

County of Santa Clara
Emergency Medical Services Agency
Stakeholder Committee Minutes

Clinical Practice Advisory Committee (CPAC)

Thursday, November 8, 2007

1000-1200

720 Empey Way

San Jose, CA

Charlene Donahue, Chairperson

Members Attending:

Ayllon, Adrian, AMR
Donohue, Charlene, AMR
Foraker, Mary, Mountain View Fire
Gilbert, Greg, MD Lifelight
Harsh, Rick, Santa Clara City
LaFuente, Jim, County Fire
Medeiros, Tony, County Fire
Melendrez, Anthony, San Jose Fire
Michaels, Howie, MD, San Jose Fire
Roderick, Kim, Palo Alto Fire
Silva, James, MD Pediatrics

Guests Attending:

Smith, Vernell, MD Base Hospital
Kline, Richard, MD, Trauma RSJ

County Staff

Ghilarducci, David, MD Medical Dir
Chung, Joyce, MPH, PhD EMS Epi

I. Welcome and Introductions

Self introductions were made

Ms. Donahue announced that the chair and vice-chair positions were 2 year positions because of the projects developed in this committee and the fact that the committee only meets four times per year.

II. Review of minutes

Minutes from previous meeting were approved.

Captain La Fuente announces and introduces Tony Medeiros as his replacement for County Fire

Ms. Donahue states that membership list will need to be updated.

Action Item: Ms. Donahue will update the list and send to membership.

III. Review/Addendum Agenda

EZ IO and EMS update

Policy 302

Cyano Kits

CPAP

IV. EMS Update for 2008

Policy revisions post Train the Trainer

Discussion centered around the fact that changes do occur based on discussions at Train the Trainer, but the printed materials are not updated or if they are there is no date or version number on the documents.

Action Item: Ms. Marcotte will put a date and version number on any documents related to protocol changes.

Dr. Ghilarducci reviews the changes for the protocols

A-13 Respiratory Distress: Leaving in the Lasix for patients who are already on it (or Bumex)

We should study Lasix usage.

Can be used with CPAP.

IO procedure: Lidocaine 40 mg. is in the procedure for administration of fluids and medications once the IO is established. It is not listed as an indication on the medication sheet. The training rep for EZIO and the EZIO information recommends 20mg. because the fluid administration is painful. Dr. Ghilarducci explains that this procedure is to be used for patients who are unconscious. Others stated that there are pain considerations even in an unconscious person. Dr. Kline suggests that the procedure itself looks like it would also be painful. The dosing for peds is different than for adults. **Action Item: Dr. Ghilarducci recommends that the indication was inadvertently left off the medication sheet.**

Dr. Kline questions whether or not the contraindication listed of fracture should be listed as proximal.

The training rep taught the use of all three sites (humerus, malleolus, as well as tibial. A question from the field about use of the alternate sites was raised. Dr. Ghilarducci states that he asked the rep to tell everyone that in Santa Clara County the only approved site is the tibia. The question was raised that since they were all taught all sites could they use alternate sites with a Base Order. Dr. Ghilarducci agrees that with a base hospital order and if the medic feels comfortable and attempts have been made in the tibia area, the medic can use an alternate site for insertion.

Discussion of the contraindication for severe burns. Dr. Ghilarducci explains the rationale is that with severe (3rd and 4th degree) burns the marrow can be rendered useless. If the burns are superficial there is no contraindication.

Discussion of overuse. In Alameda county there was a concern that the procedure would be grossly overused however our protocol is more strict on the indications for use. Dr. Ghilarducci indicated that SBEMDA was concerned about overuse as well. When the patient gets to the hospital the ED will put in a central line and more than likely not use the IO.

AMR will restock the IO needles the provider agencies will need to purchase the initial kits. The kit comes with a drill and 5 needles. The provider agencies will need to let AMR know when they plan to initiate the stock.

Michelle Moss the trainer for Vitaid does an excellent presentation. John Hanaman also will do training for the Boussignac mask. The training takes about an hour. Ms. Donahue updates the group on the training kits that are available for the Boussignac Masks for CPAP. Twenty kits were ordered to be sent to Dave Huseman. He will distribute them to the provider agencies.

P05 – Pediatric Cardiac Arrest

Third bullet does not belong in the protocol. It relates to respiratory distress

Adult Medication List

Extra letters in the first section.

Epi ET administration

With the Epi Pen there is no way to administer Epi ET. All discussed that there is nothing in the literature to indicate it is effective.

Action Item: None for now

A-08 Suspected Cardiac Ischemia:

Discussion related to whether or not to change the verbiage to STEMI alert now before the designation process occurs.

Action Item: Medics should use the term STEMI Alert now. Training should emphasize this change.

The wording for A-08 NTG reads differently than the wording for NTG in the A-13 Respiratory Distress protocol. Recommendation that they should be consistent.

Action item: They should be the same, but the book is at the printer.

Lidocaine drips – are they no longer required on ALS First Responder units. Correct,

Additional O2 tanks needed for CPAP.

AMR will be carrying an extra full tank that will be used only for CPAP. Many large apartment complexes may cause more O2 to be used.

Action Item: All ALS units should carry extra O2 tanks to accommodate higher use.

Smoke Inhalation:

Poorly recognized entity. Error in procedure reference for Sodium Thiosulfate. The procedure should be M13.

Action Item: Ms. Marcotte will change this.

Hydroxycobalamin discussion this is listed in New Business.

Psychiatric Emergencies

Discussion concerning Law Enforcement's involvement. This protocol is not a new one. It is one that was in previous iterations of the book, but was inadvertently left out. When it was created Law enforcement was involved.

Peds respiratory distress

Should we add Xopenix or Atrovent to the Albuterol. There is not enough evidence to support the efficacy of those two drugs therefore will not be added. There may be some use for Solumedrol however again there is no immediate effect of the drug. It helps later on.

Action Item: Discussion at MDAC re the addition of Solumedrol or Decadron for 2009 protocols.

Pulseless Arrest for Peds

Discussion related to pronouncing pediatric patients in the field. Should be a discussion at MDAC
Action Item: Put it on MDAC agenda for next meeting,

There is no directive about using the AED in the peds protocol. It is in the adult protocol.

Action Item: make the adult and peds arrest protocols consistent.

Trauma triage protocol

Discussion concerning elderly fall victims. The issue is more related to those on Coumadin who have head injuries no matter what height they fall from. These patients should not be ending up in community ED's. Education should happen in the community ED's as well as for paramedics

Action Item: Put it on MDAC agenda for discussion.

VI. New Business

Cyano Kits (Hydroxycobalamin)

Dr. Michaels discussed the indications, use, cost and shelf life of this product (Bolus of 5 Grams IV and can be repeated in 5 minutes; cost: as low as \$550 and as high as \$630 per dose; as short as 13 months and as long as 27 months).

Ms Donahue suggested that members look at the Cyanide Poisoning Treatment Coalition website. They have a booklet available (SMOKE) that is very informative. Suggestions were made to have it available and for use during large fires at rehab stations. Could be kept on Haz Mat vehicles.

Action Item: Create a subcommittee of CPAC to look at this issue. Members who volunteered are: Rick Harsh and Kim Roderick. Dr. Michaels agreed to participate.

Action Item: Dr. Ghilarducci will take it through the State process.

Chair and Vice Chair voting:

Mary Foraker did not realize that there was a 2 year commitment and therefore removes her name from the running.

Results: Dave Huseman (SJS) Chair and Adrian Ayllon (AMR) Vice Chair.

Next meeting: February 28, 2008