



# Southwest Ohio Protocol Committee Minutes

April 17, 2020  
0900-1100  
WebEx



## ATTENDANCE

Woods Curry, Paul Gallo, Michelle Barrett, Larry Bennett, Justin Benoit, Todd Burwinkel, Tom Charlton, Chris Cooper, Amy Dangel, Tom Dietz, Brian Doering, Lauren Duffy, Dane Fienning, Nick Flerlage, Bret Fogel, Frank Forde, Falencia Frazier, David Geiger, Royce Goodpaster, Amy Graham, Nicole Harger, Terri Haynes, Jeff Hill, Andrew Hogan, Andy Kalb, Sang Lee, Jason McMullan, Miles Miller, Darren Mooney, Jason Murray, Mel Otten, Todd Owens, Shane Packer, Ross Pawlak, Carter Pittman, Christopher Richards, Lauren Riney, Chris Ross, Michael Sandige, Ben Shapiro, Paul Spellman, Joe Stoffolano, Wendy Walters, Scott Williams

## Action Items

## Person(s) Responsible

## Target Date

Action Items	Person(s) Responsible	Target Date
Review and update Performance Measures	Gallo	August
MCI Protocol	Ahlers	June 26, 2020
Comprehensive Edits	Doering	August
Update documentation section in SB200	Hill	June 26, 2020
Crime Scene Protocol	Owens & Johann	June 26, 2020
S501 Update	Doering	June 26, 2020
P613 Pediatric Head or Spinal Trauma Updates	CCHMC	June 26, 2020
Reformat Pediatric Dosage Chart	Gallo & CCHMC	September
P610 Pediatric Seizures dosage error	CCHMC & Calhoun	June 26, 2020
Pediatric ALTE, BRUE Protocol	CCHMC & Stoffolano	June 26, 2020

## ADMINISTRATIVE

### Protocol vs. Treatment Guideline (Gallo)

Protocol title page- See title page change to “Clinical Practice Guidelines”, per previous meetings discussions or guidelines vs protocols. **APPROVED**

## NEW PROTOCOLS

### Pediatric BRUE (Stoffolano)

Joe noted a lack of education surrounding pediatric BRUE/ALTE. Committee feels as this was a specific situation where medics should be transporting their patients, but data often shows family is refusing transport. See high risk criteria set. CCHMC would not recommend routinely checking FBSB or capnography in these patients if they look well on scene. Discussion of if this shows an assessment tool vs transport tool. Committee agreed to move forward with this protocol. Joe Stoffolano to bring back to next meeting.

## PROTOCOL UPDATES/REVISIONS

### M410 & P610 Seizures (Gallo)

BGL in actively seizing patient - BGL in seizing patients moved from top to bottom in this protocol, UNDER ALL. Questions on why BGL was placed after administration of Benzos. Evidence brought up

that studies show medics are delaying stopping seizures to do initial assessments like BGL and that less than 1% are due to hypoglycemia. Goal is to stop the seizure as soon as possible. Change approved with Chief Gallo to highlight key words “actively seizing.” **APPROVED**

#### **S501 Head or Spinal Injury** (Doering)

See addition of facial trauma. Also, Doering will need to add in an “OR” after letter E.

#### **S504 Eye Injury** (Doering)

See D on addition of types of irrigation EMS should be utilizing. Also, B added, do not wrap eye under pressure- note on nonabsorbent material. Discussion on one protocol vs two separate, agreed to keep it one protocol but include two sections for penetration vs non? Brian Doering to edit format as well as adding in information about chemical exposures.

#### **Pediatric Changes** (CHMC)

- **P600 Pediatric Newborn Resuscitation** - Will take out delayed cord clamping since inclusion criteria does not require the patient to be resuscitated, not healthy active newborn. CCHMC still recommending NS over LR in newborn resuscitation.
- **P610 Pediatric Seizure dosage error (CCHMC & Calhoun)** - CCHMC went back and looked through versed dosing. Discussion on adding in Lorazepam, after discussion it was decided to leave versed only due to being best administration without needing an IV. IM being the most used route for seizing patients. Will revisit Versed dosing to .1mg/kg max 5 and leave out Lorazepam due to needing IV access.
- **P613 Pediatric Head or Spinal Trauma-Removed Hyperventilation** - Michelle took notes on herniation discussion. (Maintain ETCO2 if herniation, Decrease ETCO2 by 5.) Discussion on EMS determining herniation in field based on GCS or posturing. Discussion on based off 1) Decrease in GCS 2) Posturing 3) New paralysis or blown pupil. CCHMC will try to keep the format like the adult version to be consistent.

### **NEW BUSINESS**

#### **Fever Management** (Charlton)

Now that protocol allows this for pain administration Dr. Charlton suggested we also include protocol for pediatric fever and Tylenol administration. Discussion on worries of being a mobile pharmacy, will move forward and Dr. Charlton to being back draft next meeting.

#### **COVID-19 Protocols**

Discussion on even with the trending data, importance of- if you think your department will utilize non transport protocol, it should be put in place now. If/when the surge hits it will be too late to put this protocol into practice. Huge thank you to all the people who put in work on this protocol and assisted with home care packets.

A Standards of Care protocol has been finalized and sent to the EDS committee – should be out within the next week. Again, a huge thank you to all involved!

### **NEXT MEETING**

**JUNE 26, 2020 at Blue Ash Fire Department at 0900.**