



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

SHAUN A. ST. GERMAIN  
 DIRECTOR

**Medical Direction and Practices Board  
 August 15, 2018**

**MDPB Agenda – Meeting begins at 0930**

**Members Present – Dr. Zimmerman, Dr. Sholl, Dr. Opacic, Dr. Tilney, Dr. Kendall, Dr. Collamore, Dr. Bohanske, Dr. Ritter, Dr. Pieh, Dr. Nash, Dr. Saquet**

**Members Absent – None**

**Staff – Shaun, Jason, Marc, Don**

**Stakeholders – Dr. Mike Schmitz, Ben Zetterman, Rick Petrie, Stephanie Cordwell, Nathan Yerxa, Tyler Hinckley, E. David Mejia, Chip Getchell, Robert Russell, Christopher Azevedo, Rick Kindelan, Shawn Cordwell, Jay Bradshaw, Judy Gerrish, Claudia Fitzgerald, Kevin Gurney, James LaPolla, Christopher Pare, Thomas Moses, Tony Attardo, Stephen Cutter**

- 1) Introductions –Sholl – 0930 - 0935
- 2) July 2018 MDPB Minutes – Zimmerman – 0935-0940 Dr. Collamore Dr. Kendall unanimous
- 3) Follow Up - Discussion re: re-arrest in route to the hospital – Pieh/Zimmerman/All – 0940-1000
  - a. Dr. Zimmerman has drafted a letter for review it will be distributed for comment and then submitted to MHA and MAA. The principal content is that hospitals should work with EMS on the disposition of remains when a family is expecting arrival of the patient there.
- 4) 2019 Protocol Update – Sholl/Zimmerman /All – 1000 - 1200
  - a. Conference Call reviews – 1010 - 1010
    - i. July 2<sup>nd</sup>/August 6<sup>th</sup> conference call – review major themes that arose – Sheets/Sholl
      1. There have been issues with communication around these that Don has discussed related to his emails getting out of the state system. Dr. Sholl discussed that when we have good involvement the conversations have been meaningful and those have come from stakeholders which is why we are doing this. We would appreciate all those present to help us spread the word about these sessions.
  - b. Blue Section review – Zimmerman/All – 1010 - 1025
    - i. Blue 8/9
      1. The trach table was cleaned up with consensus it was easier to read.
      2. Ability to provide continuous neb through CPAP – Don to update the approved equipment list to accommodate this. Bronchospasm will be updated as proposed
  - c. Gold Section Review Ritter/All – 1025 – 1125

● **Excellence** ● **Support** ● **Collaboration** ● **Integrity** ●

PHONE: (207) 626-3860

TTY: (207) 287-3659

FAX: (207) 287-6251

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

- i. Discussion around Epinephrine dosing, Dr. Nash stated the recommended range is 0.2-0.5 mg currently. Dr. Ritter asked the question if we should look at this as opposed to sticking with 0.3 mg.
    - 1. Consensus to keep the 0.3 for muscle memory and the introduction of the check and inject at the EMT level. Do we repeat dose epi?
  - ii. Should we have a separate symbol for hospital alert vs medical control. Dr. Pieh will work with Chip and Don on a proposal of how to separate the request vs alert of sick patient.
  - iii. Pediatric needs a max dose for Diphenhydramine
  - iv. Racemic epi is not required. Evidence does not support that it is superior to regular epi. Add racemic as an option if available under allergy anaphylaxis.
    - 1. Should Epi be required for all EMT level services.
      - a. Dr. Pieh proposed that we survey services to find out who does not currently carry this medication.
      - b. Consensus to have the Regional Medical Directors lead this conversation and MEMS will create a survey monkey to ask services about use and training.
  - v. Weight based dosing on EPINEPHrine is important but we need an end point and goals to achieve. BP of 90 or MAP of 65 this will be reflected in all pressor use.
  - vi. Clarified language around 60 ml/kg bolus to be 3 20 ml/kg boluses in anaphylaxis pearls.
  - vii. Dr. Pieh motioned to leave glucometer alone seconded by Dr. Opacic – Conversation about cost benefit of changing vs putting the energy into something like EPINEPHrine – Approved one abstention due to being out of the room for the motion.
  - viii. Combine Fluid bolus and recheck BG in adult diabetic emergency.
  - ix. Make 10% IV solution say D10W contemplate ramifications of being this specific.
  - x. Recheck IN dosing of Glucagon for possible inclusion.
  - xi. Leave Sulfonylurea as the patients who really require transport and refrain from adding a list of long acting agents
  - xii. Dr. Sholl and Dr. Ritter opened the conversation about LVO screening. Consensus was to work on implementing a screening tool. Dr. Saquet Dr. Zimmerman, Unanimous
- d. Timeline review – Zimmerman/All – 1125 – 1135
- i. Dr. Sholl walked through the timeline and plotted out where we stand and how this will fit into the original timeline scheduled. We are on track thanks to the willingness of the group to meet this month.

**BREAK**

- e. Red Section Review (mechanical CPR) Pieh/Bohanske/All – 1200 – 1300
  - i. Dr. Bohanske and Dr. Pieh gave a presentation on the current devices available, the way the product operates and the literature that is available on these devices.

1. There were a few questions about the treatment modalities within the some of the studies.
2. Dr. Sholl gave a description of what the difference is between clinical quality and equivalence and non-inferiority.
3. There was a lot of discussion around the potential benefits to the system of the device and potential complications
4. Dr. Sholl ran through the pieces that he saw as necessary if the MDPB wants to endorse these devices
  - a. Transport – rearrest/changes in hospital treatment options
  - b. Few providers – what does that mean and look like
  - c. Prolonged Resuscitation – What does this mean and look like.
  - d. Dr. Pieh motioned that there is a role to look at mechanical devices in Maine Dr. Bohanske seconded. Unanimous
    - i. Dr. Pieh and Dr. Bohanske will develop a proposal and bring it back to the group for deliberation at a future meeting.
- 5) Discussion re: Board IFT Committee – 1300 – 1310 - Dr. Tilney, Dr. Saquet, Dr. Sholl, Dr. Bohanske and Dr. Nash as possibilities.
- 6) Discussion re: Maine CDC Data Request re: Opioid Overdoses – 1310 - 1320

Old Business – Tabled until Sept Meeting