# MEDICAL CONTOL COMMITTEE

## MINUTES

## August 30, 2007

**Members Present:**

Dr. Ed Deschamps, Chairman
Dr. Bill Gerard
Dr. James Mock
Dr. Doug Norcross
Dr. John Sorrell

**DHEC Staff Present:**

Alonzo Smith
Jim Catoe
Greg Kitchens
Don Whiteley

Visitors Present: Randy Reinhardt, MD, Chris Lombardozzi, MD, Tom Martel, Bob Shick, Chad Burrell, Steve Cotter, Scott Cyganiewirz, Todd Bridges, R. Allen Haynes, Arnord Allier, Henry Ward, Tim Wojcik, Ben Waller, Kelly Hawsey, Charles D. Silk, Jimmy Walker, Charles Stewart, Maureen Whitehurst.

| Agenda Item | Discussion | Action |
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| **Review of Minutes – Nov 06** | A motion was made to approve the minutes from November 9, 2006 meeting, | **The motion was approved.** |

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| **Requests for Additions/Revisions to the State Drug Formulary** | | |
| **Tetracaine Opthalmic Drops** | This drug could supplant Alcaine (Proparacaine) because it does not require refrigeration. Dr. Sorrell suggested that we go with the drug that is most easily administered.<br><br>*A motion was made to replace Procaracaine with Tetracaine on the formulary at the dosage suggested in the request. The motion was seconded by Dr. Gerard* | **The motion was approved, with a grace period until the current stock expires up to a maximum of one year.** |
| **Zofran** | Request that Zofran be added to the formulary as an alternative to Phenergan. Dr. Rhinehart remarked that the drug was a good alternative for Phenergan. Dr. Sorrell stated that Zofran was a good alternative also. Dr. DesChamps asked about the cost of Phenergan. Mr. Ward stted that the cost was relatively inexpensive. Mr. Smith suggested that we add Zofran for a period of time and compare it with the use of Phenergan and then make the decision at a later time.<br><br>*A motion was made to approve the addition of Zofran at a dosage of 4 to 8 milligrams. Dr. Sorrell seconded the motion.* | **The motion was approved at a dosage of 4 to 8 milligrams.** |
| **Lopressor** | Dr. Gerard stated that the drug is requested for control of STV/Hypertension. Mr. Silk stated that Piedmont wanted to utilize the drug for their STEMO program. Dr. Gerard stated that we need | |

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| | to break the drug down into three components. Dr. DesChamps suggested that we only approve the drug for SVT rate control and STEMI. Rate control would by online medical control only for both circumstances. He also asked that staff draft formulary pages to send to the Medical Control Physicians for review.<br><br>*A motion was made to approve the addition of Lopressor for control of STV/Hypertension. The motions to approve was seconded.* | **The motion was approved, Lopressor for control of STV/Hypertension.** |
| **Addition of Intranasal Route for Narcan** | Dr. Sorrell stated that the route appeared to work well based on the literature. Dr. Norcross asked how many times this route would be used. Dr. Gerard stated that he believes we are using Carcan too frequently and hat we should just put a tube down and let them remain in a sleep until they reach the hospital. Dr. Deschamps said that Narcan is already approved and this would just be another method of administration. Dr. Sorrell asked why we don't simply approve all routes the FDA approves. | **None Taken** |
| **Addition of intranasal route for Versed for Adults and Pediatric Patients.** | Dr. Gerrard has issues with the proposed dosage. He stated that the maximum dosage should be 2 mgs. There was a question regarding how much volume would you need to give to achieve dosage. Dr. Gerrard stated 25 cc. | |

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| | *Dr. Sorrell made a motion to approve. There was no second.* | **The motion was not approved.** |
| **Addition of Fentanyl** | Dr. Reinhart would like to use Fentanyl only under direct Medical Control approval. He stated that some of the benefits of Fentanyl are the short half life and very few side effects. He remarked that the drug is easily reversible with Narcan. He stated he could treat patients with pain and the effects of the drug would be dissipated by the time the patient reached the hospital. He added that the cost is inexpensive. Dr. Sorrell said that drug has been proposed before and was not approved because we already have Morphine in the drug formulary. A discussion ensued regarding the differences between the administration of this drug and morphine.<br><br>*Dr. Gerard made a motion to approve. Dr. Mock seconded the motion.* | **The motion was approved.** |
| **Frequency and Routes of Drugs of the Formulary.** | Dr. DesChamps suggested that Committee review the frequency and routes of the drugs on the current formulary.<br><br>*Dr. Norcross made a motion to review drugs on the current formulary to determine if they could be removed. Dr. Sorrell seconded the motion.* | **The motion passed.** |

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| **Addition of Terminology to the Formulary for Etomidate and to remove Pediatric Doses (under 18)** | Dr. Gerrard asked on behalf of Mr. Silk that we add additional language to the formulary for Etomidate and to review removing pediatric doses (under 18). Discussion ensued among the members regarding the definition of a pediatric patient. Dr. Sorrell stated that clarification was needed for the criteria of the pediatric patients (55 kg and or 12 years of age). | **DesChamps asked staff to prepare a memo to send out to the field to clarify the age definition for pediatric patients**. |
| **Removal of Foreign Bodies from the Eye By EMT-Basics** | Dr. Gerrard stated that one can do additional damage by attempting to remove foreign objects from the eye. Dr. Sorrell suggested irrigation. | **The motion was not approved.** |
| **CPAP Expansions For Use** | Dr. DesChamps asked for the committee's input regarding CPAP Expansions. Dr. Mock expressed concern regarding NG compression with CPAP. Dr. DesChamps asked the committee about the issue of gastric distention. Asthma, COPD, Pneumonia, CHF, carbon monoxide exposure, drowning and near drownings were all indications for discussion. Dr. Norcross said that use should be determined on symptoms rather than disease entity. Mr. Wojick stated that Colleton Fire Rescue would be willing to do a pilot project on CPAP.<br><br>*Dr. Norcross made a motion to open CPAP for all levels with Medical Control approval. The indications and contraindications must get written by the local Medical Control Physician based on FDA list.* | **The motion was approved.** |

