



Emergency Medical Services Council



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Ambulance Service Personnel Subcommittee
Thursday, August 03, 2017, 10:00 a.m. - 12:00 p.m.
Edina Fire Station #1
6250 Tracy Avenue, Edina 55436

Draft Summary

Present	Absent
1. Amy Dettman, Ridgeview Ambulance Service 2. Steve Hagstrom, Allina Health EMS 3. Mike Hughes, Edina Fire Department (Chair) 4. Todd Joing, M.D., Fairview Southdale Hospital 5. Angela Pesta, Hennepin EMS	1. Charles Lick, M.D., Allina Health EMS 2. Vacant, North Memorial Ambulance Service
Guests	Staff
	1. Matt Maxwell

Welcome and Introductions – Chair Mike Hughes called the meeting to order at 10:07 a.m. with a quorum present. After introductions the proposed August 3, 2017 agenda and meeting summary from May 4, 2017 were approved.

Adult Tachycardia Protocols – Matthew Maxwell explained that the *Adult Stable Tachycardia* and *Adult Unstable Tachycardia* protocols had been merged and converted from a text format to an algorithmic flow-chart format. Per Maxwell, staff recently did a comparison to the 2015 AHA Adult Tachycardia (with a pulse) flow-chart and felt the EMS System version could be streamlined and condense using the AHA document as a guideline. Staff presented a new version of the protocol titled *Adult Persistent Tachyarrhythmia (≥ 150 bpm) with Pulses* for Subcommittee review.

The subcommittee recommended changing the title to *Adult Persistent Tachycardia (≥ 150 bpm) with Pulses*, and recommended the following changes (underlined text represents proposed new language; strikethrough text represents proposed deleted language).

In the treatment box for the stable wide QRS complex tachycardia:

- 12-Lead ECG, ~~if available~~
- If regular and monomorphic, consider Adenosine 6 mg rapid IV/IO push over 1-3 sec. followed by 20 ml NS flush.

- If no conversion within 3-5 minutes admin 12 mg Adenosine IV/IO push.
 - May repeat 12 mg dose once.

In the treatment box for the stable narrow QRS complex tachycardia:

- 12-Lead ECG, ~~if available~~
- Perform vagal maneuver
- If regular, consider Adenosine 6 mg rapid IV/IO push over 1-3 sec. followed by 20 ml NS flush.
- If no conversion within 3-5 minutes. admin 12 mg Adenosine IV/IO push.
 - May repeat 12 mg dose once.

In the treatment box for the unstable tachycardia:

1. Prepare for immediate cardioversion:
 - a. Premedicate the patient if possible with one of the following sedatives:
 - Ketamine 1-2 mg/kg IV/IO (admin over 1-2 min)
 - Midazolam 2 mg slow IV/IO (up to total of 5 mg)
 - Etomidate 0.2-0.6 mg/kg IV/IO (typical dose 10 mg)
 - b. Analgesic can be used in conjunction with sedation; consider analgesic per Adult Pain Management protocol
2. Perform synchronized cardioversion (initial biphasic recommended doses):
 - Narrow regular : 50-100 J
 - Narrow irregular: 120-200 J ~~biphasic or 200 J monophasic~~
 - Wide irregular: 100 J
 - Wide irregular: defibrillation (not synchronized cardioversion): 100 J
3. If regular narrow complex consider Adenosine 6 mg rapid IV/IO push over 1-3 sec. followed by 20 ml NS flush. If no conversion within 3-5 minutes admin 12 mg Adenosine IV/IO push.
 - a. May repeat 12 mg dose once.

The Subcommittee also discussed an interest in listing all cardioversion doses in the protocols at a starting rates of 100 Joules, feeling this consistency would be easier for paramedics to remember. The Subcommittee asked staff to bring this recommendation to the Ambulance Medical Directors Subcommittee.

Appendix – The Subcommittee reviewed the Wong Baker Faces Pain Rating Scale, FLACC Scale, Visual Analog Scale for Ages 7 and Up, Do Not Resuscitate (DNR) Guideline, DNR Form, POLST Form, and Pediatric Reference Chart appendix items. The Subcommittee recommended eliminating the following appendix entries:

- Wong Baker Faces Pain Rating Scale
- FLACC Scale
- Visual Analog Scale for Ages 7 and Up
- DNR Form
- POLST Form

The Subcommittee felt that these items have little value in the protocol book and are readily accessible and available via other sources and mediums that are more convenient for paramedics to access.

The Subcommittee briefly discussed the Do Not Resuscitate (DNR) Guideline and Pediatric Reference Chart appendix items and felt they had value and should be kept in the protocol book. The Subcommittee agreed the Do Not Resuscitate (DNR) Guideline delved too deeply into the history and legal aspects of DNR, and unnecessarily defined aspects of the DNR process that were relevant only to a patient and his/her physician. The Subcommittee agreed the guideline should mostly focus on elements pertinent to what paramedic needs to know when they encounter a DNR patient.

The Subcommittee asked Staff to revise the Do Not Resuscitate (DNR) Guideline and bring a recommendation to the next meeting. The Subcommittee also directed staff to update the Pediatric Reference Chart.

The meeting was **adjourned** at 11:50 a.m.

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

- November 2, 2017
- February 1, 2018
- May 3, 2018
- August 2, 2018
- November 1, 2018