NASEMSO Model EMS Clinical Guidelines Project

SEPTEMBER 12, 2016
1:00 PM EDT

Work Group Meeting

Meeting Record

Attending – Rich Kamin, Mary Hedges, Rick Alcorta, Jeff Jarvis, John Lyng, Alex Isakov, Brian Moore, Allen Yee, Joe Nelson, Susan McHenry (NHTSA), Manish Shah, Lynn Wittwer, Julio Lariet, Jim Suozzi, Peter Taillac, Harry Sibold, Ken Williams, Kevin McGinnis, Chip Cooper

Call to Order, Roll Call – Dr. Rich Kamin called the meeting to order at 1:03 PM EDT.

Review August 8 Meeting Record (attached) – The August 8 meeting record was approved without changes.

Update on Orientation for New Work Group Members – Rich noted that Carol Cunningham contacted most of the new members to provide background information and answer questions about the project. John Lyng commented that although he has not had a formal orientation he read the original set of guidelines and submitted comments and felt he had a pretty good understanding of the project.

Work Group In-Person Meeting Plans (Jan. 21-23, New Orleans) – Rich Kamin reviewed the proposed meeting times for the face-to-face workgroup meeting which will occur immediately preceding the NAEMSP Annual Meeting. Mary added that additional meeting information will be sent to workgroup members in October or November.

- Saturday, Jan 21, 7:00 – 9:00 PM
- Sunday, Jan 22, 8:30 – 4:30
- Monday, Jan 23, 8:30 – 11 AM (if needed)

Review of Comments (continued from last meeting) – Rich picked up where we left off at the last meeting in reviewing the comments received on proposed new guidelines. Adding the following guidelines was proposed by Kyee Han, International Trauma Life Support*:*

- Mental Illness, including suicidal patient – Behavioral emergencies are included. Suicide would be difficult to address with different laws by state, John Lyng added.
- Sudden death of a child including Sudden Unexpected death in Infancy, children and Adolescents (SUDICA) - Manish and Brian agreed that they had not heard of this acronym. Manish commented we could provide guidance on what to do on the scene in sudden unexpected death in a child/suspected child abuse. This could be included to augment an existing guideline. Peter Taillac referenced the COPE Project (Dr. Mary Fallet) and will provide more information when available. **Action –** Include guidance on what to do on scene in case of sudden unexpected death in a child / suspected child abuse.
- Maternal and fetal resuscitation in pregnancy – This is addressed under cardiac arrest.
- Febrile Illness in children – This has been addressed. There was much discussion about sepsis and shock and if these should be separated into two distinct guidelines. John Lyng

asked if the document had cross-referencing or indexing. Kevin McGinnis said there are many internal links in the document. There are referencing tools and indexing tools, but it depends how much time we want to invest. Kevin said he will make a note of this to investigate how to incorporate in the future.

- Shock vs. Sepsis – Discussion resulted in agreement that these two should be separate and distinct because they are so critical in prehospital medicine. Rich asked if anyone is willing to draft something. Manish said he wrote the original shock protocol. Allen Yee offered to work on this with Manish. **Action –** Manish and Allen to draft separate guidelines on shock and sepsis.
- Headache – No need for specifics.
- Sickle cell crisis - Rich commented this could be left in the "maybe" group, as he sees a significant population with this disease. Manish sees numerous cases and recommended adding this. The discussion focused on whether prehospital providers would do anything differently in sickle cell cases than in other situations requiring pain management. Manish Shah gave examples of how it is treated differently. Peter recommended adding this because people identify themselves as sickle cell patients. There was significant discussion. The group decided to add it. **Action – Investigate if opportunity to draft best practice -** Add guideline specific for sickle cell crisis.
- Meningococcal Meningitis – Kevin suggested not writing protocols for things for which EMS is not dispatched. Do not need to include.
- Chest Trauma – Previously addressed in Guidelines.
- Abdominal Trauma - Previously addressed in Guidelines.
- Trauma in pregnancy- Previously addressed in Guidelines.
- Management of Tracheostomy/Laryngectomy patients with emergency airway problems – This may be beyond the scope of this project. Jim said they include it in New Hampshire, and it is pretty easy. Peter commented that it is more of a training issue. **Action –** Add guideline –will use New Hampshire protocol as beginning.
- Glycemic Emergencies in Diabetic patients - Previously addressed in Guidelines, but may have been difficult to find. Focus on indexing or cross-referencing related guidelines.

John Lyng asked if there is a specified life cycle for the project. Is there a timeline for review and a mechanism to update when new evidence arises? Rich Kamin said this has not been determined formally but has been discussed previously - will add it to the agenda for the in-person meeting. **Action –** Add lifecycle/review process to agenda for January meeting. John Lyng will provide NAEMSP policy for review

Baseline Assessment of Model EMS Guidelines (see attached 2 surveys) – Rich referred to the proposed two surveys that Mary Hedges drafted to obtain feedback on the original guidelines. Action - Mary will send out the surveys to the workgroup for comment with a specific deadline within a week.

Adjourn - The meeting adjourned at 2:06 PM EDT. **Next Meeting – October 10**