



Southwest Ohio Protocol Committee Minutes

February 15, 2019
0900-1100
Blue Ash Fire Department



Attendance

Woods Curry, Paul Gallo, Mary Ahlers, Dan Albertz, Michelle Barrett, Justin Benoit, Michael Bilkasley, Kelly Brookbank, Todd Burwinkel, Rob Butcher, Dustin Calhoun, Tom Charlton, Chris Cooper, Ken Crank, Tom Dietz, Brian Doering, Lauren Duffy, Pam Erpenbeck, Dane Fienning, David Geiger, Chris Hautman, Jeff Hill, Randall Johann, Andy Kalb, William Kercheval, Dan Mack, James Makinen, Miles Miller, Jeffrey Neal, Sean O'Neill, Mel Otten, Todd Owens, Charles Rielage, Chris Ross, Paul Spellman, Michael Spigner, Joe Stoffolano, Amanda Ventura, Bryan Young, Alex Zozula

Action Items	Person(s) Responsible	Target Date
Pediatric Sepsis Protocol	Ken Crank & CHMC	April 26, 2019
Syncope (or include with AMS)	Joe Stoffolano	April 26, 2019
OB and GYN	Dr. Prantikoff & Dr. Ventura	April 26, 2019
S505 and P612 updates	Dr. Zozula	April 26, 2019
M411 update	Dan Albertz & Dr. Otten	April 26, 2019
T701 update	Brian Doering , Dr. McMullan, CHMC	April 26, 2019
Add CHF and CVA to SB213	Paul Gallo	April 26, 2019
P604 Adenosine Dosage	Ken Crank	April 26, 2019
S506 Remove TXA maintenance infusion	Ken Crank	April 26, 2019
Update Narcan dosing	Dr. McMullan & Dr.Neth	April 26, 2019
Adult Quick Reference update	Dane Fienning	April 26, 2019
P607 and M403 inconsistencies	Ken Crank	April 26, 2019

Administrative

- A. Moment of silence was held for Robert Hasselfeld.
- B. **Subcommittees**
Please approach the co-chairs, Dr. Curry or Chief Gallo, if you are planning to create a subcommittee or working on a certain protocol. This will cause no one to be left out if another person is interested in working on the subcommittees' topic.
- C. **Protocol Committee Member list**
If you want your name to be included on the front sheet of the final protocol you must attend at least 2 meetings and/or participate in creating/revising protocols.

New Protocols

- A. **Abdominal Pain**
The NASEMSO National Model EMS Clinical Guidelines abdominal pain protocol is good but the group agreed that can be simplified. Discussion over abdominal pain causes being too long and its diagnostic use in the field. **TABLED**

B. Pediatric Sepsis

Pediatrics needs to be integrated into the sepsis protocol. Will need help from CCHMC to have input. CCHMC reps agreed to include.

C. Syncope

The NASEMSO National Model EMS Clinical Guidelines includes a syncope protocol but we do not. Group thinks adding this protocol to ours would be a good idea. There are a lot of things in the field we can do with syncope and the group finds this to be a major leader of EMS refusals. Joe Stoffolano to compare this with Altered Mental Status to see if syncope should be a standalone protocol or integrated with AMS.

D. End-of-Life Care/Palliative Care

Legislative meeting on March 11th and 14th, tabling this topic until after that meeting.

E. OB and GYN

Discussion held on separating this from Trauma protocol section. Group agreed to separate this out into its own section. The new section will include Childbirth, OB Emergencies and Eclampsia/Pre-Eclampsia and following the NASEMSO National Model EMS Clinical Guidelines. Dr. Pranicoff would like to be involved. Dr. Ventura to assist.

Protocol Updates/Revisions

A. Advanced EMT protocols

Discussion held on expanding the Advanced EMT protocol section. Group decided to leave AEMT protocols the same to cause less confusion. Please reference A109 in protocol.

B. S505 and P612 pain management changes

Dr. Zozula proposed adding non-narcotic pain relief to our protocol. Ex. Tylenol. Discussion held on making this a general pain management protocol. Also discussed using for fever administration and different routes and including liquid for peds. Dr. Zozula to clean up and bring back to next meeting.

C. M411 – Glucagon and Calcium Gluconate dosing

Dan Albertz suggested bumping up the dose due to causing hypotension in patients with Beta blocker OD. We now give 1-2 mg but per poison control center recommendations we should be giving 3-5 mg. Discussion on how no one carries this much Glucagon due to cost, suggested push dose EPI for these occasions. Albertz and Dr. Otten to review this and the entire TOX section of protocol.

D. S500, T701, T710 Updates

Brian Doering discussed changes of S500, T701 and T710 with updates from the Tactical Combat Casualty Care (TCCC) Committee.

S500 (H)- changes with untreated tension pneumo. (J) changes with hypothermia.

T701- Hypoxia is now listed as 90%. Discussed procedure changes for tension pneumos. 10-gauge vs 14 gauge. Discussed that length is more important as some departments may be using the IV gauge needles which are too short. **Also need to come up with age and weight cutoffs for lengths of decompression needles for peds.

T710- Changes to tourniquet position, also if there is multiple they should be marked with times.

E. Trauma protocol for > 60 with CVA or CHF

Discussion of lowering age to 60 with geriatric trauma patients with hx of CVA and CHF. Decided to stay in line with state and national geriatric trauma age but will add CHF and CVA to special considerations line A.

F. P604 – dose for Adenosine in steps 4 and 5

Under Pedi SVT conflicting dosing for SVT. 0.1 vs 0.02. Needs to be changed to 0.2. Ken will fix. Need to change 5ml flush to 10ml flush per CCHMC recommendations. Also, recommend removing cardioversion from under STABLE patients.

G. S506 – Pediatric maintenance infusion of TXA

Needs cleaned up for Pediatrics. CCHMC to lead.

H. Conflicting narcan doses in M411 and P611

Conflicting doses. Need to make uniform and the Pedi dose was never updated. Dr. McMullan and Dr. Neth (EMS Fellow) will work on this.

I. Quick Reference Update

Adult quick reference needs updating. Dane Fienning will update.

J. A105 and C308 inconsistencies

Need to clean up verbiage to determine if we intend the list of “injuries incompatible with life” to be all inclusive or just a list of examples. Most agreed that it should be more a list of examples but we should be careful to give clear guidance on some injuries (GSW to the head was the major one). Dr. Calhoun will work on cleaning up the language and proposing something at the next meeting.

K. Magnesium for Asthma

Dr. Spigner proposed an addition of magnesium to the asthma protocol. Will review language again at next meeting, but likely to be added for refractory asthma exacerbations but not COPD.

L. P607 and M403 inconsistencies

There is some confusion regarding which protocol to use for a patient 16 years old. P607 states 3-16 and M403 is ≥ 16 years old.

M. King Airway use

Discussed the utility and safety of the King Airway. Decided to take “specific brand names” out and putting in “generic” words for glottic devices. Paul Gallo will update.

NEXT MEETING

APRIL 26, 2019 at Blue Ash Fire Department at 0900.