

CLINICAL ISSUES COMMITTEE MINUTES

Committee Minutes	Clinical Issues Committee Meeting
Date	October 14, 2014
Time	10 AM
Location	665 Mainstream Drive
Participants	Members present: Angie Bowen, Elisabeth Henley, Kathy Hensley, Dr. Joe Holley, Randal Kirby, Pat O'Brien, Dennis Rowe, Randy White, Donna Tidwell, Brandon Ward, Keith Hodges, Dwight Davis, and Rhonda Phillippi. Members absent: David Chambers, Anthony Roberts, Phil Sanderson, Melissa Smith, Charles Spratlin, Robbie Tester and. Rob Seesholtz

Overall Lead	Topic	Summary/Decisions	Assignments / Next Steps	Responsible Person	Time Frame
Dr. Holley	Roll Call, Introduction and Approval of Minutes.	There was a motion to accept the minutes as amended. Motion seconded. Passed with a voice vote.			
Ms. Tidwell	Update on Equipment Rule Changes.	Equipment list is back in the AG's Office and once they get the word that the rules are going forward they will be filed and they have ninety (90) days to be approved. Hoping the timing is right for Board meeting for the public to make comments on purposed list of equipment.			
Dr. Holley	Evidence Based Pain Protocol Project	NASEMSO is trying to get out a tool kit on how to get evidence protocols out there, they are working with different states to see how they get their protocols out. A survey will be coming out on the Survey Monkey that will go out to different services that will ask about their current practices on pain management. At the end of the project they will resurvey the services to see if they did see how many of the methods were adopted and to see which method worked.			

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Dr. Holley	Sub Committee Reports	The two Sub Committee's meet that morning. One was the Destination Guidelines. They went over the Trauma and Medical Guidelines. The other Sub Committee was Crisis Standard of Care for EMS.			
Dr. Holley	Old Business	<p>Shortage of the IV fluid is getting worse. It is getting to the point that Ms. Tidwell has reached out the Health Department to see if we can get access to the SN. We may need to access the national stock pile of PPE.</p> <p>Committee was asked if they are having problems getting IV fluids. One person reported they just got IV fluids, but it was not what they ordered. There was discussion about not giving out IV fluids unless medically needed. Dr. Holley has reached across the state line for some and still can not get enough. There was discussion about getting a letter from NASEMSO to be sent out to some of the foreign companies that make the IV fluids stating that they are in a need of it.</p>			
Dr. Holley	New Business	<p>Issues from the Board for Discussion.</p> <ul style="list-style-type: none"> • Paramedic's initiation blood to a patient. <p>The issue was that a patient that did not need blood at the time of transport, but may need it in the process of transport and according to Educational Standards and Scope of Practice Paramedics can maintain not initiate. This concern has</p>			

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		<p>been sent to the CIC to look at and discuss. There was discussion as to blood initiation for paramedics might be a Blood Bank issue. They had a discussion about what initiating meant. They went over what the verbiage may need to be added or clarified. Question was raised if it is being taught in the class now. Was clarified that what is taught is maintaining not initiation “A Paramedic can maintain an infusion of blood or blood products”. They decided that the current wording should say maintain an infusion of blood or blood products.</p> <p>The question came up about Critical Care Paramedics initiating. the Critical Care rules and it does not say anything about initiating blood.</p> <p>The second issue is Narcan being able to be given by layperson. The request was to recommend to the Board to allow Narcan intranasal at EMR and EMT level since layperson may not give it. Training will now need to include at all levels the understanding that Narcan may have been given before arrival.</p> <p>Third issue to bring back to the CIC is having critical care on the side of an ambulance. Should they be able to keep it on the side of the ambulance or should they be required to have special equipment on it. The concern is that if you</p>			

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		<p>have on the side of your truck critical care and it is only equipped with only ALS is that the qualifications of the people or what the truck is equipped with. Ms. Tidwell stated that they will argue that it can be an ALS truck unless there is no Paramedic on it. They stated that maybe it should be put in there that they should have to have the means to be able to put the equipment for critical care onto the ambulance when need be. Ms. Tidwell went over what the ambulance can have on the side of your truck. They had more discussion on what should be on the side of the ambulance. Dr. Holley asked what they would like to take back to the Board. It was said that if they are going to have critical care on the side of the ambulance, they need to have critical care equipment and a critical care paramedic in that truck. Dr. Holley stated he will take the recommendations back to the Board.</p>			
		<p>The next meeting will be February 3rd, 2015. Meeting was adjourned.</p>			