format combines the BLS and ALS protocols into one algorithm. Discussion included possible color-coding for clarity and elimination of redundancy.

A motion was made by Dr. Fillmore, seconded by David Chisholm, to approve the proposal. The motion passed with no objections, abstentions or further discussion.

Crush Injuries – Dr. Anders and Emily Austill: This proposal was first presented in the September meeting. Revisions to the proposal, made with the assistance of Dr. Garfinkel and Dr. White, were presented. Changes include modification to the format to include specification of treatment during and after extrication as well as the removal of the requirements for medical consultation prior to administering albuterol for adult and pediatric patients and sodium bicarbonate for pediatrics.

Discussion included:

- Formatting and possible inclusion with the Hyperkalemia Protocol
- Rarity of clinicians' ability to determine hypercalcemia
- Agreement on removal of medical consultations for both albuterol and sodium bicarbonate for patients of all ages
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A motion was made by Kathleen Grote, seconded by Christian Griffin, to approve the proposal. Further discussion revolved around whether the protocol should be moved to the trauma section or remain in the medical section of the book. After assurance that the appropriate placement of the protocol would be worked out, the motion passed with no objections or abstentions.

Anaphylaxis and Angioedema – Dr. White: Dr. White presented modifications to his proposal to treat bradykinin-mediated angioedema with TXA. Since the September meeting he has discussed the proposal with Dr. Wilkerson and did further research on the use of TXA in treatment of angioedema.

Discussion included:

- Histamine -mediated versus bradykinin-mediated responses and debate over the utility of TXA in this context
- ED physicians not using TXA for angioedema in all receiving facilities
- Requirement for a medical consultation
- Adding angioedema to coding for eMEDS for tracking purposes
- Streamlining and simplification of the algorithm including suggestions by Dr. Chizmar
- Need for additional education

A motion was made by Dr. Levy, seconded by Tyler Stroh, to approve the proposal as amended. The motion passed with no objections or abstentions.



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Glucagon for BLS – Dr. Sward and Tristan Eberle: Dr. Chizmar noted that he surveys the jurisdiction at the last JAC meeting and there were only few that expressed interest in stocking glucagon on BLS ambulances. It was agreed to table the proposal and consider revisiting it for the 2027 Protocols.

Seizures – Dr. Sward and Tristan Eberle: This proposal allows administration of ketamine for seizures that do not improve after two doses of midazolam. For pediatric patients, benzodiazepines administered by family or caregivers prior to EMS would count as the first dose.

Discussion included:

- PEMAC recommendations to restrict use of ketamine in pediatrics to patients 6 months to 18 years of age and require a medical consultation with a Pediatric Base station
- Requirement for a medical consultation prior to administration in adult patients as well as pediatrics

A motion was made by Christian Griffin, seconded by Dr. Fillmore, to approve the proposal with the PEMAC recommendations. The motion passed with no objections, abstentions, or further discussion.

Pain Management – Dr. Nusbaum and Mustafa Sidik: This proposal was tabled to be revisited for the 2027 Protocols.

Metoprolol to Replace Verapamil – Dr. Chizmar: As follow-up to previous discussions regarding the replacement of verapamil with metoprolol as a back-up medication for diltiazem, Dr. Chizmar presented a draft of a pharmacology page for metoprolol. Adding an Alert to strengthen the precautions regarding use in patients with heart failure was discussed.

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

Modifications to the EMT Acquisition of 12-Lead ECG OSP – Katie Hall: Katie Hall presented a revised proposal based on previous PRC feedback. Included were the addition of 15-lead ECGs and modification of the indications and symptoms to mirror the ALS Procedure. The requirement for 1 year of clinical experience was also removed.

A motion was made by Christian Griffin, seconded by David Chisholm, to approve the proposal.

Further discussion included:

- Concern that increases in the number of ECGs transmitted may create problems at the receiving EDs
- Considerations for pediatric patients including actual need for 12-lead ECGs and specifying transport to a Pediatric facility rather than a CIC
- Requirements for transmission depending on whether ALS is responding
- The ability of BLS clinicians to differentiate between ACS and other causes of shortness of breath
- Since not all facilities have the ability to receive ECG transmissions, it was suggested that transmission be to the nearest facility or a CIC
- Addition of syncope as an anginal equivalent for both ALS and BLS

After discussion, the motion passed with no objections or abstentions.



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New Business:

Proposed Changes to the Model -T Protocol – Dr. Chizmar and Matt Burgan: Discussion of this proposal was begun in the September meeting, however, due to time constraints, consideration of the entire proposal was tabled until the current meeting. Three changes in the Model-T Protocol were requested: allowing CRTs as well as paramedics to administer Buprenorphine, adding kratom withdrawal to the indications, and decreasing the requirement of 48 hours since last opiate use to 12-24 hours.

