

PC EMS COUNCIL
PROTOCOL REVIEW COMMITTEE MINUTES
January 31, 2018 – 8:00

Attendance:

Membership Attendance Roster on File.

Call to Order

Cynde Rivers called the meeting to order at 8:05am. Introductions were made around the room.

Previous meeting minutes were provided, voted on and accepted as written.

Unfinished Business:

A. Mobile Application Progress

Norma reported that IT has presented it to their group and their group is interested in taking the project. We'll be looking at where to get the funding. But the project is in progress.

B. Sepsis Protocol (in Medical Section?)

A couple examples of the scorecards were reviewed: one from Falck and one used by MultiCare/Good Sam. David Manley commented that theirs was basically what Good Sam uses. Question>do we want to write text for the body of the protocols or just put the chart and other information in the appendices, discussion:

- Calvin Johnson advised that we need a good chart without a lot of text; keep it simple.
- Tim Lookabaugh added that it needs to be easy for everyone.
- Ryan Gerecht emphasized that this scorecard (shown on screen) is best in capturing sepsis more accurately; this is the right way to go; there are not a lot of comparables, but this one performed better in a prehospital setting; many agencies are adapting it and using it, so it's already accepted widely.
- Ryan McGrady said it's taped to the wall in their medic units and added that it might be helpful to get information from the hospital side. In most prehospital settings, it has been shown to decrease the time of the patient receiving antibiotics.
- Cynde agreed that it is better to have the right people available in the ER and send them home than to have to try to get them.

The question was put to the group, how do you want this presented in the protocols?

- Calvin suggested putting the treatment in the protocols with reference to the chart in the appendix.
- Another point was made that the protocols are becoming too long, too complicated; put treatment in bullet points in the protocol and chart with pre-existing factors in the back.
- Cynde clarified that there are three thought processes: 1. Put it all in the appendix; 2. Separate them between the body and the appendix; 3. Put in all in the body of the protocol.
- Calvin thought it should be kept consistent with the way the rest of the protocols are currently laid out, with charts in the appendix.

Tim made a motion that we put the chart in the appendix and the remainder in the body of the protocol.

- Dr. Gerecht suggested that we add a line above the chart saying, "Use tool with any suspected or confirmed infection or illness."

The motion was seconded and Cynde called for any discussion. She clarified that the Sepsis protocol would be added under the MEDICAL section as VI, after Dialysis and right before Shock, with the statement, Refer to Appendix for scorecard. The motion was passed. It will fine-tune it and get it back to the committee for review.

C. Trauma Triage Tool Appendix B

It was updated to meet the State and National guidelines, but it is still in process with the State DOH. We are waiting for them to confirm and okay it.

D. Chair and Vice-Chair Nominations

Cynde was nominated again for Chair and Sam was nominated to continue as Vice-Chair. There were no other nominations for either office since last meeting or in today's meeting. So Cynde and Sam are retained as Chair and Vice-Chair.

New Business:

A. Dilaudid Protocol

Norma provided the new protocol on the overhead screen and stated that the physicians have had their input. Nicole McCullough asked if we are going to address the concentration. Dr. Gerecht answered, saying use whatever is suited to your agency, just give the correct dose.

Norma added that Dr. Waffle will send out a memo regarding the use of Dilaudid being approved if morphine and fentanyl are not available. There was some adjustment made to the heading to indicate that neither drug is available, rather than one or the other.

A motion was made to approve the Dilaudid protocol, it was seconded and passed. Norma finished saying they will get this out for training.

Unscheduled Business:

None

Announcements:

None

Adjournment:

Meeting Adjourned @ 9:00 am.