

The Meeting Minutes of the Medical Advisory Committee,

February 27^h 2014. Osprey Hotel, Naas.

Present:

Niamh Collins
Ken O Dwyer
David O Connor
Joseph Mooney
Jack Collins
David Hennelly
Declan Lonergan
David Menzies
Peter O Connor
Martin O Reilly
Sean Walsh
Neil Reddy
Conor Deasy
Cathal O Donnell
Gerry Kerr

Apologies

Shane Knox
Macartan Hughes
Michael Dineen
Stephen Cusack
David Mc Manus
Derek Rooney
Rory Prevett
Valerie Small
Seamus Mc Allister
David Irwin
Gerry Bury
Shane Mooney
Mick Molloy

In Attendance

Brian Power
Marian Spence
Barry O Sullivan

1. Chair's business

Vice Chair Niamh Collins welcomed the assembled members to the meeting and apologies were noted, including those of the Chairman, Mick Molloy.

2. Draft Meeting Report – Thursday 30th January 2014

Resolution: That the minutes from the Medical Advisory Committee meeting held on the 30th January 2014 be agreed subject to amendment as follows:

- Cathal O Donnell to be noted under apologies
- Item 3.12 minor typo 'the dosage of a '
- Item 6.2 to read 'David O Connor sought clarification on the use if salbutamol in patients with exacerbation of COPD'.
- Item 6.5 minor typo with numbering.

Proposer: Jack Collins

Seconded: David Menzies

Carried without dissent

2.1 Matters arising

A response e-mail from Dr Corrina Mc Mahon regarding the contraindications for Aspirin use on patients with history of Sickle cell disease with g6pd was tabled for information.

Brian Power confirmed that he has not as yet received legal advice on patient restraint.

3. CPGs

3.1 Acute Coronary Syndrome

An updated version of CPG 5/6.4.16 Acute Coronary Syndrome was included for consideration. Also included was a copy of the revised protocol for pre-hospital STEMI recognition & transport to PPCI centre from Prof. Kieran Daly, Clinical Lead of the National ACS Programme for information.

Brian Power confirmed this change only required for thrombolysis.

Some wording changes in the ACS document were suggested; the National Acute Syndrome Programme document; (page 1) change from 'complaint' to 'condition' (page 2(c)) change NOT for tachyarrhythmia's (page 3) change 'inappropriate' to 'not collaborative'.

Resolution: The Medical Advisory Committee recommends to Council approval of CPG 5/6.4.16 Acute Coronary Syndrome, as presented.

Proposer: Declan Lonergan **Seconded:** David Hennelly
Carried without dissent

3.2 Tachycardia – Adult

Draft CPG Tachycardia – Adult as formatted at the previous MAC meeting was included for consideration.

Brian Power confirmed this CPG was approved in principle by Council at the last meeting. It was queried at the meeting by a member of MAC and it was agreed to bring back to MAC to ensure appropriate sign-off. Some discussion ensued on the related dosage of Amiodarone the Chair confirmed it is normally a single dose.

The following changes were agreed;

- Amiodarone; remove repeat prn, dose of 150 mg IV in 100 mL NaCl
- Torsade de pointe; administer Magnesium Sulphate 2 g.
- Add 'Vagal' to Valsalva manoeuvre.

Resolution: The Medical Advisory Committee recommends to Council approval of the CPG Tachycardia – Adult, subject to agreed changes.

Proposer: Peter O Connor **Seconded:** Conor Deasy
Carried without dissent.

3.3 Poisons – Adult AP

This CPG had been referred back from Council in relation to the absolute contraindication for oxygen following Paraquat poisoning. It was agreed that the following should be added to the CPG 'With Paraquat poisoning do not administer oxygen unless SpO₂ < 92%'. Brian Power requested that this change be reflected in the poison CPG for other practitioner levels also. A discussion ensued on the use of Midazolam in relation to psychostimulant poison management. The following changes were agreed; remove Midazolam and insert 'consider medical direction'. It was agreed in relation to Sympathomimetics to remove 'patient still unmanageable and agitated' and replace with 'patient psychologically deranged'.

Resolution: The Medical Advisory Committee recommends to Council approval of CPG 6.4.23 and 4/5.4.23 Poisons – Adult, subject to the agreed changes.

Proposer: Ken O Dwyer **Seconded:** Peter O Connor
Carried without dissent.

3.4 Advanced Airway – Adult

Draft CPG 5/6.3.1 Advanced Airway Management – Adult was included in the meeting papers for consideration.

Resolution: The Medical Advisory Committee recommends to Council approval of CPG 5/6.3.1 Advanced Airway Management – Adult, as presented.

Proposer: David O Connor **Seconded:** Peter O Connor
Carried without dissent.

