

EL DORADO COUNTY

~PARAMEDIC ADVISORY COMMITTEE~

MEETING MINUTES

DATE: Wednesday, November 12th, 2008
TIME: 8:30 am - 10:00 am
LOCATION: El Dorado County EMS Agency Conference Room

I. Introduction of Members

Ryan Basque
John Schureman
Brian Bresnahan
Ben Housel
Michele Williams
Joel Warmin
David Brazzel

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 update
- Medical Advisory Committee:
No update

IV. New Business:

- Protocol/Formulary Review 2008/2009:
 - The group discussed doing an initial cursory look at the protocols for any inconsistencies, problems, or needed revisions. This will be done by all committee members and discussed at the next meeting as a group. **Action:** all members will review entire protocol manual and report back at next meeting with suggestions.

- a. Morphine (revise) - the IM dose of MS was discussed and the group agreed that the dose should be standardized in all EDC documents to be 5-10 mg for adults. **Action:** To be approved at a future MAC meeting.
 - b. Zofran* for nausea (new) - Group agreed that becoming part of a trial study for Zofran and adding it to the formulary would be very beneficial in providing quality patient care here in EDC. **Action:** Seek inclusion into the prehospital study on Zofran and approve at a future MAC meeting. Dr. Brazzel will follow up at next EMDAC meeting. *See appendix A for details.
 - c. ALTE (new) - Group discussed development of an ALTE protocol. **Action:** Brian Bresnahan will develop a draft and bring to next meeting for review.
 - d. 12 lead EKGs (new) - the new Zoll E series monitors/defibrillators have 12 lead capability and could be valuable in routing patients directly to STEMI centers. **Action:** Drs. Brazzel and Housel will be checking with the local STEMI centers and cardiologists to check the feasibility of this happening.
- **Policy/Procedure Review 2008/2009:**
 - Like with the protocols, the group discussed doing an initial cursory look at the procedures and field policies for any inconsistencies, problems, or needed revisions. This will be done by all committee members and discussed at the next meeting as a group. **Action:** all members will review entire procedures and field policies manual and report back at next meeting with suggestions.

Areas of Focus:

- a. Trauma triage criteria and MCI policies (revise) - Michele Williams, Ryan Basque, and (hopefully) Dusty Martin will be looking at these and bring some suggestions for improvement to the next meeting.

- b. **Refusal of care policy (revise)** - Joel Warmin will be looking at this policy and comparing it to other counties in the state. The group agreed that a separate AMA form for patient signatures would better protect the medics legally.

See example at:

http://www.acgov.org/PublicHealth/organization/divisions/ems/Resource_policy_manual/Field_Manual_2008.pdf

- c. **On-scene photography policy (new)** - the group discussed the issue of EMS personnel taking pictures with privately owned cameras and cell phone cameras. Joel Warmin will be bringing some info from AMR regarding their dealings with this issue.

V. New Equipment

- a. **ResQPOD** - Group to analyze the ResQPOD impedance threshold device and consider as addition to minimum inventory lists.

See:

<http://www.advancedcirculatory.com/> for additional info.

- b. **King Airway** - Group to analyze the King Airway device and compare to Combitube.

See :

<http://www.kingsystems.org/EDUCATION/InstructionsforUse/Airways/tabid/129/Default.aspx> for additional info.

VI. Structure of future meetings

NEXT MEETING: December 17th, 2008 14:30-16:30 (after MAC) at EMSA Conference Room

Appendix A

Zofran

ondansetron

Adult Dosing

Dosage forms: 4,8; 4/5 mL; IM; IV

nausea/vomiting prevention, chemo-related

32 mg IV or 24 mg PO x1 dose

Alt: 0.15 mg/kg IV/IM q4h x3 doses; Info: start 30min before chemo; for moderately emetogenic chemo, may use 8 mg PO q8h x2 doses, then 8 mg PO q12h x1-2 days post-chemo

nausea/vomiting prevention, postop

4 mg IV/IM x1

Alt: 16 mg PO 1h before anesthesia; Info: give IV/IM dose immed. before anesthesia or shortly postop

nausea/vomiting prevention, XRT-assoc.

total body XRT

Dose: 8 mg PO x1, give 1-2h before each fraction of XRT

single high dose fraction abdominal XRT

Dose: 8 mg PO q8h x1-2 days; Info: start 1-2h before XRT

daily fractionated abdominal XRT

Dose: 8 mg PO q8h; Info: start 1-2h before each fraction of XRT

renal dosing

no adjustment

HD/CAPD: not defined

hepatic dosing

adjust dose amount

Child-Pugh Class C: max 8 mg/24h

Peds Dosing

Dosage forms: 4,8; 4/5 mL; IV

nausea/vomiting prevention, highly emetogenic chemo

6 mo-18 yo

Dose: 0.15 mg/kg IV q4h x3 doses; Info: start 30min before chemo

nausea/vomiting prevention, moderately emetogenic chemo

6 mo-3 yo

Dose: 0.15 mg/kg IV q4h x3 doses; Info: start 30min before chemo

4-11 yo

Dose: 0.15 mg/kg IV q4h x3 doses; Alt: 4 mg PO q4h x3 doses, then 4 mg PO q8h x1-2 days post-chemo; Info: start 30min before chemo

>12 yo

Dose: 0.15 mg/kg IV q4h x3 doses; Alt: 8 mg PO q8h x2 doses, then 8 mg PO q12h x1-2 days post-chemo; Info: start 30min before chemo

nausea/vomiting prevention, postop

1 mo-12 yo

Dose: 0.1 mg/kg IV x1; Max: 4 mg; Info: give immed. before or after anesthesia induction, or shortly postop

renal dosing

see Adult Dosing

renal impairment: dose adjustment may be required although specific pediatric dosing adjustments not defined; see adult renal dosing for guidance

hepatic dosing

see Adult Dosing

hepatic impairment: dose adjustment may be required although specific pediatric dosing adjustments not defined; see adult hepatic dosing for guidance

Contraindications/Cautions

- hypersens. to drug/class/compon.
- caution if impaired liver fxn
- caution if abdominal surgery
- caution if PKU (ODT form)

Drug Interactions

Contraindicated

- apomorphine

Avoid/Use Alternative

- amiodarone
- fluconazole
- haloperidol
- methadone
- nilotinib
- paliperidone
- pentamidine
- pimozone
- ranolazine
- voriconazole

Monitor/Modify Tx

- sodium phosphate

Caution Advised

- clozapine
- dasatinib
- lapatinib
- nevirapine
- posaconazole
- vorinostat

Adverse Reactions

Serious Reactions

- hypersensitivity rxn, severe (rare)
- anaphylaxis (rare)
- bronchospasm (rare)

- extrapyramidal symptoms (rare)
- oculogyric crisis
- blindness, transient (rare)
- QT prolongation (rare)

Common Reactions

- headache
- constipation
- fatigue
- diarrhea
- hypoxia
- pyrexia
- urinary retention
- dizziness
- agitation
- pruritus

Safety Monitoring

Pregnancy: [B](#)