Medical Advisory Committee

Meeting Minutes

25th January 2018

Pre-Hospital Emergency Care Council

Present	Apologies
David Menzies (Chair)	Ian Brennan
Mark Dixon	Shane Knox
David Hennelly	Shane Mooney
Jason van der Velde	
Peter O'Connor	
Niamh Collins	
Eoghan Connolly	**In attendance**
David Irwin	Brian Power
Stanley Koe	Ricky Ellis
Martin O'Reilly	Deirdre Borland
Cathal O'Donnell	
Mick Molloy (t/c)	
Hillery Collins (t/c)	

---

1. Chair's Business

The Chair welcomed the assembled members to the meeting. Apologies were noted.

2. Meeting Minutes

Niamh Collins requested that the wording in 5.1 c) PCR section be changed to "to whom the form was handed". This was agreed.

Resolution: That the Medical Advisory Committee approve the meeting minutes of the meeting held on 24th November 2017, subject to the change outlined.

Proposed: Jason van der Velde **Seconded:** David Irwin

Carried without dissent

2.1 Matters Arising

Brian Power spoke to a list all changes made to the current edition of CPGs as outlined in the meeting papers. A concern was raised in relation to Afib and cardio version on the Tachycardia CPG. It was agreed that this was a training issue.

A discussion ensued regarding the circulation of amended/new CPGs. Consensus was sought regarding the policy for distribution of CPGs. Jason van der Velde suggested a set date for the release of all Guidelines and this could be communicated to all relevant parties. Niamh Collins expressed a concern as to the potential for errors in trying to meet a timeframe. David Hennelly suggested one release date per year with the option of one further update. The Chair asked for cognisance of the implication of changes to CPGs on areas such as Examinations and Education. The importance of limiting the number of changes except in cases of patient safety was stressed.

Discussion ensued regarding the releasing of CPGs as one batch or releasing them upon approval with a separate implementation date.

Brian Power asked that the Committee implement a cut-off date and anything that is finalised at that point goes forward to the next version, anything after this will revert to the next subsequent version. Niamh Collins suggested a periodic release of no more than once a year.

It was suggested that the MAC refer this item to the Education and Standards Committee. The Chair will bring this item for discussion to the Education and Standards Committee and report back at the March Meeting.

David Hennelly suggested that the current updated batch be released and a process plan be put in place for all future releases, and how they are presented.

Niamh Collins asked that consideration be given to holding off releasing the batch of updates until the discussion has been engaged in with the Education and Standards Committee.

The plan of release will be discussed.

Resolution: That the Medical Advisory Committee agree that the updated batch of CPGs and supporting material is released with the title 2017 version (Updates February 2018) on the cover and on all pages.

Proposed: Eoghan Connolly **Seconded:** Peter O'Connor
Carried without dissent

NRP – has not been contacted to date in relation to room air for neonatal resuscitation.

No response has been received from the Pharmacist in OLHC to date in relation to IV Paracetamol.

National Clinical Programme for older persons – need to be contacted re crossover of community programmes. Brian to follow up.

3. Clinical Queries

3.1 Nifedipine and Ceftriaxone query

3.1.1 Mick Molloy queried the medication formulary and the use of the words 'short acting'. Niamh Collins asked that consideration be given to the appropriateness of Nifedipine. David Hennelly agreed that the CPG should be reviewed. The Chair suggested specifying the dose of a medication is not necessarily indicative of the speed of activation which should be stated, long acting or slow acting or sustained release should be avoided unless specifically stated. The wording of "20 mL capsule" in the medication formulary be amended to reflect available presentation.

Resolution: That the Medical Advisory Committee agree a convention in relation to medications, that medications are taken to be standard preparation unless otherwise stated. This convention to be stated in future medication formulary.

Proposed: Mick Molloy **Seconded:** Mark Dixon
Carried without dissent

3.1.2 Several items were debated in relation to Ceftriaxone

It was agreed to accept the HPRA recommendation of 3.5 mL Lidocaine as a dilutant for IM administration and that the formulary be updated to reflect this. The preferred route for Ceftriaxone is IV/IO and only in exceptional circumstance should IM be considered. It was agreed that it was an educational issue to prompt practitioners of the similarity appearance of IV and IM presentations.

Resolution: That the Medical Advisory Committee agree in relation to the administration of Ceftriaxone to a) change to dilutant from 2 mL to 3.5 mL Lidocaine and b) to emphasise that the IM route should only be used in exceptional circumstances.