Expansion of the protocol to allow all ALS clinicians, including CRTs to administer buprenorphine was discussed and approved in the September meeting.

Discussion of the expansion of indications to include kratom withdrawal revolved around the following points:

- Limited information regarding the number of patients that would be included
- Kratom withdrawal is milder than opiate withdrawal
- Treatment of kratom withdrawal is an off-label use of buprenorphine
- The dosing of buprenorphine for kratom versus opiate withdrawal is much smaller, raising concerns for under/over dosing
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In discussion of the request to decrease the required time since last opiate use from 48 hours to 12-24 hours, it was noted that when buprenorphine is administered earlier, it is safer for the patient and produces better outcomes.

A motion was made by Christian Griffin, seconded by Kathleen Grote, to approve administration by CRTs and the modification to the time constraints but table the expansion of the indications to include kratom withdrawal. The motion passed without objections, abstentions, or further discussion.

Use of POCUS Wall Motion in PEA for Trauma Arrest – Dr. Stone and Will Tipton: This proposal would recommend adding the use of ultrasound in the decision-making process for trauma patients in PEA to the Ultrasound Pilot Protocol. Wall motion on cardiac ultrasound would be an indication to administer whole blood, if available, and transport. Lack of wall motion, on the other hand, would be an indication for following the Trauma Arrest Protocol and considering TOR.

Discussion points included:

- Considerations for the timing of onset of PEA or loss of pulses
- Concerns that obtaining an ultrasound does not delay transport

A motion was made by Dr. Levy, seconded by Christian Griffin, to approve the proposal with the caveat that obtaining an ultrasound does not delay transport. The motion passed with no objections, abstentions or further discussion.

Addition of a Positive Ultrasound FAST Exam as an Indication for TXA – Dr. White: Dr. White proposed that a positive FAST exam as an indication for TXA administration be added to the Ultrasound Pilot Protocol.



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

EMT IV Tech Revisions – Dr. Kemp: Dr. Kemp noted current confusion regarding IV Techs, particularly regarding administration of fluids/fluid boluses. She presented a proposed IV Tech Procedure that is more specific as to when an IV Tech may obtain IV access and requires a medical consultation prior to BLS administration of IV fluids. Discussion also included the need for standardized training.

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

Ketamine Infusions (RSI) – Dr. Stone: Dr. Stone proposed that ketamine infusions for bucking or combative intubated patients be moved from the RSI OSP to include any bucking or combative intubated patient who is on an IV pump and a ventilator. Discussion included SGAs could be included as well as the inclusion of pediatric patients.

A motion was made by Christian Griffin, seconded by Kathleen Grote, to approve the proposal. The motion passed with no objections, abstentions, or further discussion.

Clarification of medicated TPN/PPN for SCP – Dr. Chizmar: Dr. Chizmar advised that he has received questions as to whether interfacility transports of patients receiving TPN/PPN containing medications may be transported by an SCP or is RN level care required. Discussion included clarification that the medications are premixed into the TPN/PPN by the sending facility and the clinician is able to discontinue administration if adverse effects are noted.

A motion was made by David Chisholm, seconded by Christian Griffin, to allow medicated TPN/PPN to be transported by SCP. The motion passed with no objections, abstentions, or further discussion.

Pad Placement for Pacing, Cardioversion and Defibrillation – Dr. Chizmar and Dr. Seaman: Pad placement, including possible recommendations for A-P versus A-L placement as the starting or preferred pad position, was discussed. It was proposed to stay silent on preferred pad placement but to add a diagram for correct pad placement. Need for education regarding pad placement was also discussed.

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

Addition of Choking to GPC – Airway – Dr. Chizmar: Dr. Chizmar proposed adding a short addition of choking the GPC – Airway based on the new AHA guidelines. Discussion included using the ILCOR guidelines rather than AHA.

A motion was made by Christian Griffin, seconded by David Chisholm, to approve the proposal. The motion passed with no objections, abstentions, or further discussion.

Discussion:



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Tourniquet Application/Conversion – Dr. Chizmar: New ATLS and Trauma Net recommendations now include considerations for tourniquet conversion, especially in cases of tourniquets applied by bystanders and law enforcement but also by EMS. Dr. Chizmar presented for discussion a proposal for a Tourniquet Application/Conversion Procedure. Discussion included potential harm from incorrect tourniquet application as well as recommended techniques for tourniquet conversion. Suggested revisions revolved around the wording of the instructions to remove the outer dressings to inspect the wound.

A motion was made by Dr. Levy, seconded by Christian Griffin and Dr. Fillmore, to approve the proposal with the discussed revisions. The motion passed with no objections, abstentions.

Further discussion clarified the need for repacking the wound if there is no further bleeding.

Good of the Order: Star of Life Nominations close on February 1, 2026.

Adjournment: The meeting was adjourned by acclamation at 12:29 pm.