



Protocol Review Committee Meeting Minutes

March 11, 2026

Attendance:

Committee Members in Attendance (In-person/Virtual): Kathleen Grote, Dr. Jennifer Anders, Tyler Stroh, Dr. Steven White, Tyler Jaworski, Marianne Warehime, Rachel Cockerham, Brian Ashby, James Gannon, Dr. Roger Stone, 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, Donna Geisel, Kathleen Harne, Melissa Meyers, Dr. Luis Pinet-Peralta, Scott Legore

Guests: Dr. Morganne Castiglione, Scott Gordon, Ben Kaufman, Dr. Stephanie Kemp, Tina Kintop, Dr. Ryan McFague, Cory Polidore, Logan Quinn, Michael Reynolds, Jason Shorter, Will Tipton, Dr. Jeffrey Uribe, Dr. Jonathan Wendell, Bernie Studds, Dr. Jeffrey Short

Excused: Mary Beachley

Alternates:

Absent: Christian Griffin, David Chisholm, Mark Buchholtz, Dr. Kevin Pearl

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

Minutes: A motion was made by Marianne Warehime, seconded by Kathleen Grote, to approve to minutes as written. The motion passed with no objections, abstentions, or discussion.

Announcements:

2026 Protocols: SEMSAC and the EMS Board have approved the proposed changes for 2026 with minor edits. Work on the Protocol Rollout and publication of the 2026 Maryland Medical Protocols for EMS are underway.

Dr. Tom Chiccone's Retirement: Dr. Chizmar read an open letter from Dr. Chiccone, retired Region IV Medical Director, to the PRC thanking the committee for the experience of serving on the PRC. The committee thanked to Dr. Chiccone for his years of dedicated service.

Commercial ALS Representative: Brian Ashby has been selected as the new ALS Representative to the PRC.

Old Business: None

New Business:

Antimicrobial Infusion for Interfacility Transports – Dr. Chizmar and Tyler Stroh: The current protocols contain an OSP allowing interfacility transport of adult patients on antimicrobial infusions to be transported by a paramedic as long as the infusion is initiated by the sending facility and the paramedic has documented training on the operation of the infusion pump and administration of antimicrobial medications. Tyler Stroh presented a proposal that would revise the protocol to include pediatric patients



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and change the protocol from an OSP to an Interfacility Protocol. Dr. Anders advised that the proposal was discussed in the March PEMAC meeting. PEMAC recommended expanding the protocol to include pediatric patients greater than 28 days old and adding a contraindication for patients with central lines.

Discussion included:

- the need for the education requirements from the OSP to continue to be followed and the possible mechanisms to incorporate this curriculum into the general Interfacility training. Scott Legore advised that this could be addressed by the SCT Committee.
- A question of how many of the commercial services do not have infusion pumps. This question will be taken to CASAC.

It was agreed that once the questions regarding education and equipment are answered, the proposal will be brought back to a future PRC meeting.

ODT Ondansetron Administration for Pediatrics – Dr. Chizmar: A question was raised from a local jurisdiction regarding the reasoning behind the lower age limit of 13 years of age for the administration of ODT ondansetron. The question was discussed in the May PEMAC meeting. Dr. Anders advised that PEMAC approved a dose of 4 mg of ODT ondansetron for patients 5-12 years old. The only question was whether all of the jurisdictions carry 4 mg tablets as cutting of 8 mg tablets would not be allowed. If stocking of 4 mg tablets will not be an imposition, Dr. Chizmar advised that a formal proposal will be brought back to a future meeting.

Discussion:

PD Tree – Dr. Anders: The movement of Pediatric Destination Decision Tree from a research protocol to a stand-alone protocol within General Patient Care was approved for the 2026 MMP. Dr. Anders presented a draft of the modified protocol for comments.

Discussion included:

- Definition of a Pediatric Ready Facility
- Facility recognition progress and the means of adding designated facilities to the lists mid-cycle
- Timing of implementation based on the current low numbers of designated facilities
- Various wording questions and suggestions were discussed

Dr. Anders advised she was seeking committee input and had no questions needing approval.

4% Lidocaine – Dr. Chizmar: Dr. Chizmar advised that 4% lidocaine is becoming more difficult to obtain as well as more expensive. It is primarily used for NT intubation. Since it is rarely used, Dr. Chizmar asked for input on whether it should remain in the protocols.

Feedback included:

- On the commercial side, it is not generally used and is wasted as it expires
- Montgomery County does use it for NT intubation
- MSP wants to continue carrying it both for NT intubation as well as BLS airways



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- Does it need to be a required medication across the board or can it become an optional medication?

The general consensus was that 4% lidocaine should be change from a required to an optional medication. Dr. Chizmar advised he will bring back a document for a future meeting.

Future agenda items: Dr. Chizmar advised that other agenda items to expect in the near future include modifications to the Pain Management and SCT Protocols.

Good of the Order:

Dr. White discussed feedback from a recent cardiac arrest in Dorchester County. He advised of questions regarding immediate defibrillation upon recognition of ventricular fibrillation in monitored patients. In the ALS Algorithm, wording to the effect of “defibrillate as soon as possible” could be added. Since BLS patients are not on a cardiac monitor prior to arrest, the question does not apply to the BLS Algorithm. All agreed that this is largely an educational issue, not a wording or algorithm issue.

Adjournment: A motion was made by Tyler Stroh, seconded by Dr. Guyther, to adjourn. The motion passed with no objections and the meeting adjourned at 10:49 a.m.