Proposed: Peter O'Connor **Seconded:** Jason van der Velde
Carried without dissent

3.2 Hydrocortisone query

A query was raised regarding the appropriateness of a subsequent dose of Hydrocortisone for a patient who continues to be unwell despite self-administering Hydrocortisone prior to the arrival of PHECC practitioners. It was agreed that a subsequent dose is of benefit to the patient in this circumstance. This can be reflected in the additional information section of the medication formulary. 'If the patient, in an adrenal crisis, is still unwell following Hydrocortisone administration prior to arrival of the practitioner the standard dose of Hydrocortisone should be administered'.

Resolution: That the Medical Advisory Committee agree that a second dose of Hydrocortisone is appropriate for a patient who continues to be unwell despite self-administering Hydrocortisone prior to the arrival of PHECC practitioners.

Proposed: Eoghan Connolly **Seconded:** David Hennelly
Carried without dissent

3.3 Medication queries

Martin O'Reilly posed a number of queries on medications which were included in the meeting papers.

3.3.1 Could the indication of Lidocaine be expanded in the formulary as a IM constituent in the reconstitution of Ceftriaxone. The medication formulary be amended to list 1% (10 mg/mL) ampoule with the indication as a solvent for Ceftriaxone.

Resolution: That the Medical Advisory Committee agree the Lidocaine formulary be updated to reflect a) Presentation: ampoule 10 mg/mL of 1% Lidocaine and b) Indication: as a solute for Ceftriaxone.

Proposed: David Irwin **Seconded:** David Hennelly
Carried without dissent

3.3.2 The numbers of presentations of Magnesium Sulphate was discussed, it was suggested that in order to maintain flexibility of sourcing, typical presentation will replace presentation.

Resolution: That the Medical Advisory Committee agree that future releases of the PHECC Medication Formulary will contain the heading "Typical Presentation" rather than "Presentation".

Proposed: Eoghan Connolly **Seconded:** David Hennelly
Carried without dissent

3.3.3 Clarification was sought on the preparation of Nifedipine tablets. Reference was made to the previous resolution on Nifedipine. A query was made in relation to the appropriateness of using Nifedipine for a prolapsed cord presentation. Brian Power outlined that the Obstetrics programme was consulted in relation to all the emergency obstetric CPGs and had agreed them. Niamh Collins asked that the communication from the National Obstetric Programme approving the CPGS be circulated. It was agreed to consult again with the Obstetric Programme in relation to this matter.

3.4 Ketamine query

The availability of smaller presentations of Ketamine was raised by a practitioner. This was included in the meeting papers. It was noted that the process of discarding of unused volumes is a matter for licensed CPG providers to monitor.

David Hennelly asked that the medication formulary needs amending to remove the reference to ampoule and the drawing up instructions are presentation specific and should be removed.

Resolution: That the Medical Advisory Committee agree that the PHECC Medication Formulary be updated by the removal of the reference to ampoule and the drawing up instructions of Ketamine.

Proposed: David Hennelly **Seconded:** Jason van der Velde
Carried without dissent

3.5 Rectogesic ointment

A query was received from a practitioner in relation to Rectogesic ointment and was included in the meeting papers. Advice was sought from the PHECC consultant pharmacist Muriel Pate, also in the meeting papers, who recommended that it is rarely used and would not require a reference in the medication formulary. It was agreed that no further action was required.

In a follow up from the last meeting Stanley Koe spoke in relation to Midazolam and status epilepticus and recommended that 5 mins is an appropriate interval prior to administering a subsequent dose.

Resolution: That the Medical Advisory Committee agree that subsequent doses of Midazolam be administered at not less than 5 minute intervals apart.

Proposed: Stanley Koe **Seconded:** Jason van der Velde
Carried without dissent

Shane Mooney, although not present, submitted a query in writing in relation to Oxytocin for post-partum haemorrhage for under 16-year olds as it is currently contraindicated in the medication formulary. This query was tabled at the meeting. He supported this discussion citing a recent underage pregnancy who presented with post-partum haemorrhage and the obstetric unit advised that oxytocin was appropriate. Brian Power advised that the CPG does not state an age and it would be a matter of changing the PHECC medication formulary to permit this intervention. Niamh Collins cautioned against being over-prescriptive about age. It was agreed to change the formulary and under paediatric insert; 'post-partum used adult dose'.

Resolution: That the Medical Advisory Committee agree that the PHECC Medication Formulary be updated to permit Oxytocin be administered to under 16-year olds who present with post-partum haemorrhage.

