

Mcb minutes

Dr khalsa

Dr pruette

Dr. Medoro

Dr. Randy lahr

Dr.Dorthy Habratt

Capt EMS Lujan

Lt. "Cub" Tapia

Rabert Gallegos

All EMS fellows

Call to order 3:59

Review and approve the agenda

Motion to approve Dr. Khalsa second by Dr. Medoro

Review and approve minutes from July

Motion to approve without changes 1<sup>st</sup> by Khalsa and second by Medoro none apposed

Systems reports

Lovelace: Dr. Lahr-ECMO not available all the time. Question about cardiogenic shock from the previous meeting by Dr. Medoro. Cardiologist are utilizing **empella** to treat cardiogenic shock. Dr. Lahr said he would ask the cardiologist about the cardiogenic treatment to bring it back to the next MCB. NMHH doesn't seem to have any capabilities that isn't at any other hospital. Will get the hospital capabilities list. West side was having issues with critical care patients but isn't affecting EMS.

VA: Dr. Khalsa-Cath lap is leaking oil but will need to divert for maintenance. Decreased diverts. Monkey pox cases are noted. Testing is difficult and isolation is set up like Covid. Would like to see discussions for transfer talks within the system to auto accept any pt's that need to transferred out so they don't need to go out of state.

Pres: Dr. Medoro-Rust Cath lab stopped taking EMS cath patient due to the Cath lab upgrade but it wasn't widely communicated. If anything changes he will update the committee. Updated by Potts that Rust is accepting EMS pt's again. Will have the completion date for the new tower. Pres Now's don't seem to help with volume issues at the main hospitals. Pres system is seeing about 1k pt's a day. 4<sup>th</sup> Pres Now is set to start construction in 2023

UNMH: Dr. Habrat- Volumes are high and staffing is difficult

Old Biz: SRMC should be added into the guidelines

New:

Pac: finalized the roster and open stop to be filled by RRT. Talked about the guidelines we are talking about today.

Femoral IO for Peds: many Ped codes with difficulty obtaining tibial IO. Research paper passed out talking about the femoral IO. Study in Germany showed no danger for IO in the femur. This seems to be safe. Guideline updates are rolled out at the beginning of the year and if no one has objection to getting this in the guidelines.

Discussion-Dr. Khalsa would there be a requirement to go for other sites prior to getting the femur?

Dr. Pruett-Rep said this is the biggest access for a pediatric. Compare the access to a 20G in the finger versus 16G in the AC.

Dr. Medoro- remembers being taught multiple sites for the IO when he went to medic school.

Dr. Khalsa- If femur is so much better why hasn't it been used before.

Dr. Pruett- Seems to be newer treatment. Rep said the age would be less than 9.

Dr. Habrat-Did we talk to Peds? Is it approved by FDA?

Dr. Pruett-There seems to be looking at studies about femur and we would only use on Peds.

Dr. Habrat- will drilling too high cause a problem

Dr. Khalsa-Drilling too low will cause more problem.

Motion to approve to start training crews with the intent to add a guideline for update in Jan. with 8 and under being preferable.

1<sup>st</sup> by Dr. Khalsa and 2<sup>nd</sup> by Dr. Medoro.

Approved unanimously

Radio reports: Dr. Khalsa- need to approve the pt is a veteran. First initial, last name and last 4 of the social and date of birth. Crews have been calling in with the whole name, full social and DOB. Please remind crews that it is an open line so all that is needed is above.

Dr. Pruett- maybe we can build a guideline for radio report.

Dr. Medoro-would be happy to collaborate on this guideline

Psych sedation- on the behavioral index there is no Peds dosing in there.

Discussion about Pediatric sedation with Versed. Agreement from the board. Ketamine should not be an option per Dr. Medoro. Can talk to Peds department about uses of each.

Dr. Habrat is willing to talk to UNM Peds department this month. Dosing going forward for Peds: divide adult dosing by 2.

Dr. Medoro asked about stroke and STEMI data from all hospitals. There is months between getting system outcomes. Accreditation requires submitting STEMI and Stroke data. Heimi left the state and it seems that the numbers have dropped off from the hospitals. Dr. Pruett will reach out to Tanner

Peds dosing chart and hospital capabilities can be set for discussion next month's meeting.

Research

Nothing on to report. Mossimo can be started again was down for a month.

Public comments

None

Motion to adjourn Dr. Medoro 2<sup>nd</sup> by Dr. Khalsa.