

Medical Advisory Committee
Meeting Minutes 28th April 2016
Osprey Hotel, Naas

In attendance

Niamh Collins
Declan Lonergan
Martin O'Reilly
David Hennelly
Neil Reddy
Shane Knox
Macartan Hughes
Shane Mooney
Ken O'Dwyer
Peter O'Connor
David O'Connor
Derek Rooney
Michael Dineen

Apologies

Mick Molloy
Jack Collins
David Menzies
Stephen Cusack
Eoghan Connolly
Gerry Kerr
Seamus McAllister
Conor Deasy
Rory Prevett
Joseph Mooney
Cathal O'Donnell

Present

Brian Power PHECC
Margaret Bracken PHECC

1. Chair's Business

The Chair was unable to attend and the vice chair, Niamh Collins chaired the meeting. She welcomed the members and apologies were noted. Brian Power informed the members that the draft minutes of the meeting held on 24th February 2016 were amended to include Martin O'Reilly's concerns regarding the Palliative Care – Adult CPG as requested.

2. Draft Meeting Report – 31st March 2016

The minutes of the meeting held on 31st March were reviewed.

Matters arising:

Martin O'Reilly requested that 'from an operational perspective' be deleted from the amendment to the minutes.

CPG 6.4.9 and CPG 4/5.4.29 Mental Health Emergency: typo to be amended from 'behavior' to 'behaviour'.
CPG 4/5/6.4.28 Behavioural Emergency: typo to be amended from 'behavioral' to 'Behavioural'.

There was an expression of dissatisfaction that the Palliative Care – Adult CPG did not go to Delphi before it was presented and approved by Council. Some members conveyed concern that the agreed process was not followed. Brian Power reiterated that the Palliative Care CPG had gone through 18 months of deliberation with representatives from MAC, the Palliative Care Programme and the ICGP on the sub group which reported its findings back to MAC. MAC had accepted the findings and the CPG was then presented to Council for approval.

Resolution 1: That CPG 5/6.8.7 Palliative Care – Adult to be put through the Delphi process.

Proposed: Macartan Hughes
Carried without dissent

Seconded: Peter O'Connor

Resolution 2: That the minutes of the Medical Advisory Committee 31st March 2016 be approved subject to the changes agreed.

Proposed: Michael Dineen
Carried without dissent

Seconded: Derek Rooney

3. CPG updates

3.1 Pain management adult CPG

Feedback from Jack Collins, who could not attend the meeting, on the Pain Management Adult and Paediatric CPGs, was tabled and included for discussion.

The members questioned if the dose of 0.1 mg/Kg of Ketamine is a little low and should it be increased to 0.2 mg/Kg. The consensus was that it is reasonable to start with 0.1 mg/Kg and review it later after practitioners have had the experience of using it. It was agreed that practitioners need to be educated correctly on how to document the effects of using ketamine and an education piece will have to be developed to go hand in hand with the CPG.

Members debated the routes of administering ketamine and should there be other routes available, should the IM and IN routes be included? Shane Knox suggested leaving it at the IV route and review the possibility of administering IN and IM six months after implementation of the CPG.

Brian Power brought to the committee's attention that CHC Ireland are considering the use of Morphine IM for pain management and have requested the opinion of the MAC.

After deliberation it was decided Fentanyl IN should not be extended to Paramedic scope of practice at this stage.

4/5/6.2.6 Pain Management - Adult

- Remove 'Treatment principles' and include them in the 'Care Principles' section.
- Change 'Consider Medical Oversight' to 'Consider Medical Support'
- 'Severe pain' box: insert 'And/or' between 'Morphine' and 'Paracetamol IV'
- Delete 'Special Authorisation' box

Resolution: That CPG 4/5/6.2.6 Pain Management – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Michael Dineen
Carried without dissent

Seconded: Derek Rooney

3.2 Pain management paediatric CPG

4/5/6.7.5 Pain Management – Paediatric (≤ 15 years)