Proposed: David Irwin **Seconded:** David Hennelly
Carried without dissent

Brian Power sought agreement that the medication formulary changes agreed at this meeting be included in the 2018 updates. This was agreed.

4. A subgroup of the Education and Standards Committee who are reviewing the FAR standard requested that future FAR CPGs are published in isolation from any clinical level. This request was included in the meeting papers. It was agreed that this would be included in the next edition of the CPGs.

Resolution: That the Medical Advisory Committee agree that the FAR CPGs for subsequent editions will be separated from all other clinical levels.

Proposed: Niamh Collins **Seconded:** Peter O'Connor
Carried without dissent

5. Clinical Developments

5.1 Medications during pregnancy
Cathal O'Donnell spoke to the meeting in relation to the PHECC medication use during pregnancy document which was included in the meeting papers. The PHECC consultant pharmacist, Muriel Pate, had provided her expert opinion on the document. Cathal O'Donnell indicated that some further edits were being be made to the NAS original document and recommended that PHECC wait until this was completed. He indicated that NAS were happy to share their document with other licensed CPG providers.

It was proposed the traffic light colour coding flags will be adopted to the medication formulary for future releases to highlight pregnancy medication issues clearly. The Chair invited the NAS to share their document once finalised with the hope to bring it to the MAC meeting.

5.2 P/AP recognition of heart block and transcutaneous pacing
A query regarding the use of transcutaneous pacing as a skill for Paramedics and Advanced Paramedics was discussed at a previous meeting. Brian Power had identified appropriate journal article references to assist with the debate, the list of which was included in the meeting papers. Cathal O'Donnell informed the Committee that this query came about from a review of a patient incident.

Jason van der Velde informed the Committee that there has been a number of queries to the AP support centre in relation to this issue. Niamh Collins questioned the frequency of such occurrences and value of the time and cost investment in conducting such training. David Irwin suggested that there may be an indication for the creation of a higher acuity level of Advanced Paramedic. David Hennelly agreed that there is an appetite to acknowledge the different skill set, clinical interests and specialisations within the Advanced Paramedic cohort. Brian Power concurred and suggested that specialist care models with accompanying expertise should be considered for regional deployment and not train every AP to do every advanced intervention.

Niamh Collins stressed the importance of the MAC using data from actual care administered. She cautioned that pacing cannot be implemented in the absence of sedation.

Mark Dixon flagged the importance of allowing people to step to lower acuity roles as well as high acuity roles with a significant burn out rate. Hillery Collins asked the registration status of practitioners be considered.

The Chair asked that the CPG be drafted with the purpose of the MAC debating the value of implementing recognition of heart block and transcutaneous pacing.

Data to also be sought regarding likely frequency of such interventions.

5.3 Ambulance transport to local injury units

A document regarding ambulance transportation to Local Injury Unit was included in the meeting papers following a request from the previous meeting. This paper was agreed by a previous MAC and submitted to the Emergency Medicine Programme for consideration. Cathal O'Donnell asked that paragraph 2 be amended to remove any reference to custom and practice, and be replaced by "agreement". He stressed that the difficulties arise should a patient of high acuity be inadvertently brought to an LIU and cautioned against overstepping the remit of the MAC by veering into operational issues. Brian Power informed the meeting that SI 575 of 2004 specifically gave statutory authority to PHECC in relation to standards of operation.

Mick Molloy questioned the governance structure of injury units and Niamh Collins echoed that the individual injury units need to be central to any decision process. The meeting was advised that the term 'Local' was not used anymore and that they were referred to as Injury Units. The Chair suggested that in light of developments in this area, the Emergency Medicine Programme be written to, to access the appetite to progress this work. Both Peter O'Connor and Cathal O'Donnell indicated their support for the proposal and stated that it could produce more efficiencies for ambulance services.

5.4 IM/SC Epinephrine for life threatening asthma

Following on from a previous meeting a literature search was conducted by Brain Power which was included in the papers for discussion. He outlined that although the evidence was weak for IM Epinephrine for life threatening asthma, it is used extensively and that there is no evidence of harm. Niamh Collins informed the Committee that studies have not provided sufficient evidence. She further stated that creating CPGs without the evidence base of need is not appropriate and on a fundamental level the MAC need to review the current data of care administered.

The Chair indicated that severity and potential consequences should be a consideration as well as incident occurrence frequency.

David Irwin suggested a CPG priority matrix be utilised to access the need to progress.

