Emergency Medical Services Council

Health Services Building – MC L963
525 Portland Avenue South
Minneapolis, MN 55415-1569

612-348-6001, Phone
612-348-3830, Fax
chd.ems@co.hennepin.mn.us

Ambulance Service Personnel Subcommittee
Thursday, February 02, 2017, 10:00 a.m. - 12:00 p.m.
Edina Fire Station #1
6250 Tracy Avenue, Edina 55436

Draft Summary

Present	Absent
1. Steve Hagstrom, Allina Health EMS 2. Mike Hughes, Edina Fire Department (Chair) 3. Todd Joing, M.D., Fairview Southdale Hospital 4. Charles Lick, M.D., Allina Health EMS 5. Patrick Lorentz, Ridgeview Ambulance Service 6. Michael Perlmutter, North Memorial Ambulance Service 7. Nick Pierce, Hennepin EMS	
Guests	**Staff**
	• Matt Maxwell

Welcome and Introductions – Chair Mike Hughes called the meeting to order at 10:02 a.m. with a quorum present. After introductions the proposed February 2, 2017 agenda, and meeting summary from November 3, 2016, were approved.

Adult Tachycardia – The Subcommittee reviewed the adult tachycardia flowchart. Matthew Maxwell explained that the current version has a possible logic error in the stable, regular, wide QRS treatment section. Per Maxwell, the treatment calls for preparation of elective synchronized cardioversion if the rhythm is ventricular tachycardia or if the paramedic is uncertain what the rhythm is. But it does not give orders for what to do next, and only advised paramedics to prepare for cardioversion. Maxwell added that this doesn't align with current American Heart Association (AHA) recommendations.

The Subcommittee agreed the flow chart could be simplified, and recommended using the current AHA Adult Tachycardia with a Pulse algorithm as a guide. The Subcommittee recommended splitting the algorithm into two treatment boxes after the stable or unstable decision, and will review the changes at its May meeting.

Pediatric Tachycardia – The Subcommittee reviewed the Pediatric Tachycardia flowchart. The Subcommittee asked staff to forward the flowchart to the EMS Council's resident pediatric representatives for review and feedback. Also, the Subcommittee asked for clarification from pediatric representatives if cardioversion should come before adenosine or after for narrow QRS tachycardia with a rapid heartrate (infant ≥ 220 beats/minute and child ≥ 180 beats/minute). The Subcommittee will review the recommendations at its May meeting.

Adult Normal Labor and Delivery – The Subcommittee agreed to merge the Pediatric Newborn Emergencies protocol (parts C to F) into the Adult Labor and Delivery protocol and rename the protocol. The subcommittee recommended the following changes (underlined text represents proposed new language; strikethrough text represents proposed deleted language):

~~NORMAL~~ LABOR, ~~AND~~ DELIVERY, AND NEWBORN EMERGENCIES – ADULT

Standing Orders

A. ~~Obtain pertinent patient history and perform a physical exam.~~
B. If imminent delivery is not present, transport the patient in the position of comfort, usually on the patient's left side.
C. If authorized, may consider patient self-administration of nitrous oxide for pain relief if no contraindications are present.
D. If in question of imminent delivery, observe briefly, then transport unless delivery is in progress.
   - Be prepared to stop the ambulance if delivery occurs en route.
E. If delivery is in progress:
   1. Assist delivery using clean ~~or sterile~~ technique.
   2. Provide physical stimulation if respirations are present but depressed. ~~Suction and position for optimal airway. Do not hyperextend the neck.~~
   3. Suction the infant only if needed.
   4. Assist ventilation if respirations are absent, minimal, or heart rate is less than 80 bpm.
      a. ~~Suction and~~ position for optimal airway.
      b. Do not hyperextend the neck.
      c. May use a pediatric mask or pocket mask with supplemental high flow oxygen.
      d. Do not use positive pressure oxygen valve.
   5. Perform chest compressions if the newborn's apical heart rate is less than 80 bpm despite assisted/adequate ventilation.
   6. Protect from heat loss. See the Newborn Emergencies – Pediatric protocol.
   7. Wait 2-3 minutes then ~~D~~double clamp and cut the umbilical approximately cord 8-10 inches from the infant.
   8. Give the infant to the mother and allow the infant to nurse.
   9. Transport; do not wait for nor attempt delivery of the placenta.
   10. Closely observe the infant for signs and symptoms of distress and monitor the mother for excessive postpartum bleeding.
F. **Transport early.** Attempt to maintain body temperature and assure optimal ventilation and oxygenation.

Dr. Charlie Lick offered to have the Allina Obstetric Council review the combined Adult Normal Labor and Delivery and Pediatric Newborn Emergencies protocol. The Subcommittee will review the OB Council's recommendations at its May meeting.

Pediatric Newborn Emergencies – The Subcommittee agree to merge this protocol into the Adult Normal Labor and Delivery Protocol. The Subcommittee recommends deleting the Pediatric Newborn Emergencies protocol from the protocol book.

Adult Obstetric Complications – The subcommittee recommended the following changes (underlined text represents proposed new language; strikethrough text represents proposed deleted language):

A. Begin oxygen therapy <u>& administer high flow O_2 by mask</u> for any complications.
B. Immediate transport for:
    - Prepartum or postpartum hemorrhage (moderate to heavy).
    - Limb presentation.
    - Prolapsed umbilical cord.
    - Known multiple fetuses.
    - Previous cesarean section.
C. Start an IV Normal Saline in route.
D. If the patient is hypotensive, position on the left side and/or manually displace.
E. For postpartum hemorrhage:
    1. Oxygen therapy.
    2. Massage the uterus gently.
    3. ~~Consult a medical control physician regarding use of pneumatic compression trousers (PCT).~~
F. For prolapsed umbilical cord:
    1. ~~Oxygen therapy~~
    2. Place the mother in the knee-chest position or Trendelenburg.
    3. Insert a gloved finger into the vagina and hold the presenting part off of the umbilical cord.
    4. Do not touch or attempt to replace the umbilical cord.
G. For infant distress, see the Newborn Emergencies - Pediatric protocol.
H. Contact a medical control physician for further orders for any complication.

Dr. Charlie Lick offered to have the Allina Obstetric Council review the Adult Obstetrics protocol. The Subcommittee will review the OB Council's recommendations at its May meeting.

Adult Behavioral Emergencies and Zyprexia – The Subcommittee discussed a recommendation to add zyprexia to the approved medication list for the treatment of behavioral emergencies. The Subcommittee agreed to add zyprexia with a dose of 5-10 mg IV/IO/IM as an alternative to Droperidol. The Subcommittee also tasked Staff with re-working the entire protocol into three

categories: 1) Severe Anxiety; 2) Agitation; and 3) Danger to Self or Others. The Subcommittee will review the revised protocol at its May meeting.

The meeting was **adjourned** at 11:56 a.m.

Future meetings, Tuesdays 10:00 a.m. - 12:00 p.m., Edina Fire Department, Edina:

- May 4, 2017
- August 3, 2017
- November 2, 2017