3.5 Advanced Airway Management – Paediatric (at Paramedic level)

Draft CPG 5.7.7 Advanced Airway Management – Paediatric (at Paramedic level) was included in the meeting papers for consideration.

Resolution: The Medical Advisory Committee recommends to Council approval of CPG 5.7.7 Advanced Airway Management – Paediatric, as presented.

Proposer: Sean Wash **Seconded:** David Hennelly
Carried without dissent.

3.6 Advanced Airway Management – Paediatric (at Advanced Paramedic level)

Draft CPG 6.7.7 Advanced Airway Management – Paediatric (at Advanced Paramedic level) was included in the meeting papers for consideration.

Niamh Collins queried the appropriate age a child can be intubated and enquired from Sean Walsh what was best practice on this. Sean Walsh recommended the lowest age as 2 years. Brian Power suggested it may be appropriate to limit to one attempt. Following discussion changes were agreed; remove '2nd attempt at advanced airway insertion' and add ≥ 2 years as a criteria.

Resolution: The Medical Advisory Committee recommends to Council approval of CPG 6.7.7 Advanced Airway Management – Paediatric subject to the agreed changes.

Proposer: Sean Walsh
Carried without dissent

Seconded: Conor Deasy

3.7 Inadequate Ventilations – Paediatric

Draft CPG 4/5/6.7.5 Inadequate Ventilations – Paediatric was included in the meeting papers for consideration. It was decided to remove 'go to Poison CPG' and add 'if opiate suspected'.

Resolution: The Medical Advisory Committee recommends to Council approval of CPG 4/5/6.7.5 Inadequate Ventilations – Paediatric subject to the agreed changes.

Proposer: Joseph Mooney
Carried without dissent

Seconded: Sean Walsh

4. PHECC Care Principles

Brian Power informed the committee that updates will need to be made to the Care Principles outlined in the CPG manual in preparation for the new 2014 edition. Proposed text for both Responder, including First Aid response (FAR) and Practitioner level were included for consideration.

Brian Power explained the rationale for the care principles to ensure consistency across the services. There was broad discussion about the crossover of some of the points in the relevant training materials. Cathal O'Donnell reminded all these were principles and should be kept concise. There was general agreement there was too much detail in the document.

A discussion ensued regarding item 14 on treatment and referral of patients and the differences between statutory and voluntary callouts. Martin O'Reilly suggested it may be prudent that organisations responsible for events write individual protocols for their service(s). Niall Reddy stated it was a grey area when not sanctioned by PHECC. The Chair suggested he may wish to draft a proposal for the Quality and Safety Committee. Brian Power

explained the rationale for its inclusion and reminded all that CPG service providers can privilege their staff/members but that their Medical Director must stand over the policy. The changes were agreed as follows; remove the bulleted points on items 5,6,7,8, 10, 11, 12, 15, and 16 and remove fully item 14.

4.1 Responder Care Principles

Resolution: The Medical Advisory Committee recommends to Council approval the Responder Care Principles, subject to the agreed changes.

Proposer: David Menzies **Seconded:** Cathal O Donnell
Carried without dissent

4.2 Practitioner Care Principles

Members discussed the document in detail and the following changes were agreed; remove bulleted points on all items except for 16, the bullet points to be incorporated into the text. Item 14 to be remove fully.

Resolution: The Medical Advisory Committee recommends to Council approval the Practitioner Care Principles subject to the agreed changes.

Proposer: Joseph Mooney **Seconded:** David Menzies
Carried without dissent

5 Medication and Skills Matrix

An updated Medication and Skills matrix for inclusion in the 2014 edition of the CPGS was included in the meeting papers for consideration.

The Chair explained some changes were due to the new Basic Tactical Emergency Care standard being included. Brian Power reported he was informed by the DoH that a positive result regarding the 7th Schedule was imminent and this will remove the need for the interim directives. He outlined the detail on the document and highlighted that scope of practice levels and 'special authorisation'(SA) have been added. Some changes were highlighted by members including:

- Naloxone IM/SC
- Ticagrelor – SA at Paramedic level
- Cricoid Pressure – remove
- Flow restricted oxygen powered ventilation device – replace with 'non-invasive ventilation device'
- End Tidal CO2 monitoring – add SA at Paramedic level
- Nasogastric tube – remove
- Supraglottic airway child – check

- Emotional Support – remove
- 2- rescuer CPR – remove
- Active Cooling – replace with ‘targeted temperature management’
- Cease resuscitation – add ‘adult’
- Per Aerosol replace with ‘inhaler + spacer’
- Intraosseous cannula.... misspelt
- Revised Trauma Score – remove

A discussion ensued on urinary catheterisation. The Chair suggested this be deferred and the applicable CPG reviewed. Brian Power referred all to the first page of the document which states that ‘Pre-Hospital responders and practitioners shall only provide care management including medication administration for which they have received specific training’.

