



Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes –March 12th, 2019 12:00pm

Attendance

Name	Agency/Representing	Attended
Stewart Martin, MD	VBEMS/ Chairperson	x
Stephen M. Skrip, MD	MTI /Airport	x
Theresa Guins, MD	CHKD	
Jim Burhop, MD	CHKD	
Steve Skinner, MD	Franklin/ Southampton	
Barry Knapp, MD	Norfolk Fire-Rescue	
Rene Morcion, DO	Reliance Medical Transport	
Carl Wentzel, MD	Suffolk Fire and Rescue	x
Manuel Armada, MD	TCC	x
Don Byars, MD	Portsmouth Fire and Rescue	
Dave Cash, MD		x
Paul Roszko	Navy	
Zane Shuck	Franklin/Southampton County	x
Jamil Kahn, MD	CHKD	
Joe Lang, MD	Portsmouth Fire and Rescue	x
Joel Michael, MD	IOW, NSVRS	x
Lewis Siegel, MD	Chesapeake Fire	x
Lori Givonetti, MD	Nightingale	
Mike Bono, MD	Special Events	
Paul Holata, MD	Norfolk Fire-Rescue EMT-I	
Forrest Winslow	Chesapeake Fire	x
Jason Sarver	Chesapeake Fire	x
Meg Eason, MD	CHKD	
Kathryn Funk	Bon Secours Neuro	
Ray Willet	Suffolk Fire	x
David Long	TEMS	
Mike McMahan	TEMS	x
John Walker	Norfolk Fire-Rescue	x
David Coulling	TEMS	

Welcome and Introductions

- Dr. Stewart Martin, called the meeting to order; approval of 12/2018 (joint PEMS/TEMS) meeting minutes and introductions were made.

Old Business:

- Pulsara
 - CRMC and CFD – primarily EMS to charge nurse communication
 - Has proven successful with stroke patients
 - Only used for time sensitive cases so far
 - Keep Pulsara on agenda for future meetings to track progress
- Handtevy
 - TEMS EMS/Nurse Expo will have a Handtevy course on May 2nd for providers across region
 - TEMS has received funding to cover all costs associated with first year

New Business:

- Education Workgroup Update

The following protocol changes were approved as written:

 - Add Lidocaine as a secondary anti-arrhythmic.
 - Add Albuterol dose to be 2.5 mg across all ages
 - Add Magnesium Sulfate to pediatric cardiac arrest protocols.
 - Add Magnesium Sulfate for pediatric respiratory and stable tachycardia
 - Change workflow to a 100 mL NS bag and only add the 50 mg/kg to the bag and infuse the entire volume over 5 minutes.
 - Make all IV doses of Midazolam 2.5 mg for all protocols.
 - Change Naloxone (initial dose is 0.1 mg/kg IN) to the amount of 1 mg with the option to repeat the dose.

- Change the infusion rate to 10 minutes for Amiodarone for all protocols.
 - Reduce Glucagon dose to 0.5 mg for patients less than 5 y.
 - Edit concentration of Atrovent to be 0.5mg/2.5mL (Concentration is printed incorrectly)
 - Add Pediatric dose for Calcium Chloride 20mg/kg to cardiac protocols.
 - D10 0.5 grams/kg (5ml/kg) across all protocols, including adults.
 - Remove lower doses of D10 from neonates.
 - Change Levophed dose to 2-12mcg/min for all protocols.
 - Add push pressors for severe anaphylaxis and peri-arrest patients.
 - 1:100,000 Epi IV. Use 1 mL of 1mg/10mL Epi and add 9mL of NS to dilute to 0.1mg/10mL for IV push 1 mL/min to titrate to effect.
 - Reduce dose of IM Haldol to 5mg for adults.
 - Add Ketamine 0.2 mg/kg IV (up to 20mg) or 0.5mg/kg IN to the pain protocol.
- Quickclot was in attendance to answer questions regarding their product and encourage interest in its use
 - Decided to add hemostatic agent to "notes" section of trauma protocol but not specifically state use of Quickclot
 - Education and training committee will create bleeding control procedure page to simplify
 - CHKD Pharmacy brought up question regarding RSI as standing order for pediatric patients and if CHKD pharmacy should begin to stock RSI medications
 - RSI is standing order for paramedics when patient is under 14 years of age
 - CHKD should begin to stock RSI medications
 - Pharmacy suggested removing one narcotic and replacing it with ketamine
 - Committee discussed this and decided against this action
 - No narcotics will be removed
 - Pharmacy suggested removing Lorazepam and only supplying Midazolam due to longer shelf life of Midazolam
 - This would impact pediatric seizure protocol
 - Discuss this with CHKD physicians
 - Pull regional data for Lorazepam usage
 - Provider from PEMS asked if TEMS had data/research to support addition of mag sulfate to COPD treatment algorithm
 - No real research present/simply anecdotal evidence
 - Use does not cause harm
 - PI Committee Update
 - TEMS PI committees had new chairs/co-chairs elected and this was relayed to OMDs
 - Several committees brought up facility diversion issues where diverting facility will tell EMS to transport to another facility within network and not necessarily the closest appropriate facility; agreed this is not how to handle diversions; appears to be limited to non-OMD physicians
 - Send out email to OMD list to gain interest in OMD attendance at regional PI committee meetings
 - Status of transport/non-EMS agencies within region
 - Agreed upon that they should participate in regional sanctioning process/drug and IV box exchange/OMD meetings
 - Contact Wayne Berry to get list of transport OMDs

Meeting Schedule for 2019

- Dates: 6/11/19, 9/10/19, 12/10/19
- All dates are second Tuesday of the month

Meeting adjourned at 13:30

Announcements / Dates to Remember – please visit www.tidewaterems.org. Please contact Mike McMahon at mcmahon@vaems.org with any changes to your contact information.

The next meeting of the TEMS Operational Medical Directors Committee meeting is scheduled for June 11th, 2019.

Noon meeting time

Location TBD