- Remove 'Treatment principles'
- Change 'Consider Medical Oversight' to 'Consider Medical Support'
- 'Severe pain' box
 - insert 'And/or' between 'Morphine' and 'Paracetamol IV'
 - insert age base doses for Paracetamol;
 - ≤ 1 year – 7.5 mg/Kg IV
 - > 1 year – 15 mg/Kg IV
- Mild pain box: Include age base doses for Paracetamol PR;
 - > 1 mth > 1 year: 90 mg PR
 - 1 to 3 years: 180 mg PR
 - 4 to 8 years: 360 mg PR
- Fentanyl dose: Insert 'Fentanyl IN' before 'for ≥ 1 year olds only' and move up to top of box
- Morphine dose: move 'Morphine PO for ≥ 1 year olds' to top of box
- Methoxyflurane: replace with 'Methoxyflurane INH for ≥ 5 year olds only. Repeat once only prn'
- Delete 'Special Authorisation' box

Brian Power to check with BNF for Children 2015 – 2016 for doses of paracetamol for paediatric.

Resolution: That CPG 4/5/6.7.5 Pain Management – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Macartan Hughes
Carried without dissent

Seconded: Shane Knox

3.3 Stridor CPG

4/5/6.7.13 Stridor - Paediatric (≤ 15 years)

- Move 'Oxygen therapy' to after 'Assess & maintain airway'
- Move 'Do not distress' to after 'Oxygen therapy' and add 'Treat and' before 'Transport in position of comfort'

Resolution: That CPG 4/5/6.7.13 Stridor – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: David O'Connor
Carried without dissent

Seconded: Peter O'Connor

Behavioural Emergency CPG

There was considerable debate on this CPG. It was suggested that Ketamine could be considered for use with this CPG in the future as evidence states it works best for these conditions. Including bad behaviour as a criteria on this CPG was also debated and the consensus was No.

Feedback from Jack Collins, who was absent from the meeting, on this CPG was included in the discussions.

4/5/6.4.28 Behavioural Emergency

- Delete the three coloured boxes 'Indications of

 - replace MH with 'Mental Health Illness'
 - replace I/W with 'Intoxication of withdrawal'
 - replace M/T with 'Medical or traumatic causation'

- Replace 'Request and await Garda assistance' with 'Request Garda assistance' and insert 2 new boxes-
 - 'Ensure practitioner safety'
 - 'Await Garda if any doubt'
- Remove 'Request line supervisor presence' after 'Request ALS'
- 'The patient has capacity' diamond; add 'and declines care' after 'capacity'
- 'The patient is ill' diamond; change background colour from pink to white
- 'Consider reversing causes.....'; change to 'Consider treating reversible causes with Garda assistance'
- AP box; after 'Seek medical advice' insert 'regarding sedation'
- 'Sedation authorisation received' diamond; replace 'authorisation' with 'advice'
- Change medications boxes as follows:
- Insert 'Consider (adult)' before Lorazepam Or Midazolam and delete Paediatric doses.
 - Lorazepam – delete 'to Max 4 mg'
 - Midazolam – add 'IM'
- Insert new box: 'Consider (paediatric) Midazolam 0.1 mg/Kg IN (Repeat x 2 prn)'
- 'Oxygen therapy': delete 'to maintain SpO₂ > 94%'
- Delete 'Consider Haloperodol' box
- Under 'capacity' box down the left hand side delete the next 3 red boxes
- Red box bottom left: replace 'Ensure' with 'Consider need for'

Action items:

Consideration to be given to researching and implementing a sedation score table appropriate to a prehospital setting.

Haloperodol to be considered for the Mental Health CPG. Consult HSE Mental Health Section what they currently use.

Brian Power to inform An Garda Síochána of the implications for their members in relation to this CPG.

PCR to be amended to include new capacity criteria.

Resolution: That CPG 4/5/6.4.28 Behavioural Emergency be recommended to Council for approval subject to the changes agreed.

Proposed: Peter O'Connor
Carried without dissent

Seconded: Michael Dineen

3.4 Primary survey Paediatric CPG

4/5/6.7.1 Primary Survey Medical - Paediatric (≤ 15 years)

- The consensus was to keep the original CPG and include the estimated weights and ICTS normal pulse and respiration ranges as per the draft CPG
- Remove reference to the primary survey focus

Resolution: That CPG 4/5/6.7.1 Primary Survey Medical - Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O'Dwyer
Carried without dissent

Seconded: Shane Knox

4/5/6.7.2 Primary Survey Trauma - Paediatric (≤ 15 years)

- The consensus was to keep the original CPG and include the estimated weights and ICTS normal pulse and respiration ranges as per the draft CPG
- Remove reference to the primary survey focus

