Medical Control Board

August 20, 2014

AFD Fire Station 20
7520 Corona NE
Albuquerque, NM 87122

MEMBERS PRESENT:

Drew Harrell (excused Swat Call Out)
Tim Durkin
Chelsea White
Audrey Urbano

OTHERS PRESENT:

Frank Soto Jr
Kyle Henson
Kevin O'Brien
Kerry McKinstry
Amjad Musleh
David Jolley
Lisa Rae Scott
Anthony Martinez
Nathan Henrie
Zachary Lardy
Aaron Farney
Ian Buchanan
George Molzen

Minutes

I. CALL TO ORDER

Meeting called to order at 16:05 p.m. Members present were: Chelsea White, Tim Durkin and Audrey Urbano.

II. APPROVAL OF August 20, 2014 AGENDA

Motion to approve by: Dr. Durkin. **Seconded By**: Dr. Urbano. **All Approved.**

III. APPROVAL OF JULY 16, 2014 MINUTES

Motion By: Dr. Durkin. **Seconded By**: Dr. Audrey Urbano. **All Approved**.

IV. HOSPITAL SYSTEMS REPORTS

- Lovelace –Dr. Molzen
  No issues to report.

- UNM – Dr. White
  No issue to report.

- Presbyterian – Dr. Durkin
  No issues to report.

- VAMC – Dr. Urbano
  No issue to report.

V. OLD BUSINESS

None

VI. NEW BUSINESS

- **PAC Report: Lt. Kyle Henson (Protocol Updates)**

AC-8 Myocardial Infarction: protocol changes that were decided upon at the Provider Advisory Meeting (PAC) on August 11, 2014 are reflected in the handout. All the changes are accepted. Motion By: Dr. Urbano, Seconded By: Dr. Durkin, All Approved

M-11 Unconscious, Unknown Cause: Changes agreed upon as discussed in the Provider Advisory Meeting (PAC) appear on the handout. All the changes have been accepted. **Motion By:** Dr. Durkin, **Seconded By:** Dr. Urbano, **All Approved**

C-1 CPR (CCC) Continuous Chest Compressions: Additional change to **Adult Section, 5th Bullet Point:** pre charge defibrillator 1st, changed to 1st pre charge defibrillator. All other changes that have accepted.

C-2 Pit Crew CPR:

- (Added) Unwitnessed to the Arrest Administer chest compressions, which was rolled out in April 2014.
- (Added) Vascular Access Epinephrine 1 mg IV/IO ASAP q 3-5 minutes Anti-Arrhythmic if called for
- (Added) Analyze rhythm after third cycle of 200 compressions. (Added uninterrupted) Analyze rhythm after third cycle of 200 uninterrupted compressions.
- If no change, proceed to appropriate algorithm and continue next cycle of 200 uninterrupted chest compressions
- Insert Advanced Airway without interruption

(Does not follow AHA guidelines) **Motion By:** Dr. Durkin, **Seconded By:** Dr. Urbano, **All Approved.**

AC-1 Adult Cardiac Section: (all changes/amended have been approved)

Paramedic Section-Resuscitation efforts may be terminated in the field with MCEP approval if the following conditions apply (was accepted).
1st Bullet Point: ALS interventions have been implemented for at least 30 minutes instead of 20 minutes.
3rd Bullet Point: The terminal rhythm is asystole (was added).
4th Bullet Point: a asystole or an agonal bradycardia rhythm (PEA) < 40 bpm, and (was removed in its entirety and then agreed upon to add back in)
6th Bullet Point: Cardiac resuscitation attempts will not be terminated without MCEP approval. (Removed in its entirety).
7th Bullet Point: All LVAD patients in cardiac arrest must be transported. (Removed). Any patient who presents in the following rhythm at any point during the resuscitation will be resuscitated on scene for a minimum of 40 minutes.

1. Ventricular Fibrillation
2. Ventricular Tachycardia
3. PEA>40 bpm

8th Bullet Point: ALL LVAD patients in cardiac arrest must be transported. (Added).

Continuous Quantitative Waveform EtC02 Monitoring in Cardiac Arrest (If available) – All changes accepted
1st Bullet Point: All patients in cardiac or respiratory arrest shall be placed on Continuous Quantitative Waveform Capnography.
3rd Bullet Point: If no pulse is palpable but the increase in EtC02 is sustained, Resume CPR and treat as CARDIOGENIC SHOCK (AC-6) rather than PEA. Conversely, an abrupt sustained decrease in EtC02 after ROSC may indicate Re-arrest. It this occurs, assess patient status.
4th Bullet Point: Cardiac Arrest Patients with ETC02 levels above 30 mmhg should be worked on scene until ROSC is achieved. After 30 minutes a UNM Consortium physician will be contacted for consult.
Motion By: Dr. Durkin, **Second By:** Dr. Urbano, **All Approved.**

AC-3 Asystole

Designation of Condition: The patient will be unconscious, unresponsive, pulseless, apneic, and show asystole on the monitor (confirmed with six-second strip)
removed-in at least two leads and
If you believe that the rhythm may be ventricular fibrillation, proceed to Ventricular fibrillation algorithm (protocol AC 12).

