



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
 Richmond, VA 23235-4730
 804-560-3300 • FAX: 804-560-0909
 www.odemsa.vaems.org

Medical Direction Committee

May 11, 2017, 08:00 am to 10:00am
 Chair: Dr. Allen Yee, Regional OMD

Members and guests present: Dusty Anderson, Jeffery Ferguson, Randy Geldreich, Will Mills, Boyd Wickizer, Allen Yee, Marsh Cuttino, Dan Angeli, Joseph Ornato, Gary Samuels, Wayne Harbour, Ben Hester

Conference Line: Mike Watkins, Eric Bachrach

ODEMSA Staff: Megan Young, Holly Sturdevant

Minutes scribed by: Megan Young

Materials provided: Meeting agenda, previous meeting minutes, Reference Binder

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Dr. Allen Yee called the meeting to order at 08:07am. Introductions were made, and it was determined that we had a quorum. The minutes from the February meeting were reviewed, and unanimously approved.	Motion by: Jeff Ferguson to approve the February minutes and May Agenda Seconded by: Dan Angeli Vote: Unanimously approved
Reports: State Medical Control	Allen Yee stated that earlier this year house resolution 304 (patient access to medication bill) did pass and went to the Senate side. The continued debate of the Intermediate certification is going on with Town Hall Meetings. The general consensus is that there is very little opposition to phasing out new intermediates and letting the existing ones practice as long as they keep up with their CEU hour requirements. EMS Replica is now official with ten states having signed on, this allows EMS providers to cross state lines while taking care of a patient. This also allows providers to work in replica states while getting their reciprocity. Maryland and North Carolina will not be replica states since they are not national registry states. Electronic DNRs are now	



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<p>Colonial Heights, Dinwiddie, Petersburg, etc</p> <p>HCA – Parham/Retreat</p> <p>HCA – Hanover/West Creek ED, Henrico Doctors</p> <p>Charles City County, East Hanover VRS</p> <p>RAA, Henrico Fire, Richmond Fire</p> <p>Med-Flight I, Henrico Fire, RVRS</p> <p>MTI, Colonial Heights</p> <p>RAA</p> <p>Chesterfield Fire, multiple others, ROMD</p> <p>Hanover Fire & EMS</p> <p>ODEMSA</p>	<p>acceptable and starting July 1st other states DNRs are permitted in Virginia.</p> <p>Boyd Wickizer – He stated they are making some cut backs and realigning some of their service lines.</p> <p>Dan Angeli – Retreat is getting their behavioral unit up and running in mid-June and it will have about 15-20 beds.</p> <p>Marsh Cuttino – Forrest will be undergoing their trauma review June 7th for the second review of the state.</p> <p>Will Mills – No report.</p> <p>Joseph Ornato – They have a EMS fellowship starting up in July, an ultrasound/resuscitation for a two-year fellowship.</p> <p>Jeff Ferguson – RVRS is adding a few drugs to their out of box carries such as toradol. They are also exploring adding TXA to their drug box as well.</p> <p>Dusty Anderson – No report.</p> <p>Wayne Harbour – No report.</p> <p>Allen Yee – No report.</p> <p>Mike Watkins – Hanover is in the process of promotions and moving personnel around. They will be filling an Assistant Chief and Battalion Chief position in the next couple weeks. There is an active shooter drill on May 24th.</p> <p>Megan Young - ODEMSA is working on some upcoming classes with VCU and another National Registry test site.</p>	
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<p>New Business:</p> <p>Adding a non-opiate to ODEMSA Drug Kits</p> <p>EPI Drips</p> <p>PI Committee Representatives</p>	<p>Allen Yee stated that the pharmacy committee is concerned about adding toradol to the drug kit for fear of creating a AKI. Jeff Ferguson stated that North Carolina has had toradol in their protocols for 5 or more years and have had no issues with it. He stated that with the current narcotic abuse concerns that this is a viable option. It was brought up to add oral Tylenol or Motrin to the drug box along with the toradol. After some discussion, it was decided to recommend to the pharmacy committee to consider adding toradol to the ODEMSA drug box. In the protocols, it would be added to the current pain protocol in a tier method with Tylenol, Motrin, and toradol given for mild and moderate pain and narcotics given for severe pain. Mike Watkins asked if ODEMSA will address chronic vs acute pain. It was advised that a sentence be added into the pain protocol letting EMS use their discretion for chronic pain," Limit use of opiates in chronic pain". This will be for both PEDs (must be above 20kg and able to swallow pills) and adults.</p> <p>Allen Yee stated there has been some discussion in the model guidelines committee on EPI drips. They recommend norepinephrine as the primary and epinephrine as secondary and avoided dopamine. Allen Yee stated this would be indicated for patients in post-arrest, hypotension, and refractory shock. Adding dobutamine as a replacement for the dopamine, will be added to the pharmacy committee agenda.</p> <p>The ODEMSA PI Committee has changed its quorum requirements and has requested two doctors from MDC be represented with both having a vote. Right now, it is Randy Geldreich as primary and Will Mills as an alternate. Both doctors were present and stated they would like to continue with their duties on the committee.</p>	<p>Motion by: Allen Yee to approve Will Mills and Randy Geldreich as the PI reps Seconded by: Will Mills Vote: Unanimously approved</p>
<p>Old Business:</p> <p>Protocol Updates</p> <p>Nebulized EPI for PEDS</p>	<p>Randy Geldreich asked if the age could be lowered when giving nebulized epinephrine</p>	



