

PROTOCOLS, MEDICATIONS AND DEVICES

May 17, 2007

150 North 18th Avenue, Suite 540-A

Phoenix, Arizona

MEMBERS PRESENT:

John Gallagher (Committee Chair)

Janine Anderson

Sue Kern

Terence Mason

Rob Jarvis

Bruce Toliver

By Teleconference:

Patricia Ellis

Steven Curry

Terry Shine

MEMBERS ABSENT:

Charles Finch

Marc Holyfield

ADHS Staff

Terry Mullins

Ed Armijo

Joel Bunis

Sarah Harpring

Traci Alexander

I. CALL TO ORDER

The PMD meeting was called to order at 1:04 p.m. A quorum was present.

II. DISCUSS/AMEND and APPROVE MINUTES OF NOVEMBER 16, 2006

A motion was made by Dr. John Gallagher and seconded by Patricia Ellis to approve the minutes of November 16, 2006. **Motion carried.**

III. DISCUSSION and ACTION ITEMS:

A. Adopting Drug Profiles as Guidance Documents for:

1. Ondansetron

A motion was made by Janine Anderson and seconded by Terence Mason to approve Ondansetron drug profile as a Guidance Document.

- Discussion:
- a. Brian Smith stated “arrhythmia” is spelled incorrectly.
 - b. Brian Smith stated “Indications for use” should be changed to “Treatment of nausea and vomiting”.
 - c. Dr. Gallagher stated “ Indication is nausea and vomiting”.
 - d. Sarah Harpring suggested brand names be deleted from the drug profile.

Dr. Gallagher stated the previous motion was amended as discussed. All were in favor of the amendments. **Motion carried.**

2. Promethazine

Dr. Steven Curry stated a dopamine receptor blocker, histamine receptor blocker and acetylcholine receptor blocker or atropine needed to be added to the drug profile.

A motion was made by Sue Kern and seconded by Rob Jarvis to approve the drug profile for Promethazine as a Guidance Document.

Numerous changes to the drug profile were discussed and recommended by Dr. Curry. Additional discussion included whether Promethazine should be replaced with Zofran. Dr. Gallagher stated that the drug has already been approved by EMS Council and MDC Council, but recommendations can be made to remove the drug out of **Table 1**. A motion was made by Sue Kern and seconded by Dr. Curry to approve the drug profile for Promethazine as a Guidance Document with the changes as discussed. **Motion carried.**

3. Prochlorperazine edisylate

A motion was made by Dr. Curry and seconded by Patricia Ellis to approve the drug profile for Prochlorperazine Edisylate as a Guidance Document. **Motion carried.**

B. Maintaining Verapamil on the ALS drug box

Dr. Gallagher stated paramedics in Tucson asked if Verapamil could be removed from the ALS drug box. Brian Smith wants to maintain Verapamil in the ALS drug box mainly to provide the paramedics with a calcium channel blocker because there are issues with Diltiazem availability in powder form and temperature control when in liquid form. Discussion ensued for keeping Verapamil. A motion was made by Janine Anderson and seconded by Rob Jarvis to maintain Verapamil as an option in the ALS drug box. **Motion carried.** Patricia Ellis opposed.

C. Epinephrine Route in Anaphylaxis

Dr. Gallagher stated this agenda item was added because of problems with the drug profile for Epinephrine and what routes of administration should be allowed. For instance, IM route was recommended over the subcutaneous route. He stated this should be referred to agenda item “D” for discussion.

D. Review and Revision of GD-040-PHS-EMS, Drug Profile for Epinephrine HCl

Dr. Gallagher stated that the drug is used for acute Endotracheal Bronchitis at 2.5 mg; 1:1000 SVN for kids under 5 and 5 mg 1:1000 for kids over 5.

Referring to **Pediatric Dosage: (Cardiac arrest includes VF/Pulseless VT, Asystole, PEA)**, 4th bold headline **Repeat Dose Refractory Bradycardia**, Dr. Curry asked “What does “**Same dose every 3-5 min**” refers to and by what route?” In addition to this, he stated the headline underneath **Asthma/anaphylaxis** has some problems in the wording. Dr. Gallagher recommended that Brian Smith revise the drug profile and present it at the next meeting.

A motion was made by Dr. Gallagher and seconded by Terence Mason to table the drug profile for Epinephrine until the next meeting. Dr. Gallagher agreed to the IM route for Anaphylaxis and SVN route for pediatric croup. Patricia Ellis verified that she would approve motion as long as the routes could be added as previously suggested. Dr. Curry asked that somewhere in the profile add a small table that reflects “1 cc of 1:1000 = 1 mg and 10 cc of 1:10,000 = 1mg” for clarification.