ALL PROVIDERS
4th Bullet Point: Consider placement of advanced or extraglottic airway in accordance with protocol C-1 and applicable airway protocols, allowing no disruption of chest compressions during placement. Or extraglottic was added and (LMA, Combitube or ETT) was removed.
5th Bullet Point: Check rhythm/pulse every 200 compression, instead of 2 minutes.

PARAMEDIC
1st Bullet Point If ROSC, initiate transport. (Removed)
All changes were accepted.
Motion By: Dr. Urbano, **Seconded By:** Dr. Durkin, **All Approved**

AC-12 Ventricular Fibrillation/Pulseless Ventricular Tachycardia

Begin CPR and defibrillate as soon as possible with AED or manual defibrillator (see C -1 CPR) was changed to:
Begin CPR, activate metronome and defibrillate ASAP IF WITNESSED, If Unwitnessed then perform 200 compressions and defibrillate using AED or manual Defibrillator (see C-1 CPR)
Defibrillation and CPR sequence:
4th Bullet Point: Monophasic AED: 360 joules (removed)
5th Bullet Point: Resume CPR for 2 minutes starting with compression was Changed to Resume CPR for 200 compressions.
6th Bullet Point: Check rhythm/pulse was changed to Check rhythm
10th Bullet Point: Monophasic AED: 360 joules (removed)
11th Bullet Point: Resume CPR for 2 minutes starting with compressions was Changed to Resume CPR for 200 compressions.
12th Bullet Point: Check rhythm/pulse was change to Check rhythm
16th Bullet Point: Monophasic AED: 360 joules (removed)
17th Bullet Point: Resume CPR for 2 minutes starting with compressions was Changed to Resume CPR for 200 compressions.
Consider placement of advanced airway (LMA, Combitube or ETT) in accordance with Protocol A-1 and applicable airway protocols, allowing no/minimal disruption of chest compressions during placement. This now reads: Consider placement of advanced airway (extraglottic airway) in accordance with protocol A-1 and applicable airway protocols, allowing no disruption of chest compressions during placement.

INTERMEDIATE AND PARAMEDIC
2ND Bullet Point: Initiate Epinephrine administration IV/IO or ET after 2nd Defibrillation. This now reads: Initiate Epinephrine administration IV/IO ASAP.
Incorporate pattern of defibrillation-immediate resumption of CPR for 2 minutes-drug administration during CPR-rhythm/pulse check. This was changed to: Incorporate pattern of defibrillation-immediate resumption of 200 compressions-drug administration during CPR-rhythm/pulse check.

PARAMEDIC
4th Bullet Point: Magnesium Sulfate 2gm IV/IO (over 1-2 minutes) only in cases of suspected pulseless Torsades was changed to Magnesium Sulfate 2gm IV/IO (over 1-2 minutes) if continued VF or if suspected pulseless Torsades
5th Bullet Point: Sodium Bicarbonate 1mEq/kg IV/IO. Use only in cases of Suspected hyperkalemia or TCA OD. May repeat in 5 minutes to a total of 2 doses.

In these special circumstances, Sodium Bicarbonate administration should precede Lidocaine. (Only was underlined)

6th Bullet Point: (added) All patients in V-FIB or Pulseless V-Tach at any time will be resuscitated on scene for a minimum of 40 minutes. This was modified by a suggestion of Dr. Molson to include, If sustained all patients in V-FIB or Pulseless V-Tach at any time will be resuscitated on scene for a minimum of 40 minutes.

7th Bullet Point: (added) If sustained V-Fib or Pulseless V-Tach after 40 minutes contact UNM Consortium physician for consult.

Motion By: Dr.Urbano, **Seconded By:** Dr. Durkin, **All Approved**

AC-15 Cardiac Arrest-Post Resuscitation Care

ALL PROVIDERS

4th Bullet Point: Avoid hyperventilation; if patient requires assisted ventilation, ventilate 10-12 times per minute with just enough volume to create visible chest rise.

5th Bullet Point: (Added) Apply capnography and print out ETC02 waveform (if available).

PARAMEDIC

4TH Bullet Point: Consider dopamine if crystalloid therapy is contraindicated or fails to restore adequate blood pressure (see protocol AC-6). This was changed to Consider dopamine or epinephrine drip if crystalloid therapy is contraindicated or fails to restore adequate blood pressure (see protocol AC-6).

Motion By: Dr. Urbano**, Seconded By:** Dr. Durkin**, All Approved**

PC-7 Pediatric Supraventricular Tachycardia

3rd Bullet Point: Initiate rapid transport was changed to Minimize scene time.

Motion By: Dr. Urbano, **Seconded By:** Dr. Durkin, **All Approved**

Captain Kevin O'Brien stated that Dopamine or Epinephrine drip was added to: M-1, M-12, M-13, AC-5, AC-6 and AC-16.

Motion By: Dr. Urbano**, Seconded By:** Dr. Durkin**, All Approved**

VII. PUBLIC COMMENTS:

Protocols go into effect October 1, 2014

VIII. Meeting Adjourned

Motion By: Dr. Durkin**, Seconded By:** Dr. Urbano**, All Approved**