Protocol Review Committee Meeting Minutes

May 13, 2026

Attendance:

Committee Members in Attendance (In-person/Virtual): Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Cockerham, Brian Ashby, James Gannon, Dr. Kevin Pearl, Dr. Roger Stone, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

MIEMSS Staff: Dr. Douglas Floccare, Donna Geisel, Kathleen Harne, Alex Kelly, Scott Legore, Melissa Meyers, Luis Pinet-Peralta, Mustafa Sidik, Wayne Tiemersma, Abby Butler, Cyndy Wright-Johnson

Guests: Will Tipton, Tyler Case, Sarah Torrey, Dr. Joseph Ciotola, Zach Yerkie, Terrell Buckson, Peter Dugan, Scott Gordon, Jeannie Hannas, Ben Kaufman, JoElyn Lerp, Samantha Martinez, Dr. Ryan McFague, Dr. Kraig Melville, Dr. Jeff Nusbaum, Bryan Pardoe, Cory Polidore, Anthony Scott, Dr. Jeffrey Uribe, Dr. Jonathan Wendell, Bernie Studds, Michael Cole

Excused: Kathleen Grote, Dr. Matthew Levy

Alternates:

Absent: Mary Beachley, Tyler Jaworski, Mark Buchholtz

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

Minutes: A motion was made by David Chisholm, seconded by Peter Dugan, to approve the minutes with a noted correction of the date in the header. The motion passed with no objections, abstentions, or discussion.

Journal Club:

Lidocaine for Pain Management – Dr. Melville: Dr. Melville presented a paper by Zhong et al entitled Efficacy of Intravenous Lidocaine for Pain Relief in the Emergency Department: A systematic Review and Meta-Analysis. The study compared the efficacy of IV lidocaine with standard analgesics and found no statistical significance between IV lidocaine and the standard analgesics in control of numerous types of pain, including musculoskeletal pain and renal colic. Dr. Melville reported similar results with his personal use of IV lidocaine for pain management in the ED and recommended the committee consider adding pain management as an indication for IV lidocaine in the Maryland Medical Protocols.

Discussion included:

- Dosing recommendations and possible lidocaine toxicity
- Inconsistency in use across the various hospital systems within the state
- Inclusion of IV lidocaine in the overall revamping of the Pain Management Protocol initially proposed in 2025

Dr. Melville agreed to collaborate with the existing Pain Management work group.

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Discussion:

Age cutoffs for surgical airway intervention – Dr. Stone: The current minimum age limit for the non-RSI surgical cricothyroidotomy OSP is 15 years of age. The Pediatric RSI OSP allows surgical cricothyroidotomy for patients who are at least 8 years old and needle cricothyroidotomy for patients less than 8 years old. Dr. Stone reported a recent incident of a pediatric patient in Montgomery County who was below the age cutoff and in need of a surgical airway. He acknowledged that this is a rare event but asked whether PEMAC would consider lowering the minimum age for the procedure.

Discussion included:

- The lack of authoritative evidence for changes in the procedure due to the rarity of the event
- The need for a plan in cases when there is both an inability to intubate and an inability to ventilate
- Training, proficiency, and the difficulty of the technique

Dr. Anders and Dr. White agreed to bring the topic to PEMAC for further research and discussion.

Antibiotics for sepsis alert patients – Dr. Stone, Dr. Ciotola, Will Tipton and Sarah Torrey: Montgomery County and Queen Anne's County have collaborated on a project looking at the possible benefits of EMS administration of antibiotics to the subset of Septic Alert patients who are in septic shock. They cited studies from Florida and New Orleans that showed a decrease in mortality with administration of pre-hospital antibiotics to patients meeting specific indications of severe septic shock. The draft proposal presented allows administration of cefepime to patients meeting septic shock criteria.

Extensive discussion included:

- Accuracy of septic shock diagnosis by EMS clinicians
- Means of evaluating efficacy of given protocols and medications
- The effect of early antibiotic administration on blood cultures
- Judicious use of antibiotics and variation among hospitals in preference for specific antibiotics
- The "Surviving Sepsis Guidelines" recommendation for EMS antibiotic administration only in cases of 60 minute or greater transport times
- Differences between hospital and EMS Sepsis Alert criteria
- Available data on pediatric sepsis recognition by EMS and the affect on timing of antibiotic administration in the ED
- The need for general improvement of the Sepsis Protocol
- Potential benefits to the patient of aggressive shock treatment versus pre-hospital antibiotics
- Possible introduction of antibiotics for septic shock as a time-limited Pilot Protocol

It was agreed that the work group will move forward with their proposal and seek input from an infectious disease specialist. Dr. Delbridge and PEMAC will also be included in further discussion.

Good of the Order: The ALS and BLS Protocol Updates are on-line. The Base Station update is in progress.

The Next meeting is July 8, 2026.

Adjournment: A motion was made by Dr. Fillmore to adjourn. The meeting was adjourned by acclamation at 12:00 p.m.