



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



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Medical Directors and Practice Board
 March 15, 2017
 Minutes

Members Present: Dr. Sholl, Dr. Pieh, Dr. Zimmerman, Dr. Kendall, Dr. Busko, Dr. Couture, Dr. Bohanske, Dr. Nash, Dr. Jalbuena, Dr. Saquet

Members Absent: Unknown

Staff: Shaun St. Germain, Jason Oko

Guests: Unknown

- 1) Introductions
- 2) December 2016 Minutes – Sholl
- 3) State/Community Paramedicine/Medical Director Manual/CARES/Heart Rescue Update – St Germain
 - a. Tim Nangle has been hired as the Data Coordinator for Maine EMS he will begin in April.
 - b. ASMI Report – The Board is starting their work to go through the recommendations and there will likely be a request for involvement from the MDPB in some of the subgroups that will likely be meeting to work through specific topic areas.
- 4) PEGASUS Update - None
- 5) Special Circumstances Protocols – NONE
- 6) New Devices – NIO – Busko
- 7) Report out from the VL Pilot project. Consider time frame and requirements for inclusion of additional services.
 - a. There have been half a dozen cases where the device has been used up to this point. Dr. Martel has expressed thoughts to Dr. Sholl that there is likely a need for more airway management training as there is a varying approach to the procedure and use of the VL device.
 - b. There was a lot of discussion to send the Pilot group back to retool education and consider the process of onboarding additional services.
- 8) Protocol Review –
 - a. Finish Yellow Section/Circle Back on Red Section items Kate sent/Begin Green Section
 - b. Northern New England Stroke Protocol
 - c. Intranasal Midazolam –

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With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

- i. Tim worked with a PharmD from Maine General to review a number of questions been raised about allowing for the administration of IN naloxone.
 - 1. What concentrations are currently being distributed to EMS?
 - a. All but one hospital in Maine is offering 5mg/ml
 - 2. Dry non-bloody and non-congested nasal canal- are we clear that you cannot deliver through that route?
 - a. Abnormal Nasal anatomy or increased mucous production may reduce absorption
 - 3. How much of the volume are we losing through the atomizer or through a needle?
 - a. The atomizer “dead space” accounts for 0.1 ml
 - b. For the needle it depends on what gauge and length
 - 4. There may be more bioavailability in IM but peak concentration appears to be more rapid in IN than IM.
 - 5. **Motion to keep IM only for seizure and create a pearl for premedication IN dosing. Dr. Pieh , Second by Dr. Bohanske, Unanimous**
- ii. Unified Stroke Protocol
 - 1. Adopt as the New England protocol recommended with minor language edit to the “most appropriate facility” and change of 12 Lead to Advance/Paramedic only.
 - a. **Motion to adopt with 4 changes and 2 additions Dr. Pieh, Seconded by Dr. Busko, Unanimous**
 - Changes:**
 - i. **Move 12 lead down to A/P**
 - ii. **EMT correct glucose if less than 60**
 - iii. **Change language to reflect STEMI language around transport destination**
 - iv. **Correct spelling of guage to gauge**
 - Additions**
 - i. **Thrombolytic contraindication checklist**
 - ii. **Preferred presentation checklist**
- iii. Epinephrine options
 - 1. As the new generic epinephrine auto injector is substantially cheaper not to deviate from the use of these devices as the option for EMTs.
 - 2. **Dr. Pieh Motioned to bring an episafe syringe equivalent to the next meeting. Dr. Kendall Seconded, Unanimous**
- iv. SEPSIS
 - 1. **Motion to approve the identification change to both Pediatric and Adult medical shock replacing the current definitions but make no change to treatment or pearls, leave EtCO2 out until**

the May meeting and add check finger stick blood glucose to the EMT section. Dr. Pieh, Seconded Dr. Couture, Unanimous

- v. Ondansetron in Pregnancy
 - 1. There is a request from an OB group to not administer ondansetron to pregnant patients in the first or second trimester.
 - 2. Plan is to bring this back in April or May with more literature from the OB group
 - vi. No changes to the airway algorithm. A whitepaper will be developed by Dr. Busko, Dr. Pieh, and Dr. Couture
 - vii. Dr. Sholl and Dr. Couture are going to work on a letter to agencies to clarify items around cardiac arrest and bring that back for deliberation at the April meeting.
 - viii. Termination of Resuscitation: Updates to the timeline based upon patient rhythm.
 - 1. Lots of discussion around this. Final determination was to create a checklist in cardiac arrest and in termination of resuscitation to give providers a guide.
- 9) Discussion re: April/May Meetings
- a. Meeting will occur in April