

Medical Advisory Committee

March 9, 2004

Attendance: Joe Barger-EMS, Ruth Burk-EMS, Dave Borgelli-AMR, Judy Smith-EMS, Darrell Lee-Moraga-Orinda Fire, Lori Altabet-JMMC, Andy Swartzell-SRVFD, Sam Bradley-AMR, Chris Gaut-Kaiser Richmond, Leslie Jewell-MDMC, Paul Freitas-JMMC, Gary Tampkin-AMR, Dub Fields-AMR, John Rampulla-DSP, Nancy Daniel-Moraga-Orinda Fire

Treatment Guideline Changes:

- After December 2004 the only required base contact will be for pediatric tachycardia and trauma destination decisions.
- R2 Acute Asthma/Bronchospasm- No SC epinephrine for patients with hx of CAD. Age is being removed as a factor in the decision process. Discussion regarding use of IM epinephrine. Kaiser utilizes an autoinjector (IM) in the ED to avoid dosing errors. Autoinjectors run about \$38. IM epinephrine for respiratory arrest with transport > 10 minutes. Suggestion to change wording for the pediatric asthma treatment guideline so that Albuterol can be repeated as needed.
- R4 Pulmonary Edema- Lasix dose will be standard dose of 40mg IV (no longer mg/kg). Morphine 2-5mg IV (no max dose of 10mg). Nitroglycerine currently with reference to patients taking Viagra- will need to be re-worded since there are currently many other drugs on the market similar to Viagra.
- Dopamine chart has been re-done and simplified.

Policy 9 (Destination Determination) policy update:

- Review of the burn center destination decision- no additional comments received.
- Regarding 5150's- discussion regarding deletion of "alcohol or illicit drugs" wording and leave "unstable VS or significant alteration in mental status" as the determination for an unstable patient. Regarding ingestion of drugs- need to look at data and compare to outcome. This policy is still being reviewed internally and hope to bring it to the May MAC meeting for review.

Policy 19 (Determination of Death) policy update:

- Still being reviewed internally
- Policy review process established at EMS with regular meetings. All policy and treatment guideline changes to occur at the same time in December.

Trauma Reports:

- Field reports need to be short 20-30 seconds
- Regarding paramedic interactions with base- need to focus on good communication and reporting
- Would like to establish work group to develop a more effective trauma reporting format with members including fire, AMR, JMMC. Andy suggested MIVT format. M-mechanism, I-injuries, V-vital signs, T-treatment.

12 lead cardiac update:

- Need to set up first meeting
- DSP representative uncertain as to future status of DSP hospital and participation in this task force. DSP currently with interventional and open heart capabilities.
- Regarding status of DSP- EMS has hired the Abaris group to do an impact study regarding the possible closure of DSP. The report is due out in the next couple of weeks.
- Alameda County recently passed 1/2% parcel tax that will generate approximately \$90 million that will be utilized for improving emergency care.

Pain management/documentation:

- EMS will be doing a QI project regarding pain assessment and management
- We would like to see documentation of pain scales by prehospital personnel
- Alameda county has pain management treatment guidelines
- Need to review ALCO's use of pain medication after policy change
- Per Dr. Tampkin ALCO has had increase use of pain meds specifically for back pain and general pain

Autoinjectors:

- Web site waismed.com
- Andy Swartzell provided demo on new device that would be utilized for adults without any venous access- would replace current I/O device
- The cost is approximately \$69 each
- This device has higher success rates than the current Jamshidi IO needles

CCT-P policies:

- Dr. Barger is applying to the state to have Atrovent and Amniodarone added to the expanded scope. These meds are currently in Alameda counties CCT-P policies. We are in the process of making these transfer policies the same in both counties.
- Question raised regarding giving atrovent and albuterol together. Dr. Gaut will look up studies, specifically the pros and cons of giving the meds simultaneously. Also he will research other possible alternatives for prehospital treatment of SOB (COPD, asthma). Alameda County currently using C-PAP.

EME update:

- The county has established a multidisciplinary task force to review/revise the current MCI plan.
- Large steering group: Bruce- EMS representative, Chris Suter- Asst. Fire Chief, San Ramon Valley Fire. Other participants will include AMR, Law enforcement, other fire agencies, OES, Sheriff, and all other necessary personnel. Darrell has plan update on CD-Rom.

Next Meeting: May 11, 2004 @ 1400 hours