Protocol Review Committee Meeting Minutes

July 8, 2026

Attendance:

Committee Members in Attendance (In-person/Virtual): Dr. Jennifer Anders, Christian Griffin, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Cockerham, Brian Ashby, James Gannon, 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, Mustafa Sidik, Abby Butler, Donna Geisel, Kathleen Harne, Alex Kelly, Scott Legore, Melissa Meyers, Wayne Tiemersma

Guests: Dr. Kyle Fratta, Erich Goetz, Ben Kaufman, Dr. Stephanie Kemp, Dr. Eric Klotz, Dr. Joshua Lacey, Dr. Ryan McFague, Dr. Michael Millin, Dr. Jeffrey Nusbaum, Wesley Shipley

Excused: Mary Beachley, Tyler Jaworski

Alternates:

Absent: Kathleen Grote, Tyler Stroh, Mark Buchholtz, Dr. Kevin Pearl

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

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

Old Business:

Ondansetron Dosing Changes for Pediatrics – Dr. Chizmar: This proposal was first discussed at the March 2026 PRC meeting. Currently, ODT ondansetron may only be administered to patients who are 13 years of age and older. This proposal allows administration of 4 mg ODT ondansetron to patients 5 to 12 years of age for treatment of nausea and vomiting. PEMAC has already approved the changes. The jurisdictions were surveyed to confirm that they are carrying 4 mg tablets of ODT ondansetron rather than 8 mg tablets.

A motion was made by Marianne Warehime, seconded by Christian Griffin, to approve the proposal as presented. The motion passed with no objections, abstentions, or further discussion.

4% Lidocaine Changed from Required to Optional – Dr. Chizmar: 4% viscous lidocaine is becoming both difficult to obtain and more expensive to purchase. Since nasotracheal intubations have become uncommon, use of 4% lidocaine is also decreasing. However, some jurisdictions, such as MSP, would still like the option of carrying this medication. Dr. Chizmar proposed that 4% lidocaine be changed from required to optional in the formulary.

Discussion points included when this change would take effect and possible logistical concerns with medication shortages.

A motion was made by Christian Griffin, seconded by Marianne Warehime, to approve the proposal as presented. The motion passed with no objections, abstentions, or further discussion.

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CPAP for BLS Pilot Protocol – Dr. Chizmar: This topic was first presented in 2025 but was tabled due to time constraints. Dr. Chizmar presented a draft Pilot Protocol, written with the expectation that it will eventually be combined with the existing ALS CPAP Protocol. Once approved, the next step will be development of a pilot training program. A work group was established in 2025 and will be reactivated to design the pilot training plan with the goal of eventually expanding the plan for statewide training.

Discussion included:

- Wording of the procedure, specifically regarding ALS rendezvous versus remaining on scene to await ALS arrival.
- Application of the protocol to both patients in respiratory distress as well as transport of patient who are chronically on CPAP.
- Modifications to the Contraindications to eliminate references to ALS procedures.
- Need for robust standardized training and jurisdictional oversight.
- Logistics of stocking CPAP devices on BLS ambulances.

A motion was made by Dr. Stone, seconded by Dr. Anders, to move forward with the Pilot Protocol. The motion passed with no objections or abstentions.

Further discussion included the composition of the work group. Individuals who would like to participate, should contact Meg Stein.

New Business:

Agitation in Pregnancy – Dr. Wendell: Dr. Wendell was unable to attend the meeting. In his absence, the proposal was presented by Dr. Chizmar. This proposal stems from a recent case in Anne Arundel County involving an agitated pregnant patient with schizophrenia. The current protocols for moderate agitation due to a psychiatric emergency such as schizophrenia call for administration of droperidol. However, droperidol is contraindicated for pregnant patients. Dr. Wendell's proposal removes the contraindication for administration of droperidol to pregnant patients. This proposal also adds a contraindication for administration of ketamine to pregnant patients and a cautionary note for the use of midazolam.

Discussion included:

- Consultation with ACOG prior to making any changes.
- Concern for the use of midazolam in pregnant patients is due to concern for possible respiratory depression in the newly born infant if the medication is administered to the mother close to birth.
- Use of ketamine for RSI of a pregnant patient.

It was agreed to table further discussion until the September PRC meeting to allow for further research and input from ACOG.

Removal of OSP Push Dose Medications from WEMS – Dr. Chizmar and Dr. Millin: There are currently two stand-alone OSPs for push dose medications for Wilderness EMS. One for TXA and the other for epinephrine. This proposal would add push dose administration of TXA and epinephrine to the main Wilderness EMS Formulary and eliminate the separate OSPs. At the same time, the 8 -10 minute

administration of TXA in the current OSP would be adjusted to match the 3 - 5 minute administration in the standard ALS pharmacology.

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

Pupillometry Research Protocol – Dr. Floccare: Dr. Floccare presented a research proposal regarding the feasibility of obtaining reliable prehospital pupillometry measurements in patients with suspected brain injuries. The study will apply only to MSP patients being transported to Shock Trauma. The pupillometry device is one that is already being used extensively at Shock Trauma and other in-hospital facilities. The proposed study is still in the IRB approval process.

Discussion included:

- Possible effects on patient care time.
- Exclusion of pediatrics patients.
- Fiscal costs.

A motion was made by Dr. Fillmore, seconded by Dr. White, to approve the proposal. Further discussion included current in-hospital use for patient management, need for assurance that obtaining readings will not delay patient care, and PRC access to the IRB document. The motion passed with no objections or abstentions with the caveat the that the IRB documents be shared with the PRC.

Discussion:

Oxytocin for Significant OB Hemorrhage – Dr. Stone: Dr. Stone discussed model guidelines released by ACOG and NAEMSP regarding severe postpartum hemorrhage. The guidelines include administration of oxytocin as well as whole blood and TXA.

Discussion included:

- Past inclusion of oxytocin in the Maryland EMS formulary
- Need to look at potential frequency of use.
- Potential benefit of oxytocin as compared to TXA

Dr. Stone plans to form a work group and consult with ACOG in preparation for making a formal protocol proposal at a future meeting.

Good of the Order:

Dr. Stone advised he is looking at use cases of ultrasound and wanted confirmation that there is no lower age limit for use of ultrasound or application of the Pediatric TOR Protocol. It was confirmed that there is no lower age limit for either protocol.

The Next meeting is September 9, 2026.

Adjournment: A motion was made by Marianne Warehime, seconded by Christian Griffin, to adjourn. The meeting was adjourned by acclamation at 11:31 a.m.