

EL DORADO COUNTY

~PARAMEDIC ADVISORY COMMITTEE~

MEETING MINUTES

DATE: Wednesday, January 14th, 2009
TIME: 8:30 am - 10:00 am
LOCATION: El Dorado County EMS Agency Conference Room

I. Members Present:

Jan Boisen-Moller, LVFPD
Lantz Burvant, EDHFD
Kim George, SLTFD
Joel Warman, RFD
David Brazzel, EMSA
Ben Cowles, EDHFD
Kenneth Earle, DS/EDFPD
Ben Housel, MHER
Daniel Miller, CALSTAR
Michele Williams, MHER
Brian Bresnahan, EMSA

II. Mission Statement

Improving patient care through diligent research and a thoughtful approach to the needs of our patients.

III. Related Committee Updates:

- **Continuous Quality Improvement Committee:**
No report given
- **Medical Advisory Committee:**
No report given

IV. New Business:

a. Triage tags for John Does were discussed as a possible solution for an in hospital method of patient tracking. Any time a patient whose name is unknown would have a triage tag attached. The tracking number on the tag would be used for tracking blood work, etc. This started a long conversation about triage tags which will be covered under the trauma committee report.

V. Old Business:

- **Protocol/Formulary Review 2008/2009:**
 - a. Bradycardia wording changes (Brian) - this was discussed and it was decided that a new draft protocol with algorithm would be developed. (see attachments)
 - b. Cardiac Arrest - 20 minutes (Brian) - The Los Angeles cardiac arrest protocol was discussed and it was agreed that medics would have discretion on which patients would or would not be left at scene after determination of death, post CPR/ACLS. The new protocol draft has a statement about considering pronouncement if no ROSC is achieved. The primary goal of the protocol is to concentrate on good CPR and ACLS on scene and worry about moving the patient or transport after several cycles of CPR and ACLS. Patients who do not have an advanced airway in place or IV/IO access would typically be transported to the ER.
 - c. 12 lead EKGs - The EMS equipment committee is recommending that the JPA purchase monitors with 12 lead capability to replace our current models. This will take place over the next several years and it was felt that 12 lead training and protocol development is premature at this time. Deferred top next year's PAC.
 - d. Crush Injuries (Ryan) - Crush injuries were discussed and the physicians felt there weren't enough calls of this type to warrant a protocol. Crush trauma requiring medication is normally due to structural collapse where a patient is trapped for many hours or days.
 - e. Induced Hypothermia (Michele) - Marshall Hospital is having a meeting on this and Michele will report back next month.
 - f. New Morphine doses and limit - A higher limit for standing order MS was discussed and the group agreed on 20 mg in 4 mg increments as a reasonable amount. This will facilitate the new 4

mg ampules of MS and will almost completely eliminate the need for wasting of unused med.

- g. Magnesium Sulfate in eclampsia - A clarification in the seizure protocol addresses the need for Magnesium Sulfate as the first line med in eclampsia, barring hypoglycemia.
- h. Dopamine in Neuro shock - Dopamine dose ranges were discussed and the protocols will have to match AHA guidelines. All protocols with dopamine cannot have the same doses because of the varying effects of the med at different dose ranges. Draft protocols will reflect AHA recommendations.

- **Policy/Procedure Review 2008/2009:**

Areas of focus:

- a. Trauma Subcommittee Report-

The TSC is looking at the following items:

- Triage tags - it is the recommendation of the TSC to standardize the triage tags county-wide. All old tags should be discarded and medics and ERs should begin using one tag style. TSC also recommends a "triage tag day" each week or month: in order to become familiar with the tags each patient would be tagged in the field regardless of medical vs. trauma disposition.
- Quick Look Guide - The TSC will be revising this to meet the needs of system now. (ALS engines will be included this time)
- Multiple Patient Protocol - those calls that aren't quite MCIs will have a draft protocol to make them run a bit smoother.
- Trauma Destination Policy - This will also be changed to address MH being a level III trauma center.
- Trauma Triage Criteria - TSC will insure that we are consistent with the region and the ACS guidelines.

- b. Refusal of Care (Joel) - Discussions continue on AMA forms and check sheets. The Tahoe JPA's insurer is requiring them to use a "VFIS Medical Miranda Card" for all patient refusals. More to come...

- c. Scene Photography (Joel and Brian) - This was deferred to MAC. Remove from old business.
 - d. Determination of Death (Brian) - An updated draft is out for review. (see attachments)
 - e. Bulb Syringes for ET confirmation - These are to be removed from use and the minimum equipment policies.
 - f. Exposure Kit Inventory - Ryan will bring in a kit and we will put together a minimum inventory list.
- **Equipment Review 2008/2009:**
- a. ResQPOD (Michele) - This is available for use and will probably be approved as an optional piece of equipment for departments that want to purchase them. The cost is 80-90 dollars for each single use only ResQPOD.
 - b. King Airway (Michele) - These are simpler than Combitubes, but aren't approved for BLS use. The group will have more discussion on them.
 - c. Disposable laryngoscope blades (Becky will provide some samples) - samples were passed around and the group will probably recommend adding as part of the required minimum inventory. They will be cheaper in the long term considering the cost of high level disinfectants. They also assist in achieving infection control compliance with OSHA and the CDC.
 - d. Latex allergy kits (Brian) - The committee recommends going 100% latex free as incidence of latex sensitivity in health care workers and patients is on the rise. Latex could be used by employees as an option, but the trend is to go non-latex.
 - e. Chlorahexadine A sample Chloraprep was passed around and Becky will look into a less expensive alternative. It is recommended that alcohol and betadine preps be discontinued and chlorahexadine be implemented.

NEXT MEETING: FEBRUARY 11, 2009 - 08:30-10:00 at the EMSA.