STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333

JANET T. MILLS
GOVERNOR

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COMMISSIONER

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DIRECTOR

Medical Direction and Practices Board
Weds, August 19, 2020
Conference Phone Number: 1-720-707-2699 **Meeting Number:** 345 024 1513
Zoom Address: https://zoom.us/j/3450241513

Members present:	*Matt Sholl, Beth Collamore, Kate Zimmerman, Matt Opacic, Mike Bohanske, Pete Tilney, Seth Ritter, Tim Pieh, Claire Dufort, Rachel Williams, Benjy Lowry*
Members Absent:	*Dave Saquet, Kevin Kendall, Bethany Nash, Adam Thacker*
MEMS Staff:	*Melissa Adams, Marc Minkler, Jason Oko, Sam Hurley, Darren Davis*
Stakeholders:	*Chip Getchell, Jay Bradshaw, Nate Yerxa, Dan Pugsley, Debbie Morgan, Rick Petrie, Kelly Meehan-Cousee, Paul Marcolini, Ben Zetterman, Joanne Lebrun, Dennis Russell, Aiden Koplovsky, Cody Fenderson, Alison Roberts, Sean Tuemmler, Chris Pare*

"The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board/committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board/Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent."

MDPB August 2020 Meeting

Solitary item on the agenda = protocols

1) Welcome – Sholl
    a. Review of the agenda,
    b. Zoom rules were discussed, please mute if not an MDPB member, use the chat or raise your hand
    c. Introductions
2) Thank You to the MDPB – Sholl
3) Overview of the day – Sholl
4) Discuss the August 6 Protocol Discussion – Collamore and Zimmerman

a. Beth Collamore thought the forum went very well, the participation was good, it was well attended, the comments were helpful, she has received emails regarding other sections from folks she met through that meeting

5) Upcoming Protocol Discussion Forum September 10 (1230) – Sholl
    a. The next protocol discussion forum is on September 10th, same zoom meeting information
    b. Matt encouraged MDPB members to attend these to get a good return on participation
6) Blue Section – Pieh/Sholl
    a. Presentation
        i. Reviewing the national scope of practice gap analysis
        ii. Discussion – nebulized medications at the EMT scope of practice – as a standing protocol
            1. **Nebs for EMT as standing protocol and Replace "assist MDI" with duo-neb**
                a. Motion – Benjy Lowry
                b. Second – Mike Bohanske
        iii. Blue 7 bronchospasm, #3 states request ALS, general consensus to maintain this and stress this language during education. .
        iv. Discussion re: repeat dosing
            1. **Duo neb at all levels – may repeat 5 minutes after completion x 2 as needed for ongoing symptoms (medic will still have albuterol).**
                a. Discussion re: tachycardia – and adding pearl that tachycardia is okay. For questions contact OLMC as a pearl
                b. Motion – Matt Sholl
                c. Second – Beth Collamore
        v. CPAP
            1. **CPAP (and "if available") in Pulmonary Edema**
                a. Beth Collamore mentions need for good education – including contraindications (n/v and AMS)
                b. Sam Hurley – what about PEEP – Tim Pieh – leave this to education, keep simple, maybe 5 mmHg
                c. Tim Pieh Mentions – need to add the If Available and so trained to the airway algorithm…
                d. Motion – Tim Pieh
                e. Second – Beth Collamore
        vi. Bronchospasm
            1. **CPAP in bronchospasm (COPD/Asthma) at the EMT level. Reinforcing benefit of ALS. If symptoms require CPAP (i.e. no improvement from 3 nebs) – proceed with CPAP but OLMC to discuss repeated nebs (Q 5 min) and or IM epi…. Reinforcing the value of ALS**

a. Will need to revisit and clean up the <18 y/o and allow for IM epi or continuous nebs during the Pink section discussion
b. Pete Tilney – On the continuum toward respiratory failure – and ALS should still be called. (Pearl and education)
    i. **MS - BRING THIS LANGUAGE BACK TO THE GROUP**
c. Motion – Tim Pieh
d. Second - Kate Zimmerman

2. Pediatric Bougie
    a. **Pediatric Bougie (current language pushes bougie first pass – should this be the same for pediatric patients?) Bougies should be used only for ETT size 6.0 and above**
        i. Motion – Tim Pieh
        ii. Second – Benjy Lowry
3. Midazolam dosing change
    a. Currently written this is for post BIAD in Peds, within the ranges, breaks it into one dose IV/IO mg/kg, and one dose IM mg/kg for all ages. Trying to clean up the language to make the ranges less complex.
        i. **Midazolam dosing change – cleaning up the language – approve the language as proposed**
            1. Motion – Tim Pieh
            2. Second – Beth Collamore
4. Oral Dexamethasone
    a. Suggesting adding at the paramedic level in the setting of bronchospasm to administer orally, we allow for croup, and it has gone well. The benefit is faster administration.
        i. **Dexamethasone PO for bronchospasm (adopt the proposed language)**
            1. Motion – Mike Bohanske
            2. Second – Beth Collamore
5. Surgical Cricothyroidotomy
    a. Clarification – at one point we say consider surgical over needle at age 8, then age 10
    b. **Age for surgical cricothyrotomy – adopt 8 across the board…**
        i. Motion – Matt Sholl
        ii. Second – Rachel Williams
6. Advanced airway language
    a. De-emphasize the procedure of intubation as written in the pearl. Should change to “be prepared to proceed with advanced airway management”

