

Medical Direction and Practice Board
16-May-2007
Minutes

In Attendance Members: Kevin Kendall, Steve Diaz, Eliot Smith, David Ettinger, Jay Reynolds

In Attendance Staff: Jay Bradshaw, Alan Leo

In Attendance Guests: Rick Petrie, Tony Bock, Mike Senecal, David Robie, Joanne, LeBrun, Jeff Regis, Josh Dickson, Ginny Brockway, Butch Russell, Amy Herrick

Topic	Discussion	Action(s)
1) Minutes from March 2007	No discussion	First by Kendall, Second by Ettinger, Unanimous approval
2) Legislative, Budget, EMSTAR updates	Department Bill Hearing last Friday; work session Thursday afternoon. No new budget information. Next Tuesday at Hall of Flags for EMS awards	
3) Protocols	See companion document. (a) Narrow complex tachycardia accepted and lidocaine universally omitted in favor of amiodarone for protocols. (b) Taser language accepted. (c) Anxiety protocol not accepted secondary to concerns for use of benzodiazepines in disorders where high degrees of caution should be used. Lots of discussion around this and much concern for appropriate use of such a protocol. Protocol for anxiety is tabled. (d) Combative patient protocol presented. Discussion around use of midazolam here and Josh Dickson from an Oregon service where this was used with good success. Combative patient protocol accepted. (e) EIR and MGM both presented and very good. Does not really fit protocols at this point and asked to bring these to the disaster committee for consideration—Petrie will do this and this recommendation came from Ettinger and Smith. (f) Fentanyl change to be both IV as written and option as first dose IM at 1 microgram per kilogram. Discussion not to use Intranasal Fentanyl at this juncture with IM option.	These items as discussed and protocol changes document updated.
4) Restraint Question	David Robie had some questions about the restraint protocols. (a) Grey 22 deals with patient restraint and Jay Bradshaw says MEMS staff will look at this. (b) Grey 25 discussed emergency transport with restraint without OLMC. Restraints need to be with OLMC unless the police have placed the patient in protective custody and direct crew to use restraints. Again, MEMS staff will look at these sections. (c) Grey 26 speaks to involuntary restraints, and this must be done with a physician order or NP/PA prior to patient departure.	Look to MEMS staff to help us with language in these sections to be consistent with regulations

5) Diabetic Sign Offs	Discussion on Gold 7 as it has been removed. Previous discussion that this is educational and does not really fit as a protocol. Pointed out by LeBrun that this type of clear delineation in the protocol book between pure protocol and educational piece not currently clear. Diaz made the point that we look to our educational and operational colleagues to help us with this, but to be cognizant of the time sensitive issues perhaps being treated in a different way in the protocol book as far allowing for educational pieces since a bit higher medical risk—these would include STEMI, major trauma, and CVA.	Further discussion pending edification of this issue by our educational and/or operational colleagues.
6) Update on Fentanyl Dosing	Desire to update narcotic dosing with Fentanyl sooner than the anticipated 2008 protocol update. Motion to update MEMS providers and EDs in Maine with the following language which would go into effect July 1, 2007: “Fentanyl 1 microgram/kg IV or IM initially then 25-75 micrograms IV every 10 minutes to a total of 400 micrograms.” This would not change the use of fentanyl or what types of use are standing orders or require OLMC per the protocol book. This needs to be a direct notice to the groups noted above.	Motion by Kendall, Second by Ettinger, with unanimous approval.
7) Education Committee	Looking at protocol changes (Petrie for Batsie)	No action
8) CPAP	Camden First Aid, Standish, Northeast Harbor, and University Ambulance (Orono) have requested to join the CPAP pilot project. An update is due here next month for this program.	Motion by Ettinger, second by Kendall, and unanimous approval to accept these 4 services into the CPAP study.
Next Meeting	June 20, 2007	