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

PAUL R. LEPAGE
GOVERNOR

JOHN E. MORRIS
COMMISSIONER

JAY BRADSHAW
DIRECTOR

Medical Direction and Practices Board
Meeting
September 17, 2014
Minutes

Members Present – Dr. Beaulieu, Dr. Pieh, Dr. Sholl, Dr. Randolph, Dr. Zimmerman, Dr. Busko, Dr. Kendall

Staff: Jon Powers, Alan Leo, Heather McKenny, Drexell White, Jay Bradshaw, Don Sheets

Guest: Dr. Dinnerman, Mike Poli, Lisa MacVane, Marc Minkler, Christopher Pare, Brian Chamberlin, Dan Batsie, Dennis Russell, Joanne Lebrun, Nate Yerxa, Rick Petrie, Kevin Gurney, Dr. Goth, Ginny Brockway

1) Introductions were done
2) July 2014 Minutes
    a. ***Motion to approve minutes as submitted Dr. Pieh, seconded by Dr. Randolph, Unanimous***

3) State Update
    a. Community Paramedicine
        i. Jay gave an update about the MOU/RFP process for data review.
    b. Transportation of the deceased
        i. Jay will be meeting with the AAG from the board of funeral directors and the director about the transportation of bodies. The goal is to effect legislation to fix the language to allow EMS to do this legally.
    c. Quality Assurance Rules
        i. There will be rules hearings around the State. The meetings will be at 4 pm around the state by webinar/phone. Comments will be collected and taken to the Board in December.
    d. Legislative
        i. Some new law changes are being worked on one such is to remove the cap of 12 on Community Paramedicine pilot projects to be more inclusive.
    e. MEMSRR

        i. Jon is doing a lot of work on the NEMSIS vs 3 update which will bring a new run report through ImageTrend with more customization ability and better usability for providers.

4) Capitol Ambulance Pilot Project
    a. Training has begun and clinical practice will begin in November. Jay reminded the group that Dr. Sholl and Don need to review the training.

5) EMD and Determinant Codes – Drexel gave a history of where EMD began and where we are now at. For the benefit of the MDPB Drexell led a presentation and discussion as an overview and introduction to the EMD system and how it can benefit our system on a larger scale including priority response. This review included a walkthrough of how the priority dispatch system works and demonstration of the actual system used by PSAPs in Maine. Currently we have two services in the state that have utilized the full power of this system and have implemented a response assignment plan.

6) New Devices
    a. Veinlite
        i. Dr Zimmerman reported that she did not have any additional information after last meeting.
        ii. Dr. Sholl gave an introduction to Dr. Beaulieu about the process for new device reviews.
        iii. ***Motion to approve the device Dr. Pieh second by Dr. Randolph, Unanimous***

7) Special Circumstances Protocols
    a. Rick Petrie brought forth a patient with adrenal insufficiency and request for use of patients own solu-cortef.
        i. ***Motion to approve the protocol as presented by Dr. Randolph, second by Dr. Zimmerman Unanimous***

    b. Dr. Zimmerman brought a second very similar special for the group to review.
        i. ***Dr. Busko motioned to approve with removing the language around solu-medrol dosing and deferring to MEMS protocol seconded by Dr. Beaulieu, Unanimous***

    c. Dr. Sholl opened the discussion about including language in our protocols for these patients as we have at least a dozen in the state now and it may be time to include this in our protocol

8) PEGASUS Update
    a. Dr. Sholl gave an introduction to Dr. Beaulieu about where this came from and how Maine is getting involved. Houston training will be made available to the Education Committee for review and editing for Maine EMS use. Maine, Mass, NH, and VT now have the same format of protocol which is one step towards developing a New England Protocol set

9) Transport of Patient's with Chest Tubes
    a. Dr. Busko was concerned about the inconsistency in the decision to transport patients with chest tubes hooked to suction. Some services say they are immediately considered unstable others say its fine.
        i. ***Motion by Dr. Pieh that the presence of a chest tube to suction does not in itself deem a patient as unstable. That a patient with a chest tube to suction be deemed stable by the PIFT decision tree and can be moved by PIFT. Dr. Kendall second. Unanimous***

10) Discussion – New Hampshire/Maine OHCA guidelines and inconsistencies. It was determined that it was probably best to tackle this under the red section review.

11) Medical Director Handbook Discussion
    a. Eric Wellman began this process in 2010 while working on his Master's in Education. Marlene and Mike Schmitz did some editing of this document and now Dr. Kendall is working with this document to move forward with the medical directors training and making the edits he has received from reviewers.

12) Pediatric Guidelines review
    a. Becky has recommended the use of the word microgram in place of mcg to increase safety. Consensus for doing this
    b. ***Consistency of BG less than 60 as opposed to 80. This would be what has been adopted for adults. This was vetted with Pediatric and intensivists around the state with no consternation. Consensus to move forward with this.***
    c. Narcan dosing – There was consensus to keep our current language and dosing.
    d. Narcan Medical control – consensus to remove the need for medical control at the paramedic level for initial dosing.
    e. Glucagon Dosing – change to recommendation by Becky
    f. ***Dosing of Benzodiazepines – Consensus of the group to remove rectal route as we have IN,IM,IV which are easier/most likely used. Alternate dosing will be moved up to remove the impression that it requires medical control. Dr. Pieh motioned to change IV to 0.1 mg/kg and IM, IN to 0.2 mg/kg with Max dosing the same as adult. Consensus***
    g. Removal of the word "aggressive" in the recommendation to monitor patients post benzodiazepines as this is standard practice. Consensus to move forward with the removal
    h. Role of Solu-medrol
        i. Asthma – Recommendation to remove OLMC in known asthmatics for solu-medrol
    i. Pegasus Review –
        1. Airway management recommendations were more pertinent to Education and Operations as opposed to protocol development.
        2. CPAP discussion will be held until there is clarification from Manish about whether this was intended to include Asthma.
        3. Failed airway algorithm – stresses that open cric should only be performed if landmarks can be identified. It was felt this was already handled in current protocol.
        4. There will be added language in the allergy pearl about GI symptoms and a single BP change in a patient with exposure to known allergen.

5. Solu-medrol in anaphylaxis. There was much deliberation and discussion amongst the group about the literature review and the growing body of literature that there was no benefit in the anaphylaxis patient when receiving solumedrol. Additionally this unnecessarily increased the observation time in the ED.
    a. ***Motion to remove solumedrol from the anaphylaxis protocol by Dr. Sholl second by Dr. Randolph, Unanimous***

6. Pearl added to clarify cardiovascular collapse and shock for use of epi drip.

7. There will be a change in the cut off from 30 kg down to 25 kg for the use of epinephrine auto injectors at the pediatric dose. Above 25 kg will get an adult auto injector dose.

8. The group had consensus to hold off the remainder of pediatrics for next month as they will tie in with trauma.

ii. Dr. Sholl gave a summary of work being done behind the scenes to address the potential changes coming with spinal immobilization. There will be some strong education to ensure that there is not an apathetic approach to spinal management. There was a lot of discussion about the proper way to educate providers to ensure there is clarity about purpose.

j. Messaging new changes to the Green Section and spine management

13) Old Business
   a. Operations (None – Did not meet in August)
   b. Education – NREMT changes are coming in both initial testing and continuing education. The group will be watching the pilot sites to see how these items play out and make recommendations to the Board as necessary. Training centers are coming up for renewal and should be submitting self-study reports in the near future which will be reviewed by Maine EMS.
   c. IFT - no new work

14) Motion to adjourn 12:35