i. **Item 9 = Pearl Blue 8 – change that language from "prepared to intubate" to "proceed with airway management"**
    1. **Also add language re: ongoing bronchodilatation – "ongoing bronchodilatation through nebulizers or IM epi" instead of "continuous nebs must be administered"**
    2. Motion – Beth Collamore
    3. Second – Mike Bohanske

7. OLMC symbol for clarity
    a. **OLMC for Midazolam and Ketamine – clarification – as drafted to add second phone symbol for clarity that both therapies require OLMC**
        i. Motion – Claire DuFort
        ii. Second – Beth Collamore
8. Discussion re: old language (** on bottom of Blue 40
    a. **Delete old language regarding ETCO2 devices in pediatric patients (bottom of Blue 4 "Depending on the device used, ETCO2 devices may not be applicable to the pediatric patient".**
        i. Motion – Kate Zimmerman
        ii. Second – Mike Bohanske

7) Red Section – Ritter/Bohanske
    a. Red 2
        i. Chest pain point 10 having d-fib pads ready
        ii. Reviewed a study of pads on patients vs no pads on and time to first defib for v-fi, v-tach patients 17.7 mean seconds for on 72.7 mean seconds not on.
        iii. Discussion re: making this mandatory i.e. apply pads to patients with STEMI, 376 primary impressions of Stemi statewide in 2018.
            1. **Place pads on STEMI patients**
                a. Motion – Mike Bohanske
                b. Second – Claire Dufort
    b. Red-6 uncertain etiology chest pain
        i. AEMT #6, 12 lead if so trained, we need to remove this language as they should all be trained on this.
            1. **Red 6 #6 – remove the "if so trained" – all AEMT's should be trained**
                a. Motion – Matt Sholl
                b. Second – Beth Collamore

c. Hyperkalemia (new protocol)
    i. Crush injury added calcium gluconate after red section reviewed and approved
        1. Identifying hyperkalemia at the paramedic level and treating it
            a. Identification
            b. EKG changes
            c. Not lab values
        2. Hyperkalemia Protocol with the following
            a. Strike the small volume nebulizer piece – normal neb is 6 ml – need to include in education re: refilling the neb.
            b. Better ECG photos
            c. No ranges of medication (as proposed by MB2/SR)
            d. All IV/IO
            e. Reaffirm the % dilution with BN
            f. Add Pearl "These can be dynamic situations. Monitor QRS complexes closely after therapy. If initial improvement, but recurrence of QRS changes, please re-initiate protocol."
            g. Will need to reference this in the crush injury protocol
            h. Also – remove the "small volume nebulizer" piece
            i. Motion – Tim Pieh
            j. Second – Beth Collamore
d. Add calcium to red 7 cardiac arrest
        1. Reference it in the flow chart. If suspected acidosis gives calcium
        2. Cardiac arrest overview pearl, address potential causes of arrest
            a. Consideration of bicarb in possible toxic or acidotic patients. Also, consideration of calcium and bicarb in hyperkalemic patients – note patients on dialysis are at highest risk. PEARL
            b. **Fixing Red 7 infographic by adding Ca**
                i. MS and KZ to edit and bring back to the group – mirror the language from the pearl and bring back to the group
                ii. Motion – Beth Collamore
                iii. Second – Kate Zimmerman

8) Planning for the Sept Meeting – Matt Sholl
    a. Aspirations for that meeting
        i. Complete the red section,
        ii. Begin the gold section
9) Motion to adjourn by Tim Pieh at 12:56

Voting Record

		Item 1	Item 2	Item 3	Item 4	Item 5	Item 6	Item 7	Item 8	Item 9	Item 10	Item 11	Item 12	Item 13	Item 14	Item 15
MS	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
KZ	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
MB2	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
SR	√	√	√	√	√	√	√	√	√	√	√	√	√	√	Left	Left
TP	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
DS																
BC	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
BL	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√
KK																
BN																
PT	√	√	√	√	√	√	√	√	√	√	√	√	Left	Left	left	left
CD	√	√	√	√	left	√	√	√	√	√	√	√	√	√	√	√
AT																
RW	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√	√