



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
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 www.odemsa.vaems.org

Medical Control Committee Meeting

May 14, 2015

Dr. Allen Yee, Chair; yeea@chesterfield.gov

ODEMSEA CONFERENCE AND EDUCATION CENTER

Attendance: Allen Yee, Boyd Wickizer, Frank Ramsey, Jeffrey Ferguson, Randy Geldreich, Robert Powell, Will Mills, Charles Cuttino, Scott Hickey, Charles Bagwell, Valeta Daniels, Brad Taylor, Jessica Goodman, Al Thompson, Mike Ortega, Wayne Harbour, Mike Watkins, Chris Lindsay

Via Tele-conference: Joanne Lapetina, Willoughby Hundley, Brian Epperson, Ben Hester, Brian Allen

Staff: Rachel Dillon, Adam Alford, Heidi Hooker, Damien Coy, Holly Sturdevant

Materials Distributed: Agenda, Previous Minutes, Committee Summary

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Call to Order	<p>Dr. Yee called the meeting to order at 08:04am. Introductions were made, and it was established that we had a quorum. Previous meeting minutes were reviewed. Jeff Ferguson made a motion to accept, seconded by Brad Taylor. Minutes were approved.</p> <p>At this time, the meeting went out of the normal order of business for a presentation by Dr. Bagwell from VCU on pediatric traumatic cease resuscitation. The group discusses what would be involved in developing a regional protocol, such as getting buy-in from all the hospitals in the region and the education that would be involved. The group thanks Dr. Bagwell for his presentation.</p>	<p>Motion by: Jeff Ferguson Seconded by: Brad Taylor Vote: February Minutes approved</p>
Reports		
State Medical Control Committee	<p>Allen Yee – IABP transport was discussed at last month’s state Medical Direction meeting, and it was decided that these transports had to include a physician or nurse, and the state committee recommended including a perfusionist. There is also continued discussion of what to do with Intermediates.</p>	
HCA	<p>Valeta Daniels – Henrico Doctor’s is the 12th hospital in the country to receive a sepsis certification, and the only one in the state to use a sepsis alert.</p>	



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<p>RAA</p> <p>ODEMSA</p>	<p>Wayne Harbour – Thank you to Dr. Yee for acting as our OMD while Dr. Ornato is on medical leave.</p> <p>Rachel Dillon – Nominations for the regional EMS awards are still being accepted through June 5th; the nomination package is available on our website.</p>	
<p>Old Business</p>	<p>D10 – Dr. Mills summarizes the main points from last meeting’s discussion: less likely to overshoot glucose levels, less risk of skin necrosis, doesn’t need as large an IV, no need to dilute for pediatric patients. The group reviews an updated protocol provided by Holly. Dr. Mills suggests that the adult protocol state that anyone over 40kg gets a 100cc bolus. Dr. Geldreich suggests changing to a mL/kg dosing scheme, particularly for the pediatrics. After discussing with Ben Hester, the group recommends removing all D25 and D50 from the drug kits, and replacing with 2 250cc D10 bags, with D25 and D50 being secondary medications during shortages. Ben also suggests including a 3-way stopcock to improve accuracy with smaller dosages. This will go to the pharmacy committee in July for confirmation.</p> <p>2015 Protocol Update – The group then begins going through the protocol updates with Holly highlighting the changes that have been made.</p> <p>2.2 (ACS/AMI) – PCI centers put in alphabetical order. Group discusses whether to continue including the entire AHA algorithm, and decision is to remove it, but write a new one with the necessary information. Group also discusses 12-lead transmission, and decides to continue to not require it.</p> <p>2.4 (Cardiogenic Shock) – Step 5 should have the BLS 12-lead acquisition separated from the step of ALS obtaining and interpreting the 12-lead. Should also refer back to ACS protocol.</p> <p>2.5 – (Aortic Dissection & AAA) – Step 3 should be providing oxygen to maintain 94-99%. Same 12-lead separation in step 5. Correct Fentanyl administration in step 7.</p> <p>2.9 (Bradycardia) – A box was added noting the replacement of Dopamine with Levophed. Group decides to remove that box and leave the protocol as it was.</p> <p>3.3 (Allergic Reaction & Anaphylaxis) – Remove steroids. Move all “anaphylaxis steps”</p>	



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before Benadryl administration. Increase max dose of epi 1:1000 to 0.5mg, and remove brand name and change to “epi autoinjector.” Remove “use with caution...” in step 4. Agency OMD decision to allow BLS to use autoinjectors.

3.5 (Stroke) – BE FAST stroke scale was added, remove part about “1 out of these 3.” Correct 12-lead verbiage in step 9 as discussed previously. Include time benchmarks from Regional Stroke Guidelines. Group agrees discussion is needed of tPa cutoff times and appropriate transport destinations.

3.8 (Hypoglycemia) – As described during D10 discussion.

3.10 (Pain Management) – Increase maximum dose of fentanyl to 100mcg. Suggests first route choice of IN for fentanyl.

3.11 (Respiratory Distress – Asthma/COPD) – Step 7: Include types of airways, but not specific brands. Step 10: Remove weight-based dosing and only have 10mg of dexamethasone for adults. Allow BLS providers to give nebs.

3.13 (Shock) – Replace Dopamine dosing chart with Levophed dosing chart.

6.10 (Eclampsia) – Change mag dose to 2-4 gms, with 4 grams preferred (due to shortage).

7.1 (Opiate Overdose) – Allow BLS to give 2.0mg Narcan IN.

7.5 (Calcium Channel Block Overdose) – Change Dopamine to Levophed.

9.8 (Pediatric Pain Management) – Emphasized IN over IV/IM fentanyl administration (same as for 3.10).

9.9 (Pediatric Poisoning/Overdose) – Allow BLS IN Narcan administration if over 20kg.

9.10 (Pediatric Respiratory Distress) – Dexamethasone replacing Prednisone with weight-based dosing.

9.11 (Croup and Epiglottitis) – remove 12-lead (cardiac monitor only), call medical control for nebulized epi, dexamethasone assessment.

13.0 (Directory) – Updated with new medications.

13.20 (Magnesium Sulfate) – Dosing updated.

13.36 (Dexamethasone) – New medication.



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	<p>13.37 (Norepinephrine) – New medication.</p> <p>Due to the number of changes made during the meeting and the time constraints of the meeting running over, Dr. Yee suggests sending the corrected protocols out by June 1 for an electronic vote.</p>	<p>Holly to have corrected protocols ready by June 1. Rachel will send out for electronic vote with deadline for response.</p>
New Business	<p>Al Thompson asks about LVAD. Dr. Yee summarizes the differences between the VCU and Bon Secours devices, and the need to have the two groups get together to come to a consensus for the region.</p> <p>The remainder of the agenda is delayed until the next meeting due to the OMD class being held today.</p>	
Next Meeting	Thursday, August 13, 2015, at 08:00am.	
Adjourn	The meeting was adjourned at 10:09am.	