STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE 04333

PAUL R. LEPAGE
GOVERNOR

JOHN E. MORRIS
COMMISSIONER

SHAUN A. ST. GERMAIN
DIRECTOR

Medical Directors and Practice Board
March 15, 2017
Minutes

Members Present: Dr. Sholl, Dr. Pieh, Dr. Zimmerman, Dr. Kendall, Dr. Busko, Dr. Couture, Dr. Bohanske, Dr. Nash, Dr. Jalbuena, Dr. Saquet
Members Absent: Unknown
Staff: Shaun St. Germain, Jason Oko
Guests: Unknown

1) Introductions
2) December 2016 Minutes – Sholl
3) State/Community Paramedicine/Medical Director Manual/CARES/Heart Rescue Update – St Germain
    a. Tim Nangle has been hired as the Data Coordinator for Maine EMS he will begin in April.
    b. ASMI Report – The Board is starting their work to go through the recommendations and there will likely be a request for involvement from the MDPB in some of the subgroups that will likely be meeting to work through specific topic areas.
4) PEGASUS Update - None
5) Special Circumstances Protocols – NONE
6) New Devices – NIO – Busko
7) Report out from the VL Pilot project. Consider time frame and requirements for inclusion of additional services.
    a. There have been half a dozen cases where the device has been used up to this point. Dr. Martel has expressed thoughts to Dr. Sholl that there is likely a need for more airway management training as there is a varying approach to the procedure and use of the VL device.
    b. There was a lot of discussion to send the Pilot group back to retool education and consider the process of onboarding additional services.
8) Protocol Review –
    a. Finish Yellow Section/Circle Back on Red Section items Kate sent/Begin Green Section
    b. Northern New England Stroke Protocol
    c. Intranasal Midazolam –

PHONE: (207) 626-3860 TTY: (207) 287-3659 FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

i. Tim worked with a PharmD from Maine General to review a number of questions been raised about allowing for the administration of IN naloxone.
    1. What concentrations are currently being distributed to EMS?
        a. All but one hospital in Maine is offering 5mg/ml
    2. Dry non-bloody and non-congested nasal canal- are we clear that you cannot deliver through that route?
        a. Abnormal Nasal anatomy or increased mucous production may reduce absorption
    3. How much of the volume are we losing through the atomizer or through a needle?
        a. The atomizer "dead space" accounts for 0.1 ml
        b. For the needle it depends on what gauge and length
    4. There may be more bioavailability in IM but peak concentration appears to be more rapid in IN than IM.
    5. **Motion to keep IM only for seizure and create a pearl for premedication IN dosing. Dr. Pieh , Second by Dr. Bohanske, Unanimous**

ii. Unified Stroke Protocol
    1. Adopt as the New England protocol recommended with minor language edit to the "most appropriate facility" and change of 12 Lead to Advance/Paramedic only.
        a. **Motion to adopt with 4 changes and 2 additions Dr. Pieh, Seconded by Dr. Busko, Unanimous**
            Changes:
            i. **Move 12 lead down to A/P**
            ii. **EMT correct glucose if less than 60**
            iii. **Change language to reflect STEMI language around transport destination**
            iv. **Correct spelling of guage to gauge**
            Additions
            i. **Thrombolytic contraindication checklist**
            ii. **Preferred presentation checklist**

iii. Epinephrine options
    1. As the new generic epinephrine auto injector is substantially cheaper not to deviate from the use of these devices as the option for EMTs.
    2. **Dr. Pieh Motioned to bring an episafe syringe equivalent to the next meeting. Dr. Kendall Seconded, Unanimous**

iv. SEPSIS
    1. **Motion to approve the identification change to both Pediatric and Adult medical shock replacing the current definitions but make no change to treatment or pearls, leave EtCO2 out until**

the May meeting and add check finger stick blood glucose to the EMT section. Dr. Pieh, Seconded Dr. Couture, Unanimous

v. Ondansetron in Pregnancy
    1. There is a request from an OB group to not administer ondansetron to pregnant patients in the first or second trimester.
    2. Plan is to bring this back in April or May with more literature from the OB group
vi. No changes to the airway algorithm. A whitepaper will be developed by Dr. Busko, Dr. Pieh, and Dr. Couture
vii. Dr. Sholl and Dr. Couture are going to work on a letter to agencies to clarify items around cardiac arrest and bring that back for deliberation at the April meeting.
viii. Termination of Resuscitation: Updates to the timeline based upon patient rhythm.
    1. Lots of discussion around this. Final determination was to create a checklist in cardiac arrest and in termination of resuscitation to give providers a guide.

9) Discussion re: April/May Meetings
    a. Meeting will occur in April