MINUTES

RPAB Region 3

October 12th, 2023

Physicians present: (Members in bold) Dr.s **Amburgey**, Guest, **Huebner, Krzmarzick, Marriott, McIntosh**, **Moncrief**, Richards, **Robinson,** **Springer**

Regular contributors/guests present: Balcom, Capt. Bruggeman, Burdick, M. Clark, Capt. Deere, Chief A. Follick, Garrett, SPM Gerstner, Goffinett, Jackson, Jefferies, Konkel, Pullium, Russell, Sheridan, Thornton

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

**Dr. Huebner** presented an update of the WSU DEM resident EMS curriculum.

**Standing Orders:**

King airway;The FDA has issued a moratorium on the use of certain pediatric sizes of the King airway. There was discussion as to how this will impact pediatric care.

It was clarified that fentanyl and sedative dosing for RSI should remain the same regardless of age.

Hyperglycemia in adults is when the glucometer reads HHH for purposes of a proposed fluid bolus protocol.

Adenosine for stable WCT was discussed. We will continue to use amiodarone and cardioversion as stated in the current protocol.

Discussion of giving fentanyl in pediatrics when it is difficult to assess BP. Per Dr. K if there is intact perfusion and pulses, fentanyl can be used per protocol.

Discussion of what the timing should be between dosing with fentanyl and then ketamine for pain. Was decided that five minutes between any medication dosing would be appropriate and the uniform standard in the SOs.

Stroke discussion; SRMC is now thrombectomy capable. For purposes of ischemic stroke, they can be considered as like a comprehensive center. However, they do not have full capabilities to care for cranial hemorrhages, provide rehab, etc. There was ongoing discussion regarding adding additional screening tools for LVO to the standing orders. It was suggested the dense aphasia, dense hemiplegia, gaze preference would be helpful in doing so. The decision to expand the screening tools and in what fashion might be best decided by a subcommittee.

DSD; vector change after two shocks and DSD as an optional skill were considered. Ryan Konkel noted this information from Stryker; physicians can use devices off label, and a load test is recommended after DSD.

Discussion of the EMT/AEMT arrest protocol and how long they should remain on the scene. The AEMT protocol will mirror the EMT protocol.

Dialysis Access bleeding; The bottlecap method for controlling bleeding from dialysis access will be added to the training manual.

**Old Business:**

Trauma Systems and SORTS; LUCAS device and penetrating trauma continues to be discussed.

DBEP; Glucagon being removed. Ketamine is in shortage. Discussion of whether oral prednisone could be added due to solumedrol shortages.

Community Paramedicine and Research; Looking at sources of funding for community paramedic.

Ohio CARES; NTR

Legislative; NTR

115 and Montgomery County Crisis Receiving Center; NTR

Dispatch Centers; NTR

New Medical Director Requirements; NTR

Resident EMS Curriculum: NTR

Long Term Care Association and DNRs; NTR

LE and Transport of Persons Involuntarily Admitted (“Pink Slipped”); meeting planned for November. Training materials proposed.

**New Business:**

Field term and exposure; there has been one previous case. Concern is where testing can be done 24/7 for specimens from source patients who have had field termination, and a provider exposure has occurred.

**Open Forum:**

Region 6; a pregnancy complications protocol has been added which addresses pre-eclampsia with oral nifedipine and other items. Also, they have added a new calcium protocol, and Neo-Synephrine for epistaxis.

GMVEMSC; Considering a different HDE other than ESO.

MMRS/RMRS**; Mr. Gerstner**; Last QTTD; more patients were entered into Javare EMTrack. The RHNS job aid is being revised. Next QTD will be January.

Adjourn; 1023