



MEDICAL ADVISORY COUNCIL

KS Board of Emergency Medical Services

9/13/2013

Meeting Date: Sep. 10, 2013

Meeting Notes Prepared By: Joe Moreland

1. Purpose of the Meeting

- The agenda focused on future review of long spine board use, AEMT medication list, discussion of continuing education content category requirements, medical director definition change and approving medical protocols for a first response organization providing medical care to a pipeline company.

2. Attendance at the Meeting

<i>Members</i>	<i>Affiliation</i>	
Dr. Sabina Braithwaite	MAC – Chair	Present
Dr. David Kingfisher	MAC member	Absent – Dr. Braithwaite has his proxy
Dr. Dennis Allin	MAC member	Present
Dr. Sean Herrington	MAC member	Absent
Dr. Michael Machen	MAC member	Absent
Dr. James Longabaugh	MAC member – Vice Chair	Present
Dr. Ryan Jacobsen	MAC member	Present
Deb Kaufman	KBEMS Board member	
James Reed	KBEMS Staff	
Joe Moreland	KBEMS Staff	
Steve Sutton	KBEMS Staff	
Darlene Whitlock	Kansas Medical Society	
Terry David	Rice County EMS	

3. Meeting Notes, Decisions, Issues

- **July MAC Meeting notes**
 - Approved as provided. **Allin/Jacobsen**. No opposition.
- **Long spine board use Position Statement**
 - **Issue:** Dr. Braithwaite provided several peer reviewed journal articles addressing eliminating transporting patients on long spine boards and limit its use to temporary immobilization, extrication device and transfer to the cot.



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- **Action:** Dr. Allin, Dr. Jacobsen and Dr. Herrington will review the literature submitted and reviewed by Dr. Braithwaite. Dr. Jacobsen mentioned several other services that are following this procedure. The Wichita hospitals, KU and OVPK Regional are on board with this new use. Dr. Braithwaite would like MAC to have position statement developed in a month. Darlene Whitlock mentioned the full ACT meets next week and it may be discussed. Joe Moreland asked about the MAC position statement also be presented to the Planning and Operations Committee and the Education and Examination Committee. The members agreed that it should.
- **AEMT Medication list review**
 - **Action:** Recommendation for the following items will be made to Planning and Operations committee for their consideration of changes in regulation.
 - Epinephrine 1:1,000 to be given by means other than only auto-injector.
 - Lidocaine use as a local anesthetic after IO initiation and prior to IO infusion.
 - Nitroglycerin may have transdermal as an approved route of administration.
 - Dopamine should be removed from AEMT medication list.
 - Nitrous Oxide should be removed from AEMT medication list.
 - Corticosteroids should be added as a medication group for administration in severe asthma. No limitation on route of administration.
 - Fentanyl and Morphine should have cardiac pain as an approved indication.
 - Fentanyl and Morphine should be combined into a single listing of “Opioid”. This combination also addresses the request for consideration for the administration of Dilaudid (hydromorphone).
 - Monitor NG tube placement and monitoring NG tube suctioning should be added to the scope of the AEMT.
 - Cleanup of the beta agonists to have a single listing.
 - **Action:** The following items were considered by the MAC, but the MAC **does not recommend** the addition of these items to the AEMT scope of practice at this time.
 - Addition of a fourth column to address medication substitutions.
 - Monitoring of a Heparin drip.
 - Continuous infusion of Amiodarone and Lidocaine (or maintenance infusions)
 - Addition of Toradol to the list of approved medications.
 - Addition of nitroglycerin drip to the list of approved medications.
 - There was some discussion over how often the medication list is reviewed, what the process is to approve the medication list, and whether there should be an



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essential AEMT medication list and an optional AEMT medication list.

- **Content requirements for EMS continuing education**
 - It was reported that the EDTF is currently looking into a proposal for continued competency that mimics the National Registry Continued Competency Plan.
 - **Action:** Curt Shreckengaust will be asked to attend the next MAC meeting to discuss the EDTF's progress on this proposal.

- **Medical Director definition change**
 - Two options were provided in the MAC packet. Discussion led to the following action.
 - **Action:** The Executive director should merge the two provided definitions to develop a single definition. **Allin/Jacobsen.** No opposition.

- **Request for protocol approval**
 - A first response agency has protocols that they asked the MAC to approve. Discussion led to no action being taken due to this not being a role of the MAC since the board does not regulate first response agencies.

- **Airway management practice issues**
 - A packet was included in the MAC materials that pertained to this topic. No further discussion occurred.

4. Action Items

Action	Assigned to	Due Date	Status
Full spine board	Drs. Allin, Jacobsen and Herrington	Next MAC meeting	Pending
AEMT Scope Recommendations – presented to Planning and Operations	Board Staff	October Meeting	Pending
Continued Competency Proposal Presentation – Curt Shreckengaust	Board Staff	Next MAC meeting	Pending

5. Next Meeting

<i>Date:</i>	November 12, 2013	<i>Time:</i>	5:30pm	<i>Location:</i>	Teleconference
<i>Objectives:</i>	<ul style="list-style-type: none"> • Full spine board • Curt Shreckengaust – CE categories 				