E. Review and Revision of Table 1 in R9-25-503

A motion was made by Janine Anderson and seconded by Sue Kern to remove the **Antiemetics: Promethazine HCl and Prochlorperazine Edisylate** from the ALS table. Dr. Curry feels that an explanation should be made to EMS Council and MDC of why there was a motion to have

drugs removed from ALS drug box. Dr. Gallagher concurred. Sarah Harpring suggested removing the term **Antiemetics** from the ALS drug box. Ondansetron HCl will be considered an **Optional Drug**. **Motion carried.**

Brian Smith recommended adding classifications of drugs for paramedics and allowing Medical Directors to choose the specific drugs they want used.

Janine Anderson agreed with Brian Smith to adhere to DOT Paramedic curriculum for utilizing classes of drugs instead of specifying drugs.

Dr. Curry would like a DOT list of drug classes. Brian Smith will provide a listing to be added for discussion at the next PMD meeting.

F. **Eliminating the immunization training requirement in R9-25-501, adding immunizing agents to Table 1 in R9-25-503, and adopting a new curriculum and requirements for EMT-I (99) and EMT-P administration of TB tests.**

Terry Mullins gave a summary of the R9-25-501 curriculum.

Sarah Harpring stated the Director suspended the training requirement EMT-I (99) and EMT-P had to take to administer immunizing agents in an immunization clinic. The draft will annul the current R9-25-501. A new R9-25-501 will be adopted to include a requirement for training before an EMT-I (99) and EMT-P can administer a TB skin test. It will also be added to R9-25-503's Table 1 drug list as an immunizing agent so that EMT-I (99) and EMT-P can administer TB skin test at any time. Terence Mason opposed. **Motion carried.**

Patricia Ellis stated EMT paramedic training curriculum in Southern Arizona requires that paramedics train in clinics as part of their rotation before they can graduate. She also stated it is also in the DOT manual.

Dr. Gallagher stated many other paramedics who went through previous curriculum of 1994 never had the training because it wasn't required and felt revision was valid. He also felt that this needs to be presented at the EMS Council meeting and MDC meeting before anything further is done. Sarah Harpring stated the Education Committee approved it. Janine Anderson, Chairperson for Education Committee, agreed but stated a training curriculum needed to be added.

Sarah Harpring stated that during the Education Committee meeting it was announced that the paramedic curriculum specified immunizing agents. Yet, both do cover aseptic procedures, IM administration and the potential adverse reactions of Anaphylaxis. She also stated the Director felt that the training currently in existence was redundant as it was already adequately covered in both curricula and that the immunizing agents were a separate issue than the actual skills that needed to be administered. Currently much of the immunization is being administered by medical assistants who receive considerably less training than EMT-I (99)s and EMT-Ps.

Also, on Page 22, a new subsection F and new subsection G has been implemented. Under subsection G is a description of what the immunizing agents represent. (It is also recommended by CDC). Under subsection F is a description of what the EMT-I (99) and EMT-P has to do: 1) Receive signed, written consent as required in 9 A.A.C. 6, Article 7; 2) Provide immunization information and written immunization records as required in 9 A.A.C. 6, Article 7; and 3) Provide documentary proof of immunity to the individual as required in 9 A.A.C. 6, Article 7. (These articles were pulled from R9-25-501).

A motion was made by Patricia Ellis and seconded by Steve Curry to approve changes to eliminate the immunization training requirement in R9-25-501, adding immunizing agents to Table 1 in R9-25-503, and adopting a new curriculum and requirements for EMT-I (99) and EMT-P administration of TB tests. **Motion carried.** Terence Mason opposed.

Janine Anderson inquired if PMD Committee would have to create drug profiles for immunizing agents that are currently available to be utilized as a resource.

Terry Mullins stated he would like to add a requirement to have an immunization clinic put back into the draft that was previously removed by the Bureau.

Dr. Gallagher stated the Education Committee should come up with an acceptable curriculum in rule.

IV. CALL TO THE PUBLIC

Brian Smith presented a new agent called Quick Clot which is a Hemostatic agent to be presented as an agenda item for the next PMD meeting for approval as an over-the-counter product which is used as a dressing in any scope of practice without medical director approval.

Sarah Harpring will confer with BEMSTS Medical Director, Dr. Bentley Bobrow.

Terry Mullins wants to have BEMSTS do an evaluation and then refer back to PMD committee.

V. SUMMARY OF CURRENT EVENTS

Jerry Stein stated University of Arizona conducted a one day pediatric program seminar on July 19 in Sierra Vista at Coconino College and 24th in Flagstaff at Flagstaff Medical Center and asked that this information be disseminated throughout the state.

Terry Mullins stated AEMS Odyssey will be May 31st through June 1. EMS Week is May 20th through May 25th. Governor's Proclamation is scheduled for Monday the 20th. There will also be a cardiac arrest exercise on Wednesday and a visit to several hospitals on Thursday.

VI. ANNOUNCEMENT OF NEXT MEETING – November 8, 2007

VII. ADJOURNMENT

The meeting was adjourned at 2:13 p.m.

Approved by the PMD committee 11/08/07