MINUTES

RPAB Region 3

June 13th, 2024

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

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

**Standing Orders:**

Epi dosing for EMTs in anaphylaxis – The discussion considered standardizing preconfigured epinephrine kits with doses consistent with that of the Adult EpiPen and EpiPen, Jr to make administration simpler. Commercially available kits are available and include pre-marked syringes with markings for 0.15mL, 0.3mL, and 0.5mL for corresponding dosages of 1:1000 (1mg/ml) Epinephrine. This will require discussion with the pharmacy/drug bag program regarding concern for compounding if kits are made locally in addition to the costs of commercially available kits and/or pre-marked syringes. Examples of commercially available kits: <https://snapmedicalindustries.com/epinephrine-snap-ems-kit/>.

Drowning arrest transport – Additional discussion regarding the previously discussed case of hospital bypass. There was near consensus that drowning patients are categorized as trauma, but they should be transported to the nearest facility if in respiratory failure. This also delved back into the discussion of appropriate destinations for pediatric patients and bypass of non-pediatric facilities. It was reiterated that all emergency departments are required to accept pediatric patients and transport decisions should be based on factors of time, distance, and clinical assessment/condition and discussion with the agency medical director on local transport policies/guidelines. Expectations of the agency and community will vary across the depth and breadth of agencies in the region as well as medical assets available. (See below Re destination and SO.

Mag Sulfate Protocol for 2025 – The discussion included the addition of a magnesium protocol for 2025. Conditions discussed included eclampsia, torsades, and severe shortness of breath. Dosing across each condition ranges from 1-2 grams IV for torsades de pointes, 2 grams IV for severe asthma exacerbation, and 4-6g IV for eclampsia. Noted that magnesium is available in 1 gram in 2 ml vial. Enhanced discussion centered on prehospital shortness of breath assessment and treatment given additional measures available beyond bronchodilators. Ultimately, magnesium may be beneficial as an adjunct depending on transport time and other factors. Standing orders committee will draft recommendations for further discussion and consideration for addition to the 2025 protocol update.

TXA – Consideration of addition to TXA to the protocol. Discussion included consideration of dosage (1 gram vs 2 gram), timing of administration, indications, and contraindications (pediatrics, TBI). The discussion revealed no research support for use in pediatric trauma. Dr. Bruun noted the utility of TXA in combat versus civilian trauma settings. He recommended joint venturing with the Trauma Research Committee to evaluate this in addition to reviewing/assisting with GMVEMSC trauma protocols.

BLS Procedures and Standing Orders

Additional Items per SO Chair

Drug bag access requirements: pass test/CBT. No need for waivers to allow use of AEDs by chiefs and others who departments choose not to test, though they may not access drug bags.

LVAD protocol is undergoing review.

**Old Business:**

Trauma Systems and SORTS; LUCAS in trauma – further discussion about the LUCAS and efficiency/utility for traumatic cardiac arrest. Dr. Bruun mentioned that conversations regarding LUCAS use in traumatic arrest in a few large metropolitan areas revealed that it was removed from their traumatic arrest protocols and instead focused on the use of whole blood. Again, more research is needed on this topic.

DBEP; Capt. Deere discussed the consideration of the inclusion of additional medications from the standing orders committee report into drug bag versus agency purchase. Reviewed medication shortages as submitted by Dr. Augustine.

Community Paramedicine and Research; NTR

Ohio CARES; NTR

Legislative; Heidi Jones; NTR

115 and Montgomery County Crisis Receiving Center; NTR

Dispatch Centers; Changing to PowerPhone in AUG.

New Medical Director Requirements; NTR

LE and Transport of Persons Involuntarily Admitted; Dr. Springer developing further recommendations.

Ketamine Usage; NTR. Will close out.

Airway Signature; referred to SO Committee.

**New Business:**

Malfunctioning BVMs; Gerstner provided information regarding a few BVM failures to refill after squeezed. Agencies were recommended to check their equipment. AMBU was contacted once the BVM failures were recognized and performed exchanges of affected equipment.

Medical Director Shortages; Agencies were encouraged to reach out to RPAB & GMVEMSC if they have difficulty or cannot acquire a medical director so that the greater regional physician community may be informed and potential candidates identified.

Lifevac; discussed the Lifevac device and that it is not FDA approved or included in any protocols. Moreover, several states have drafted letters admonishing its acquisition and use. Further, agencies were recommended to internally evaluate if any non-approved devices have been acquired and the need for medical director inclusion into any decision for equipment.

**Open Forum:**

Region 6; NTR

GMVEMSC; NTR

MMRS/RMRS**;**  Mr. Gerstner provided updated information on ISIS/ISIS-K threats to the homeland, posting for NDMS Director at the SES level position shared, DNR rules for OH are pending revision and may include a “do not intubate” box and change to comfort care verbiage, a new committee will evaluate and update sheltering patients and critical needs in disasters, Highly pathogenic avian influenza has affected animals but presently without human-human transmission.

Destination and SO discussion; conversation regarding patient transport destination and ED bypass brought up discussion by a member regarding a specific transport in the region that resulted in legal action and questioned if the standing orders undergo any type of legal review with recommendations for destination specification. Expanded discussion included the “most appropriate”, “nearest appropriate”, and specified destinations. Ultimately, it was determined that these are two specific cases that rest on triage decisions by on-site personnel in the context of patient condition and additional factors that should be adequately documented in the PCR. Gerstner recommended these 2 specific cases should be referred to the council Continuous Quality Improvement committees with recommendations made to the standing orders committee rather than RPAB.

Adjourn; 1030