Resolution: The Medical Advisory Committee recommends to Council approval the Medication & Skills Matrix, subject to agreed changes.

Proposer: Joseph Mooney **Seconded:** Cathal O Donnell
Carried without dissent

6 Pre-hospital defibrillation position paper

An updated Pre-hospital defibrillation position paper, for inclusion in the 2014 edition of the CPGS was included in the meeting papers for consideration.

Resolution: The Medical Advisory Committee recommends to Council approval the Pre-hospital defibrillation position paper, as presented.

Proposer: Peter O Connor **Seconded:** Conor Deasy
Carried without dissent

7 Medication Formulary

An updated version of the Medication Formulary, for inclusion in the 2014 edition of the CPGS was included in the meeting papers for consideration. Brian Power confirmed this will be further reviewed by a clinical Pharmathologist.

The following changes were agreed:

- **Amiodarone** indication typo replace ‘< 150’ with ‘>150’. In additional information add ‘For cardiac arrest do not dilute, administer directly followed by a flush’.
- **Aspirin** – replace OFA with FAR
- **Atropine** indication - remove Organophosphate poison and replace with Cholinergic poison with bradycardia and salivation. Remove ‘Paediatric: (CPG not published)’
- **Clopidogrel** – usual dosage ≥75 years ; 75 mg PO and typo ‘prescribed’

- **Dextrose 5% Solution** – insert formulary
- **Hydrocortisone** – for consistency remove > 6 – replace with > 5 years
- **Ibuprofen** – Change description to ‘It is an anti-inflammatory analgesic’ - add to additional information ‘Caution if concurrent NSAIDs use’
- **Magnesium Sulphate** - usual dosages – for bronchospasm replace 1.5 g with 2 g
- **Midazolam Solution** - administration add 10 mg in 1 mL prefilled syringe
- **Paracetamol** – usual dosages, add > 1 month.
- **Sodium Bicarbonate** – usual dosages; Max 50 mEq (50 mL 8.4%)
- **Sodium Chloride 0.9%** - the doses should be written with the lowest first.

Resolution: The Medical Advisory Committee recommends to Council approval the Medication Formulary, subject to the agreed changes.

Proposer: Joseph Mooney **Seconded:** Peter O Connor
Carried without dissent

8 Practitioner queries re CPGs and medications

8.1 Paediatric age/weight calculations

The meeting papers included various articles regarding the best method of age-based weight estimation including research conducted in Cork University Hospital. Brian Power also included a chart outlining the variations between the various calculation methods.

Brian Power reported that the under dosing of Paediatric patients had been highlighted as a concern. Martin O’Reilly stated that the concern was expressed as possible overdosing in a previous meeting. It was outlined the APLS was the recognised standard used by the paediatric hospitals. Following discussion it was agreed to refer the issue Sean Walsh as the Paediatrician on the committee. It was agreed that the APLS format would be recommended subject to Sean Walsh’s endorsement. Brian Power to liaise with Sean Walsh on this issue as he had left the meeting at that stage.

Resolution: The Medical Advisory Committee recommends to Council the APLS process for estimation of paediatric weight be adopted by PHECC, subject to agreement from Dr Sean Walsh.

Proposer: Conor Deasy **Seconded:** David O Connor
Carried without dissent

9 KPI Update

Brian Power informed the group that he is awaiting the report from the KPI committee.

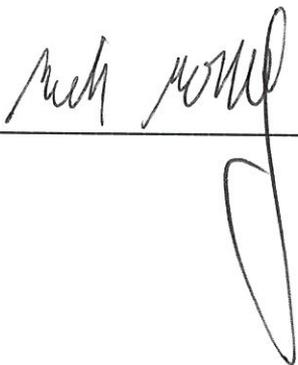
10 A.O.B

**10.1 Draft General Scheme for Advance Healthcare Directives for
Incorporation into the Assisted Decision-Making (Capacity) Bill 2013**

A consultation document on the General Scheme for Advance Healthcare Directives for Incorporation into the Assisted Decision-Making (Capacity) Bill 2013 was tabled for information.

Brian Power explained that there is a deadline for the 7th March for feedback to the DoH on this matter.

All agreed it was worthwhile to give a statement on this important matter. Brian Power suggested it would need to go to Council. Conor Deasy suggested it was challenging and unique identifier is an issue for Pre-hospital providers. There was general agreement that members e-mail Brian Power with suggestions.

Signed:  _____

Date: ~~26/6/13~~
_____ 26/6/14 _____