Mark Dixon suggested conducting a randomised control trial. The practicalities of such were indicated to be unfeasible.

It was agreed to defer the development until further evidence be gathered. Niamh Collins suggested a Respiratory Distress Subgroup may be merited to look at issues such as CPAP and Asthma. Jason van der Velde and Macartan Hughes offered to contribute to such a group.

5.5 Pre-hospital sedation

Jason van der Velde informed the Committee that the subgroup has undertaken some work to date but require some extra time and will report back to the next MAC meeting.

David Hennelly gave an overview of the work in EAS with analgesic use of Ketamine which is being conducted under the medical oversight of Cathal O'Donnell. Cathal O'Donnell informed the Committee that five Advanced Paramedics have been privileged to implement this process. The use is limited to those working on the helicopter service, and is utilised for patients where combative behaviour/head injury poses a risk to crew and patient.

Mick Molloy expressed his concern that there may be instances of doctors giving medical direction to practitioners to work outside of the CPGs. It was noted that not all Medical Directors would have the expertise and governance practices shown by Cathal O'Donnell. Niamh Collins asked that the Committee be cognisant of the importance of fairness and parity in treatment of organisations.

It was agreed to draft a CPG for sedation and bring it back to the Committee for further discussion.

6. CPG Development Process

6.1 Emergency tracheostomy management*

Two typos were identified 'patient' should read 'patent'. The CPG was welcomed.

Resolution: That the Medical Advisory Committee recommend the Emergency Tracheostomy Management CPG to Council for approval, subject to the agreed changes.

Proposed: Jason Van der Velde **Seconded:** David Irwin
Carried without dissent

6.2 Asystole Adult*

The CPG was agreed.

Resolution: That the Medical Advisory Committee recommend CPG 4.4.4 Asystole – Adult to Council for approval.

Proposed: Mick Molloy **Seconded:** Peter O'Connor
Carried without dissent

6.3 Shock from blood loss – Paediatric*

The Chair suggested the amendment to the dose to 15 mg/Kg. The following amendments were also suggested; removal of the ambulance icon and update the references. Mick Molloy to supply updated references.

6.4 COPD CPG*

Niamh Collins carried out some research and suggested that a subgroup consider this and report back to the Committee

6.5 Behavioural Emergency CPG*

Jason van der Velde outlined that work was ongoing on this CPG and it will be brought to a future meeting.

7. Clinical Practice at Events

7.1 Clinical Care at Events Subgroup

Mick Molly informed that the HSE have formally withdrawn their guidelines for events as they could not legally enforce it. The subgroup has met and will continue its deliberations and report back to the Committee.

8. MAC Strategy 2017-2020

The Chair informed the Committee that the March meeting will be designated as a strategy meeting. David Hennelly suggested an evening MAC meeting on the evening of the March 28th followed by a strategy meeting on Thursday 29th.

9. External communications, consultation, feedback

There were no issues for this agenda item.

10. AOB

10.1 Nifedipine

Niamh Collins asked the Committee to consider the appropriateness of the use of Nifedipine for prolapsed cord. She cited guidelines for community midwives in the UK which do not suggest medications. Mick Molloy suggested sending Niamh's evidence for comment to Prof Michael Turner and McNicholas from the obstetrics programme. It was agreed to bring a specific query regarding Nifedipine to the Obstetrics Programme.

10.2 Lidocaine use for IO infusion

David Hennelly asked for the group's consideration to permit the use of Lidocaine for pain management when conducting an infusion via IO route for a conscious or semi-conscious patient. It was agreed to include Lidocaine on a draft Pain CPG which will be brought back.

10.3 Use of terminology

David Irwin sought clarification on the use of terminology - unstable and stable bradycardia.

10.4 Morphine and Fentanyl administration

The prohibition of administering Morphine after IV Fentanyl need addressing as it is inhibiting practical patient care. Niamh Collins suggested permitting a second dose of Fentanyl may be more appropriate. David Irwin countered that in circumstances where immediate pain relief is required e.g. moving a patient with traumatic injury, it is appropriate to administer IV Fentanyl followed up by Morphine to maintain pain relief during transportation time. The inclusion of 'and/or' was suggested. It was suggested the incremental Morphine dose was an appropriate safety net and should not inhibit its use after Fentanyl. The CPG to be redrafted and brought back to the Committee.

10.5 Apologies were given for the next meeting by Peter O'Connor.

Signed: _____ **Date:** 31-5-18

Chair