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<p>Adding TXA to the ODEMSA drug kit</p> <p>Patient Owned Medications</p> <p>Nitrates for Chest Pain</p> <p>LifeVest Protocol</p> <p>Cease Resuscitation Protocol</p> <p>Psyche/Mental Health Protocol</p> <p>ECMO</p>	<p>to pediatrics. He stated that it should be greater than 6 months of age and the provider should not have to consult medical control.</p> <p>Jeff Ferguson asked if the committee would consider advocating for TXA in the ODEMSA Drug Box. Allen Yee asked if this could be added to the pharmacy committee. The protocols would follow the crash II study, which is administer it under three hours, hypertensive, tachycardia, ongoing bleeding and very unstable vital signs, EMS giving a 1gm dose. Joseph Ornato referenced a ROC study on TXA and Allen Yee stated the pharmacy committee would take a look at the drug and a look at the study when it comes out to decide if it is a viable option.</p> <p>The protocol that Allen Yee submitted last meeting will be rolled out with the new protocol with agencies having the option to opt in.</p> <p>This will be tabled.</p> <p>This will be tabled until the AHA releases their paper on these devices.</p> <p>The cease resuscitation protocol for obvious signs of death in a medical patient in protocols (12 – 7,8,9) does not have any obvious signs of death for a provider to forgo CPR. It was in the 2012 guidelines and looks to be an error on bringing it forward. The language will be added back into the 2017 protocols from the 2012 edition.</p> <p>Holly Studervant presented a chart on the mental health capabilities of the ODEMSA hospitals. It was requested that the chart be changed to just inpatient capable with a clearly defined definition.</p> <p>Allen Yee presented a paper on ECMO for cardiac arrest. He asked if this system could start giving some guidance on what type of patients should be taken to a facility that offers ECMO. Allen Yee stated that Jeff Ferguson and him will work on and tweak this protocol and will bring it back.</p> <p>The stroke workgroup made the following recommendations to the committee: a stroke screening tool with a LVO tool, check glucose, a thrombolysis strategy and</p>	
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<p>Stroke Scale Workgroup</p> <p>PED Seizure Protocol</p> <p>Zofran</p>	<p>thrombectomy strategy and to consider transportation by helicopter when appropriate. A protocol will be drafted and presented at the next meeting.</p> <p>Randy Geldreich asked the committee if the pediatric seizure protocol could be adjusted. He stated that providers tend to go in order down the protocol and it is better to give the medication and then take a sugar check.</p> <p>Randy Geldreich requested that Zofran ODT be added to the agenda.</p> <p>There was no further business from the floor.</p>	<p>Motion by: Randy Geldreich to approve the PED seizure protocol change of giving antiepileptic medication before a glucose check Seconded by: Dusty Anderson Vote: Unanimously approved</p>
<p>Next Meeting</p>	<p>August 10, 2017 at 08:00am</p>	
<p>Adjourn</p>	<p>The meeting was adjourned at 9:56am.</p>	