MINUTES

RPAB Region 3

April 11th, 202

Physicians present: (Members in bold) Dr.s **Amburgey**, **Augustine**, Finnegan, **Huebner**, **Krzmarzick, Marriott**, **Robinson**, **Springer**

Regular contributors/guests present: Balcom, Capt. Bruggeman, Burdick, M. Clark, Capt. Deere, Chief A. Follick, SPM Gerstner, BC Guadagno, PM Harris, Jackson, Jefferies, Konkel, Capt. Meyer, Miller, Pearson, Phillips, Pullium, BC Russell, Senseman, Shanahan, Sheridan, Thornton

Call to order: 0831 at the WSU Dept. of Emergency Medicine Offices and via Webex.

**Standing Orders:**

The SO committee is working on the protocol and training for EMT administration of epinephrine. There was discussion regarding who will draw up the epinephrine. It was asked if this could this be done as a prefilled syringe**.** Capt. Deere will discuss with the pharmacists. **Dr. Augustine** believes that this may constitute compounding and would also shorten the shelf life. **Mr. Gerstner** added later that at least one company sells prefilled 3 mg Epi syringes. EMTs to give the whole dose to adults and half for peds.

Discussion regarding solumedrol and an IM option. There was consensus that this is not needed.

There was extensive discussion regarding use of the Lucas in trauma. Dr. Greg Semon brought this concern forward with some references to original studies lacking data on trauma, as well as example protocols where trauma is a contraindication. There are concerns that the increase in cardiac output thought to be brought about with mechanical CPR may promote more rapid exsanguination from thoraco-abdominal wounds and blunt traumatic injuries. Dr. Semon was unavailable and Dr. Bruun helped to facilitate the discussion. Dr. Moncrief contributed as well. It was generally recognized that survival from traumatic cardiac arrest is extremely poor, and that patients in trauma arrest (excluding those with a possible underlying medical mechanism) should not be transported with CPR in progress. However, when arrest occurs in route in a moving vehicle with limited personnel, the questions of compression effectiveness and crew safety come into play. We will continue this discussion in the Standing Orders committee, future RPAB meetings, as well as SORTS.

Arrest from drowning; this discussion was precipitated by an index case where a pediatric patient was brought to a satellite pediatric facility in cardiac arrest from drowning having bypassed a level 3 Trauma Center. There was general agreement from the membership that a patient in arrest should go to the closest emergency department. However, several of the chief officers in attendance provided some different insights and cited well established practices within their jurisdictions. The Chair recommended that individual agency guidelines may need to be established and reviewed with individual medical directors based on that agency’s location and other factors. The standing orders may need revision to reflect this practicality and to give some flexibility in these cases. It was agreed that drowning patients should be transported to a Trauma Center unless there is one of our standard exceptions already listed. Drowning patients with arrest should have the field term protocol applied or be transported to the closest emergency department and be treated for hyperthermia as well.

Magnesium sulfate protocol: the sample protocol was received from Derek Harper. Chief Russell will share with the group. This may form a basis of a pregnancy protocol and be useful for bronchospasm and polymorphic VT. There was general interest in moving forward with these possibilities.

**Old Business:**

Trauma Systems and SORTS; No additional issues.

DBEP; Capt. Deere reported on changes to the drug bag policies including the three-strike rule. There will be a hard drug bag update this year. The Narcan quantity is going from 6 to 4. There will be changes also to the number of epinephrine and changes in the BLS bag/pouch also. Shortages have remained level or overall decreased.

Community Paramedicine and Research; PM Harris discussed a recent survey. Moving to a hybrid meeting.

Ohio CARES; NTR

Legislative; Heidi Jones

115 and Montgomery County Crisis Receiving Center; NTR

Dispatch Centers; NTR

New Medical Director Requirements; NTR

LE and Transport of Persons Involuntarily Admitted; Dr. Springer involved in draft training.

Ketamine Usage; NTR. Will close out.

Airway Signature; referred to SO Committee.

**New Business:** None

**Open Forum:**

Region 6; Indiana and Kentucky have had resolution to some standing orders issues. The Fire Chief’s Association has formed an EMS committee.

GMVEMSC; NTR

MMRS/RMRS**; Mr. Gerstner;** Working on addiction resource cards, and Narcan distribution policies. Formulating a job paid for RHNS for every hospital, EMS, and dispatch center. A Covid and respiratory flow chart for the city of Dayton is being formulated. The LE 115 algorithm is being uses a draft for DeCoach. GDAHA anticipating a pilot program for long-term care documentation communications. There has been a substantial increase in material being disseminated that is encouraging HVEs.

Adjourn; 1021