MINUTES

RPAB Region 3

August 11th, 2022

Physicians present: (Members in bold) Dr.s **Augustine, Amburgey**, **Brown**, Guest, **Hawk**, **Krzmarzick, Marriott**, Palitto, Richards, **Robinson**, Shecter, **Springer**

Regular contributors/guests present: Capt. Bruggeman, Burdick, M. Clark, BC A.Follick, Chief C. Follick, Deere, BC Guadagno, SPM Gerstner, Goffinett, Jefferies, Koss, Kozlowski, President Marker, BC McInturff, Miller, Morrett, Reck, Senseman, Lt. Shanahan, Sheridan, Spitler, Thornton

Call to order: 0830 at the WSU Dept. of Emergency Medicine Offices and via WebEx;

**Standing Orders: Capt. Bruggeman**

Pediatric IO, the humerus is now accepted site as well as the distal femur. There was concern expressed regarding the potential of injury to the humeral epiphyses. Humeral IO will be included for pediatric arrest only. This does not exclude orders from online medical control in other unusual circumstances.

Nitro and aspirin no longer require a prescription in the EMT protocol. This was finalized in the standing orders.

EMS personnel can now honor a DNR written by a PA or NP. A JITSO will be issued.

OB transport destination; request was to reemphasize that pregnant women over 20 weeks of gestation *with* *OB related complaints* should be taken directly to the OB unit. Dr. Augustine expressed it should be the responsibility of the facility to route the patient to the correct unit once delivered by EMS. There was agreement that EMS should not be asked to reload a patient and take them to a different entrance once they have been brought inside the facility. The MCP can and should be consulted if there is a question as to whether a pregnant patient should be taken to the ED or OB. The standing order will be re-ordered to emphasize the above.

The heat illness protocol was reviewed. All agreed that the emphasis should be on immediate cooling on scene with this need based on altered mental status. IV fluids are of no proven value. Bringing protocol in line with national athletic trainer standards was recommended, as well as developing a relationship with your athletic training team prior to an on-field event.

Geriatric dosing; it was agreed to reduce the geriatric dosing of analgesics, sedatives, and ketamine by 50%. Previous verbiage indicating dosing “up to” will be retained.

Long-acting paralytics after intubation in RSI; recent studies on the rate of occurrence of “awareness while paralyzed” led to the discussion of whether long-acting paralytics after intubation are appropriate for ground EMS in this region. Decision was to remove vecuronium from the RSI protocol and to emphasize redosing of sedation. If there is excessive agitation, tube placement should be confirmed.

Compressions after ROSC; discussion of some information that suggest that a minute of compressions after return of spontaneous circulation may be beneficial. Agreement that the evidence currently does not rise to a level justifying a change in the standing orders.

Stroke changes for 2023 will continue to be compiled. Both large system stroke programs have been consulted.

**Old Business:**

Trauma Systems and SORTS; a universal trauma patient handoff procedure has been developed. SORTS is supportive of including wound packing in the prehospital protocol. We have 80% compliance rate with GCS documentation.

DBEP; **Dr. Augustine; Brendan Deere**; dextrose; the D50 is not being manufactured and the supply of D50 is very low. Dr. Augustine pointed out that the FDA has known of drug shortages impacting emergency care since 2011. 2023 is a drug license update year. Suggestion was made to have a subcommittee to evaluate alternate drug and concentration options.

Community Paramedicine and Research; NTR

Ohio CARES; there has been recent discussion regarding strategy for obtaining funding from this region. **Chief Guadagno** discussed that the OFCA EMS committee has discussed the need for automated entry. Dr. Augustine will pursue this off-line with his contacts at the CARES program office.

Legislative; review of CEU requirements and reevaluation of certain online education offerings are in progress.

115; RI International facility to open at old Franciscan soon.

Dispatch Centers; RDC is transitioning to Power Phone and will narrow call queries to five questions with two initial assessment questions which should speed dispatch of those who are unresponsive and not breathing. Delays are still experienced with cell phone calls.

Pandemic; monkeypox. Only four reported cases in Montgomery county at the time of the meeting.

**New Business:**

New Medical Director requirements; Dr. Cunningham has asked that agencies not act or make changes until the final rules are in place. It is unclear whether there will be any type of grandfather provision.

**Open Forum:**

Region 6; Dr. Richards reported that they are developing a restraint protocol. He has agreed to share that when it is complete.

GMVEMSC; President Marker has nothing to report.

MMRS/RMRS; Gerstner is working on a monkeypox bulletin. A CHEMPACK exercise will be held this fall. Quarterly Triage tag day will be September 13 and 14th.

Adjourned 1009