# Regional Medical Direction Committee Meeting Minutes

*Friday, March 31st, 10:30am*
*Phone Conference – BREMS Office*

| Members Present: | |
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| Mary Kathryn Allen | BREMS |
| Jennifer Kersey | BREMS |
| Sean Regan | BREMS |
| Dr. Marilyn McLeod | Regional OMD; LFD, Campbell Co. Public Safety, and Amherst Co. agencies |
| Dr. Leonard Cohen | Bedford agencies, Concord, BWXT, Pamplin |
| Guests | Janet Blankenship – Bedford County F&R |

The OMD meeting began at 10:30am via phone conference from the BREMS office.

**Old Business:**
Jenn asked the committee to finalize protocol in regards to naloxone administration for EMTs in the BREMS region due to the opioid crisis statement release from the State Health Commissioner. Drs. McLeod & Cohen agreed on intranasal administration of pre-filled naloxone starting with 1mg up to a max of 4mg, with each mg to be administered in alternating nares every 3-5 minutes, titrated to an adequate respiratory status (i.e. restoration of adequate respiratory drive, adequate patient presentation and acceptable O2 saturation of at minimum 95%.) It was encouraged that the training materials reflect that there is no need to restore the patient's mental status to awake & oriented. Dr. McLeod also asked that there be educational material presented to the patient/family during these cases. There was also much discussion on refusals for these patients, if they in fact become oriented to an alert status and have the ability to have informed consent.

**Regional OMD Update:**
Dr. McLeod stated that the State Health Commissioner has emphasized a state of emergency with public health due to the opioid crisis. And they have requested to have a statewide protocol to cover said crisis. Dr. McLeod stated that she is not a proponent of this and will deal with issues that may arise from this.
She also stated that in regards to the state trauma committee, the EMS Advisory Board would like to add more trauma representation.

**BREMS Update:**

Jenn stated that she and Sean Regan are actively working on the quarterly protocol update as well as other ongoing projects with CQI and working with the LGH ED. Dr. Cohen asked that we reach out to the other outlying hospitals and develop relationships with them as well. Jenn stated that she will work on this and update the committee.

Jenn updated the committee on the CQI/data for the new medications added in September of 2016. It was recommended to check on D10% pre-filled syringes, to create a procedure page for boluses & maintenance drips, and to correct the protocols that list D50. There was suggestion to make a memo at the bottom in key considerations for D50 potentially being in the box in the event of a shortage of D10%. Dr. McLeod advised the committee that the dose for Ketorolac would be changed to 15mg for all patients. She states that there is no evidence that a higher dose works any more effectively than a standard dose of 15mg. In addition, by doing this, we help prevent the possibility for renal damage.

Jenn stated that a recommendation was given to her to change the prehospital concentration for levophed. Currently, we have a 1:1 concentration for 5mg/min with 16mg in a 250cc bag of D5W. Due to this, the drip rate is 5gtts/min. This could create possible medications errors and is difficult for EMS to verify with just "eyeballing" a 60 gtts set. Jenn recommended a change of either 4mg or 8mg in 250cc. This would adjust the drip rate to 20-45 gtts/min. This is more feasible for EMS to calculate in the field without a pump.

**Protocols:**

Refusals –

- It was asked that data be pulled for refusals with percentages per agency.
- Stricter guidelines were recommended by Dr. McLeod
- Dr. McLeod mentioned she would like refusals videotaped if agencies were on board.
- Dr. McLeod asked that we look at other state and national refusal protocols.

Indwelling Devices/LVADs –

- Add "LVAD or VAD" underneath the protocol title. The protocol titles themselves cannot be changed per state guidelines.

Restraints –

- Janet had indicated that she has had some instances in her agencies where the restraint of a patient became an issue. She felt that we need to revisit this protocol in regards to types of restraints, working with law enforcement and documentation. Jenn & Janet will work on this protocol.

DNR/Palliative Care –

- Jenn is putting a document together on this similar to the state DNR guideline. It was asked what can and cannot be used. Drs. McLeod and Cohen agreed that valid DNR documents, DNR jewelery, and P.O.S.T documents can be used. BREMS will work on the policy for this.

Scene Times for Cardiac Arrests & V-fib Cardiac Arrests –

- There is still some confusion on the extended time of 40 minutes for v-fib arrests as well as the standard for working cardiac arrests on the scene of 20 minutes. Dr.McLeod reiterated that there is no maximum time or a time limit. That these are only minimums.

Transport Guidelines for Pregnant Mothers in Cardiac Arrest –

- Dr. Cohen stated that all of these cases should go to LGH. That, with early notification, an OB MD can be called to respond to the ED. Do not take these patients to VBH.
- Viability guidelines were discussed for the infant. Dr. Cohen stated that 20 weeks is a safe number. That verbiage should reflect this.

With there being no further business, the meeting was adjourned at 11:45 am.

Submitted by,

Jenn Kersey,
BREMS EMS Field Coordinator