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| **Capnography Requirement** | Dr. DesChamps said that we are allowing a number of different airway devices at all three levels of training statewide. Dr. Gerrard expressed concerns regarding the inadequacy of the QA process for RSI. He is concerned about what actually happens and how it is documented on patient care forms. Dr. DesChamps stated that there is an increasing incidence of legal suits in regards to airway issues. He said that capnography should be in place 100% of the time. He asked the other Committee members for their opinions. Dr. Lombardozzi stated that he personally trains each of his paramedics in airway skills. A suggestion was made to use cadaver labs to acquire intubation practice. Mr. Alier stated that they QA 100% of all RSI attempts and remove a paramedic's privilege to do RSI for bad discretion. Dr. DesChamps again stated that we should require capnography with all intubations. We remarked that we must require more documentation. He also said that the Medical Control Physician could be held legally responsible for his charges because he writes the protocols for his service. Dr. Sorrell said that a number of new airway devices now available for use may make endotracheal intubation less palatable. Dr. DesChamps said that he would strongly prefer that the senior person on the scene do the airway care and intubation. Dr. Norcross said tht nurse anesthetists at his hospital are supervised by an anestheslogist when they perform intubation. Dr. Sorrell suggested that we go back | |

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| | to the early indications for intubation.<br><br>Several EMS service directors at present at the meeting stated that any equipment additions should be designated as mandatory by the state because their county administrators would hesitate to spend money on expensive equipment. Dr. Norcross stated that the end result should be that the patient is successfully ventilating the patient.<br><br>A motion was made by Dr. Sorell that real time, continuous digital capnography and oxygen saturation should be mandatory for all airway interventations where intubations are used. Dr. Norcross seconded the motion. Several of the EMS directors present asked that they be given a year to make the necessary purchases. Dr. Norcross asked that we make certain that the patient have some form of oxygen saturation monitoring in place no matter what airway device is being used. A discussion followed regarding the implementation of this program then ensued. It was determined by the Committee that January 1, 2010 would be the implementation date. However; the service may begin as soon as they have the ability to do so. Dr. DesChamps stated that the documentation of airway placement should be kept for at least three to seven years. Dr. DesChamps then asked the committee if we should make a determination of what certification level should be allowed to intubate. | **The motion was approved.** |

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| **Restriction of Endotracheal Intubation to Parmedics Only** | Dr. Sorrell made a motion to restrict endotracheal intubation to paramedics only. Dr. Norcross seconded the motion for discussion. Dr. DesChamps stated that we should do a detailed survey of services to determine who is intubating patients. Mr. Wojick stated that only ALS calls are Q/A so intubatins by EMT Basics are not Q/A. Dr. Norcross stated that the Division should be sent out to the field prior to the Advisory Council approval. Dr. DesChamps asked that the Division make courtesy contacts with Advisory Council members to make them aware of this prior to the letter being sent out. Mr. Alier stated that airway skills are checked off independently at his service by field training officers. Dr. Mock was opposed. | **The motion was approved.** |
| **INFORMATIONAL** | | |
| **Field Triage Trauma Scheme** | Dr. Norcross reported stated that a number of patients are being transported via helicopter based on mechanism of injury. He asked the committee to approve a statewide protocol. Dr. DesChamps stated that the triage scheme has been adopted by the Trauma Advisory Council. Dr. Martel said that the decision must be made by a paramedic on the scene and that it is often a difficult decision. He also stated that some physicians in his county are concerned by the transfer issue. Dr. Sorrell asked how patient choice would factor into this scheme. Dr. Norcross said that the committee intends to monitor the process and to make recommendations based on experience. Mr. | |

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| | Walker stated that EMT-B's are making transport decisions in many counties and that the mechanism of injury concept is still being taught in all curricula. Dr. Dorcross stated that the mechanism in injury is not, by its self a reason to call a helicopter. Dr. Norcross stated there is a tremendous concern regarding inappropriate helicopter transport. Dr. Mock asked who whould be responsible for monitoring the triage scheme. Dr. Norcorss stated that the Trauma Advisory Committee would be responsible for monitoring the triage scheme. | |
| **Trauma Advisory Council Report** | Dr. Norcross reported that the trauma regulations are being written and stated that current draft regulations are posted on the DHEC website. He stated that the council is reviewing new ACS guidelines to develop new criteria for designation guidelines for trauma centers in the near future. He added that the field triage scheme is included in the new ACS manual. He stated that a consistent field triage scheme should be used statewide. He suggested that a mandatory protocol should be implemented. He added that the only issue not addressed is when to call a helicopter. | |
| **IST Update** | Mr. Whiteley reported that the Division is working with Nathaniel Patterson at the USC School of Public Health in an evaluative study of the IST program. | |

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| **Next meeting date will be tentively held in November. Dr. Deschamps suggested that the committee should also meet a the EMS Symposium in April**<br><br>**Dr. DesChamps adjourned the meeting.** | | |

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