NASEMSO Model EMS Clinical Guidelines Project

December 19, 2016
1:00 PM EST

Work Group Meeting

Meeting Record

Attending – Carol Cunningham, Rich Kamin, Joe Nelson, Mary Hedges, John Lyng, Harry Sibold, Jim Suozzi, Ken Williams, Jeff Jarvis, Lynn Wittwer, Julio Lairet, David Lehrfeld, Chip Cooper

Call to Order, Roll Call – Dr. Carol Cunningham called the meeting to order at 1:02 PM EST.

Review November 14 Meeting Record – The November meeting record was approved as submitted.

Work Group In-Person Meeting Update – Carol reviewed the meeting schedule for the face-to-face meeting in New Orleans. Rich suggested that if there are topics work group members would like on the agenda to send an email to Carol, Mary, and him.

- Saturday, Jan 21, 7:00 – 9:00 PM
- Sunday, Jan 22, 8:30 AM – 5:00 PM
- Monday, Jan 23, 8:30 – 11 AM

Review last of the Comments (continued from previous meetings) – The group addressed the remaining comments as shown below.

Active shooter/ MCI guidelines would be nice to see included.
John Morrison, Paramedic, Northland Regional Ambulance District, MO (speaking as individual)
Rich Kamin agreed that it would be good to include something. John Lyng commented we already have it in hemorrhage control. The operational guideline is dependent on the local protocols. Jeff Jarvis agreed this is too localized and that we should focus on the medicine—hemorrhage control. Carol noted that the FBI definition of active shooter incidents encompasses the intentional killing of others regardless of the weapon utilized. Rich and Carol agreed that the EMS aspects of these scenarios goes beyond hemorrhage control and that a notation of patient treatment priorities within the hostile threat environment should be considered, potentially in the key pearls section. This will be discussed further at January Meeting.

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I do not see Stroke guidelines listed. Also, LVAD guidelines would be a good idea.
Anthony Balog, Paramedic, Gloucester Volunteer Fire and Rescue (speaking as individual)
Stroke has been addressed.

Medical Devices:
Regarding LVAD, John Lyng said they are seeing many LVADs in the Twin Cities and offered to share the guideline they have written. Rich Kamin did not think we should be overly specific but some general guidelines may be helpful. Lynn Wittwer agreed that a general guideline would be

good but it is local. There are minor things that providers need to know (do not unplug it). Carol said we could add it to the cardiac section.

Insulin Pumps: John Lyng added we are seeing a fair number of patients with insulin pumps and perhaps that should be addressed. Additional medications infusions were mentioned. In-dwelling lines is another possible item.

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No changes. Covers all current medical guidelines used by agencies in our area.
James Dinsch, Indian River State College (responding for organization)

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Exposure - Biological/infectious agents
Influenza-like illness/upper respiratory infection
Implantable cardioverter defibrillator (ICD) malfunction
Dr. Jennifer Fishe, Johns Hopkins University (speaking as individual)
John Lyng recommended developing a general guideline for infectious agents. Everyone should be using nitrile gloves. Carol noted that some agencies may still be using latex gloves if that's all they can afford. She also cited that there is some concern with carfentanil and exposure to providers, and in regions of high risk, additional PPE (nitrile gloves, face mask) may be indicated dependent upon the scenario.

Regarding the ICD malfunction, it was suggested that this falls within the medical devices we mentioned previously.

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Excited Delirium
Robert Bauter, Pararmedic, MONOC (speaking as individual)
This is covered under agitated persons (page 43).

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Abdominal pain is high frequency and would be useful.
Carol and Rich noted that this was discussed during the creation of the initial document and the workgroup elected not to write a chapter on this topic. There was no strong feeling to do so from the workgroup members who joined today's teleconference.
Altitude I practiced at 9000 ft above sea level for over a decade. Altitude was a minor concern even there and few problems are exclusively altitude related. Probably not worth the effort.
It was decided not to remove any guidelines already in the document.

Amputation guidance does seem to change over so that would be useful.
Initiating an amputation is clearly outside the scope of practice, but we can add information on caring for an amputated extremity and amputation site. Guidance about packaging a severed limb will be added. The workgroup did not deem it appropriate to include a guideline on field amputation by EMS providers.

Are you referring to traumatic our not-traumatic back pain? It is certainly common.
DOA guidance probably varies substantially by state. May want to leave that alone.
The workgroup agreed that variability exists among the states.

Dental guidance would be nice, but probably varies with dental emergency resources available in a given area. *This is already included under facial trauma*.

Hypertension would be useful, especially inclusion criteria.
It was suggested that providers be told not to address high blood pressure if it is not symptomatic. There should be a general directive not to automatically direct treatment to asymptomatic findings, e.g. hypertension, bradycardia, etc.)

Sean Caffrey, Paramedic, University of Colorado School of Medicine (speaking as individual)

END OF COMMENTS

How to Proceed - Carol explained that, in the initial project, members broke into small groups to write the guidelines in their topic areas. She asked members for suggestions on how they want to proceed. Rich suggested that people may want to select areas in which they have special expertise. It was decided that Carol and Rich will review and ask individuals to take the lead in various areas to complete initial work prior to the January meeting.

John Lyng suggested we add life cycle of the document to the meeting agenda. He will send an example of what he is suggesting.

Lynn Wittwer recommended that this become a living document that can be updated on a regular basis. Carol agreed and said this has been communicated to NHTSA and NASEMSO and is dependent on resources. The resuscitation chapter was updated when the new AHA Guidelines were released. She noted that the desire of the workgroup has always been to keep the document contemporary; however, this is directly hinged and dependent upon the ability of NASEMSO to secure ongoing funding of the project.

Adjourn – The meeting adjourned at 2:08 PM EST.

Next Meeting – January 21-23, 2017 in New Orleans