



# Rhode Island Ambulance Service Advisory Board

C/O Rhode Island Department of Health

3 Capitol Hill

Providence, RI 02908

**Wednesday, June 12, 2019**

**1:00pm**

## Meeting Notice

A meeting of the Ambulance Service Advisory Board will be held on Wednesday June 12, 2019, at 1:00 pm in Room 1128 / 30 at Community College of Rhode Island, 400 East Ave, Warwick, Rhode Island. This meeting will be held in accordance with the Rhode Island Open Meetings Law.

### MEETING AGENDA

Item:	Agenda Topic:	Presenter(s):
1	<b>Welcome &amp; Introductions</b>	<b>John Potvin</b> Board Chair
2	<b>Establishment of Quorum</b>	<b>John Potvin</b>
3	<b>Call to Order</b>	<b>John Potvin</b>
4	<b>Review/Consent of Agenda</b>	<b>John Potvin</b>
5	<b>Minutes of the Previous Meeting</b> <u>Action Required:</u> Vote to approve the minutes of the March 2019 board meeting.	<b>John Potvin</b>
6	<b>Announcements</b> A. Correspondence B. EMS Pride Awards	
7	<b>Committee Reports</b> A. Educational Standards B. Rules and Regulations C. Pediatric D. Medical Affairs E. Legislative F. Falls with the Elderly G. EMS Data Management H. EMS Culture for Safety I. QA / QI	<b>Michael DeMello</b> <b>Jason Umbenhauer</b> <b>Lynne Palmisciano</b> <b>John Pliakas</b> <b>John Pliakas</b> <b>Ray Medeiros</b> <b>Jason Umbenhauer</b> <b>Jason Rhodes</b> <b>John Pliakas</b>

8	<b>Old Business</b>	
9	<b>New Business (See Page 3 for Description)</b> A. BH Link Informational Update B. Bio-spatial Opioid Dashboard Presentation C. Pediatric Emergency Care Coordinator Update D. Approval of Adding Acute Stroke Ready Hospital Designation to the Stroke Protocol for Point-of-Entry E. Approval of changes to Statewide Protocols as Recommended by the Rules and Regulations Committee	<p style="text-align: center;"><b>BH Link</b>  <b>Carolina Roberts-Santana</b>  <b>Carolina Roberts-Santana</b>  <b>Jason Umbenhauer</b></p> <p style="text-align: center;"><b>Jason Umbenhauer</b></p>
10	<b>Good of the Order</b>	
11	<b>Meeting Close &amp; Adjournment</b>	<b>John Potvin</b>

New Business Description

- A. **BH Link Informational Update**, presentation by BH Link regarding their capabilities, overall facility update and Q&A.
- B. **Bio-spatial Opioid Dashboard**, presentation by Carolina Roberts-Santana providing an explanation of the system, its capabilities, and EMS uses.
- C. **Pediatric Emergency Care Coordinator Update** by Carolina Roberts-Santana regarding the status of the program.
- D. At the recommendation of the Rules and Regulations Committee the **approval of adding the Acute Stroke Ready Hospital Designation to the Stroke Protocol for Point-of-Entry** will be voted upon.
- E. **Approval of changes to Statewide Protocols** as recommended by the Rules and Regulations Committee (listed below):

#	Protocol(s) or Appendix	Edit	Comments
1.	1.06 Emergency Medical Responder (EMR)	New protocol delineating EMR scope of practice.	Recognition of EMR licensure level.
2.	1.07 Advanced EMT (AEMT)	New protocol delineating EMR scope of practice.	Recognition of AEMT licensure level.
3.	2.04 - Adult 2.04 - Pediatric	P level - Preparation of push dose epinephrine clarified; epinephrine infusion admixture/dose clarified.	Clarity.
4.	2.07 Patient Comfort	P level - IV Ketorolac dose changed to 15 mg for all adult patients and IM dose changed to 30 mg.	Evidence based/best practice.
5.	2.08 Respiratory Distress - Adult	AC/P levels - Terbutaline removed.	Currency.
6.	2.08 Respiratory Distress - Pediatric	Epinephrine 5 mg (1mg/1ml concentration) via SVN added as an alternative to racemic epinephrine for patients with respiratory distress and suspected croup.	Alternative.
7.	2.10 Diabetic Emergencies (adult and pediatric)	Dextrose 25% and 50% removed.	Best practice.
8.	2.12 Ischemic Stroke	Time parameter for transportation of patient with suspected ELVO/LAMS $\geq 4$ to a CSC changed is removed.	Evidence based/best practice.
9.	2.20 - Adult/Pediatric 2.21 - Adult/Pediatric 2.22 - Adult/Pediatric	Epinephrine added as push dose pressor at P level.	Alternative to other push-dose pressor.
10.	3.04 Cardiac Arrest - Adult	Passive insufflation (NRB or limited BVM) for initial 4 cycles (8 minutes) included.	Prevailing evidence.

		<p>AC/P levels - Epinephrine bolus dosing interval changed to every five minutes from the previous 3-5-minute dosing interval.</p> <p>Epinephrine indication limited to non-shockable rhythms only.</p> <p>P level - Consider Epinephrine by IV infusion at 0.5 mcg/kg/min IV/IO (shockable and non-shockable rhythms).</p> <p>Graphic added depicting cycles and sequence of resuscitation.</p>	Clarity/re-enforcement of evidenced based practice.
11.	3.04 Cardiac Arrest - Pediatric	Language added directing early entry notification to receiving facility.	Request.
12.	3.06 Narrow Complex Tachycardia - Pediatric	AC/P levels - Initial adenosine dose increased to 0.2 mg/kg.	Prevailing evidence/best practice.
13.	4.18 - Adult	AC/P levels - IV and IM naloxone dose changed to 0.4 mg.	Alignment with proper dosing.
14.	4.18 - Pediatric	AC/P levels - IV and IM naloxone dose changed to 0.4 mg for patients >20 kg.	Alignment with proper dosing.
15.	5.04 - MAI	Language added differentiating delayed sequence and rapid sequence intubation.	Clarity.
16.	6.08	Item C. Clarified “no shockable rhythm within last 10 minutes”.	Clarity.
17.	7.21 - Multilead ECG Acquisition	Designated as “E” (all provider level) procedure.	Align with previous change inserted in STEMI Protocol.
18.	Formulary	<p>Medications removed:</p> <p>Dextrose 25%</p> <p>Dextrose 50%</p> <p>Activated charcoal</p> <p>Phenylephrine 1 mg/10 ml prefilled syringe</p> <p>Terbutaline</p>	Reflects protocol change or supply concern.
19.	1.01 - Routine Patient Care	Stroke Ready hospital designation added in equivalency to Primary Stroke Center for POE for suspected embolic CVA with LAMS $\leq$ 3.	