



NASEMSO Model EMS Clinical Guidelines Project

**August 8, 2016
1:00 PM EDT**

Work Group Meeting

MEETING RECORD

Attending – Carol Cunningham, Chip Cooper, Craig Bates, David Lehrfeld, Harry Sibold, Joe Nelson, Lynn Wittwer, Mark Gestring, Mary Katherine Harper, Allen Yee, Manish Shah, Doug Kupas, Susan McHenry (NHTSA), Mary Hedges (NASEMSO)

Call to Order, Roll Call – Dr. Carol Cunningham called the meeting to order at 1:05 PM EDT.

Review July 11 Meeting Record - The meeting record was approved without changes.

All New Workgroup Members Appointed

- NAEMSP Rep/Alt – Dr. Alexander Isakov and Dr. John Lyng
- ACS-COT - Mark L. Gestring (EMS Committee Chair)
- ACOEP – Mary Katherine Harper (returning)
- AAP Rep/Alt – Brian Moore and Manish Shah (returning)
- AMPA – Craig Bates (returning)
- AAEM – Allen Yee (returning) and David Lehrfeld
- ACEP – Jeff Jarvis, MD, FACEP, EMT-P and Julio Lairet, DO, FACEP

Update on Orientation for New Work Group Members – Carol offered her apologies for not being able to contact any of the new members. She and Rich Kamin will be reaching out to them in the upcoming weeks.

Work Group In-Person Meeting Plans (Jan. 22-23, New Orleans) – Carol reported that we secured a reasonably-priced hotel ½ mile from the NASEMSP conference hotel for the workgroup meeting. Le Pavilion is offering rooms at a reduced rate of \$129 per night if we sign a contract. Mary will follow up by contacting members via Survey Monkey to determine who will be able to attend and which nights they need. Carol added that only those who stay at this hotel will be able to be reimbursed and for a maximum of 2 nights. The project funds are limited and will not be able to cover everyone's travel expenses. In addition, the project grant provides hotel reimbursement for one representative from each stakeholder organization. Regardless of this restriction, the second representative is welcome to attend the meeting at their own expense or potentially join the meeting via teleconference if funding is available to support this amenity.

Finalized Resuscitation Chapter (pending) – Carol reported that Kevin McGinnis is revising the Model Guidelines document with the updated resuscitation chapter.

NEMSIS Considerations (see attached) – Chip Cooper (New Hampshire Data Manager) said that the existing guidelines are not a one-to-one match with the NEMSIS protocols, nor are the proposed guideline titles. Mary commented that the proposed guideline titles are not final, and



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this will allow us to work on alignment with the NEMSIS protocols. Dave Lehrfeld commented that the spreadsheet Chip provided was helpful. Chip commented that NEMSIS will be revised in the coming year, so there is a mechanism with NEMSIS to better match these guidelines with NEMSIS.

Review of Comments received – Carol led the group through the comments received on the proposed guidelines.

The first comments reviewed were submitted by Matthew Powers on behalf of the Emergency Nurses Association. He suggested adding the following:

Stimulants/Poisoning/Overdose (Should Alcohol be included as a separate entity?) - Workgroup members felt this was not necessary. The emphasis should be on prehospital providers treating signs and symptoms, e.g., altered mental status, rather than diagnosing underlying cause. Providers should be encouraged to call Poison Control when necessary. During the review of this guideline, the workgroup will explore the suggestion that toxidromes, sedative/hypnotics, and anticholinergics are addressed.

Chlorine/chemical exposures that could occur in pools – Members felt this would be going into too much detail. The mantra should be treatment of the signs and symptoms exhibited by the patient..

Suicide, self-inflicted injury – This is not included under Behavioral Emergencies. There was a discussion about the variances among state laws on the management of suicidal, violent, and uncooperative patients. Due to this factor, the workgroup felt that, if this guideline is created, it should be very general. Members discussed chemical restraints and state laws regarding forcing transport of patients experiencing behavioral emergencies.

Sexual assault – The Abuse and Maltreatment chapter (p. 39) broadly includes sexual assault. There was discussion about including transport to specialty centers.

Genital pain as in testicular torsion – Participants felt this was going beyond the role of prehospital EMS. Mark Gestring (ACS-COT) agreed and commented that we should not be encouraging diagnoses in the field. Carol also noted that the reduction of a testicular torsion is not included in the EMS education curriculum.

Suspected sepsis (Sepsis standing orders for the field have been initiated at some sites and the hospitals appreciate the early notification.) – Doug Kupas thinks this is addressed in the shock protocol and he will follow up. Much discussion was generated on this subject. Manish Shah said shock was one of the guidelines in the Pegasus Project and those references were included in the initial guidelines. Craig Bates suggested providing rationale why all aspects of sepsis are included in the document. It was the consensus of the workgroup that we should follow the available evidence, none of which at this time demonstrates improved patient outcomes from early notification and/or transport to a specialty care center.

Altered Mental Status and Shock might be sepsis-related, but a separate protocol which includes vital signs parameters and aggressive field fluid resuscitation may be helpful.



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Bob Steele, The RightDose Group submitted comments concerning medical errors made when providers must determine dosage using tools such as the Broslow tape.

Manish said he did not think we identified the tape by brand name, but if so, we may have to rephrase it. He also reported that the Antevy® pediatric drug dosing device has not demonstrated to significantly improve patient outcome or safety.

Adjournment – The workgroup adjourned at 2:08 PM EDT.

Next Meeting – September 12