MINUTES

RPAB Region 3

December 12, 2024

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

Regular contributors/guests present: Balcom, Bradford, Bruggeman, Buehler, Burdick, Duffy, Chief, A. Follick, Chief C. Follick, Gerstner, Goffinett, Jordan, Keenan, BC Lehter, Lewis, Miller, Pearson, Rihm, Sheridan, Shoening, Shanahan, Thornton, Webb

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

**Standing Orders:**

Language will be included regarding medical director approval of equipment.

There will no longer be a requirement to send the ePCR to the EMS coordinator.

References to MAP throughout the standing orders will be clarified.

Mechanical CPR will no longer be used in torso/neck trauma in both penetrating and blunt.

TXA 2 gm and magnesium will be added into various sections.

Epinephrine dosing has been simplified.

Drug bag program changes have been made.

BAAM and digital intubation have been removed from the equipment and training requirements.

The MARCH algorithm has been added to the bleeding control section.

Ventilation in ICP; end tidal should be no lower than 30.

EpiPen dosing is now weight based.

The destination for drowning cases should be according to the trauma triage guidelines within the standing orders as this is considered trauma.

TXA for pediatrics will be 15 mg/kg.

Magnesium concentrations and drip rates were discussed at length. Ideally, this would be 2 g/50 mls. This will be discussed with the pharmacists and may be supply dependent.

Magnesium for pediatrics with bronchospasm is 50 mg/kg.

Epi is now discussed in three tabs to include 1:1000, 1:10,000 and EpiPen.

Versed geriatric 1/2 dosing will not apply when sedation is intended.

There was an extended discussion regarding nifedipine for pregnancy induced hypertension. This is included in the Region 6 protocol. No consensus was reached.

Nebulized TXA for post-tonsillectomy hemorrhage will be included for any age.

There was extensive discussion regarding racemic epinephrine for croup. **Dr. Robinson** suggested that low-dose epinephrine 1:1000 could be used based on current literature. This will be explored.

Oral honey for button battery ingestions was discussed. This is widely recommended including by most poison centers. Dosing guidelines will be included, and this can be administered if immediately available.

Inclusion of the distal femur for IO insertion was discussed. Also discussed that the humeral site can be appropriate for all ages. The femoral IO for pediatrics will be included.

Burn; there was discussion to move to all dry dressings for all ages. This does not prohibit immediate cooling of the burn to stop the burning process.

The revised wastage protocol was reviewed.

The dextrose JITSO was reviewed.

**Old Business** **items deferred due to extended standing orders discussion.**

Trauma Systems and SORTS;

Drug Shortages; See list sent out by **Dr. Augustine** for updated and continued Shortages.

DBEP;

Community Paramedicine and Research;

Legislative;

Dispatch Centers;

LE and Transport of Persons Involuntarily Admitted;

Medical Director Shortages;

**New Business:**

**Dr. Huebner** reported on the first meeting of the pre-hospital blood program. The purpose was to bring together stakeholders and to evaluate the demand and need for pre-hospital blood based on past and current data. A survey has been proposed to assess the provider knowledge base and the willingness of both paramedics and agencies to participate in a blood program. Blood bank and other system capabilities will also need to be determined. There was discussion of the appropriate instruments to collect the above data points.

**Open Forum:**

**Dr. Huebner** noted that he and five other members of the Region 3 RPAB attended the RPAB Chairs and All Member meeting in November. There was also a member who attended the Ohio EMS Medical Director conference.

Region 6; NTR

GMVEMSC; **Mr. Gerstner** reported that the state call for comments for changes to the DNR protocol will close today. There has been discussion at the state level regarding a third option being added, “do not intubate”.

MMRS/RMRS**; Mr. Gerstner;** Marburg VHF in Rwanda essentially over; 66 cases confirmed, 15 deaths; Planning for NATO Meeting in May 2025 in progress

Next QTD **January QTD: Friday-Saturday 01-24/25-2025**

Adjourn; 1030