Resolution: That CPG 4/5/6.7.2 Primary Survey Trauma - Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Peter O'Connor

3.7.3 Primary Survey Trauma - Paediatric (≤ 15 years)

The draft CPG was accepted and no further changes to this CPG were suggested

Resolution: That CPG 3.7.3 Primary Survey - Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Michael Dineen
Carried without dissent

Seconded: Peter O'Connor

3.5 Secondary survey paediatric CPG

4/5/6.7.4 Secondary Survey - Paediatric (≤ 15 years)

- Delete Triage category box
- Delete 'Check for normal patterns
- Delete 'Observing for

Resolution: That CPG 4/5/6.7.4 Secondary Survey - Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Knox

Seconded: Peter O'Connor

Carried without dissent

4. Practitioner queries re CPGs and medications

4.1 Pain management proposal

A document from a PHECC registered paramedic addressed to the Medical Advisory Committee for consideration was included in the meeting papers for discussion. The document refers to pre-hospital pain management for paramedic level, and includes a proposal for the committee to consider that licensing paramedics to carry more potent medications for the treatment of serious trauma and acute medical cases.

The content of the document was incorporated into the discussion for the pain management CPGs and it is noted that the committee found it very comprehensive.

5. Priority Matrix for CPGs

5.1 Pre-hospital sedation

A paper by David Hennelly on Prehospital sedation was tabled for discussion at the MAC meeting on 31st March. An agreement arising out of that meeting was to include each of the five specific clinical requirements for sedation, as outlined by David, on the CPG priority matrix.

A Prehospital sedation priority matrix for CPGs was sent to all committee members for feedback and the results were included in the papers and discussed by Brian Power.

The results indicate that all of the five specific clinical requirements are to be put on a schedule to be addressed within six months, indicating that Pre-hospital sedation will be an issue for the next MAC to address.

6. Care principles for practitioners and responders

A list of care principles for practitioners and responders were included in the papers for discussion.

Care Principles (Practitioner)

- amend typo in heading from 'Principles' to 'Principles'
- 2: delete 'It shall be presumed that' and 'in accordance with the provisions of' to read 'A person has capacity in respect to clinical decisions effecting themselves unless the contrary is shown (Assisted Decision Making (Capacity) Act 2015)'
- 7: add 'within scope of practice' to read 'Provide appropriate pain relief within scope of practice'
- 15: change the word 'records' to 'record'
- As agreed earlier the Pain Management principles to be included in this document.

Care Principles (Responder)

- amend typo in headings from 'Principles' to 'Principles'
- 3: delete 'It shall be presumed that' and 'in accordance with the provisions of' to read 'A person has capacity in respect to clinical decisions effecting themselves unless the contrary is shown (Assisted Decision Making (Capacity) Act 2015)'
- 14: change the word 'records' to 'record'

Resolution: That Care principles for practitioners and responders be recommended to Council for approval subject to the changes agreed.

Proposed: Declan Lonergan
Carried without dissent

Seconded: Shane Mooney

7. Verification of Death by paramedics and advanced paramedics

Brian Power informed the members that PHECC had a meeting in April with the Irish Coroners Association and An Garda Síochána regarding verification of death.

There was concerns from the Coroner in particular about pronouncement of death by paramedics as in certain cases a person may be buried or cremated without a death certificate. The Coroner was happy to support the verification of death by paramedics as the introductory phase. When this process beds down then PHECC may re-engage and request pronouncement of death to be extended to paramedics. Brian explained that if a practitioner verifies a person dead and there is no suspicion involved the practitioner can leave the scene and leave the body which is the responsibility of An Garda Síochána. A form shall be filled out by the practitioner which may be left on the scene for the Gardaí. This takes the responsibility away from the practitioner to stay on the scene. The body should not be left alone if the death is suspicious or the body is in a public place unless there is a life threatening call pending and the practitioner is required to respond to it.

The original flow chart for verification of death has been modified as a CPG which has not gone through a Delphi process. Brian put the question to the members if they wanted to overrule the Delphi process on this occasion as the last MAC meeting will be on 8th June and the deadline could be missed. The Chair stated that if the CPG doesn't make the deadline it can remain as a flowchart.

The consensus among the members was to go to Delphi.

5/6.8.x Verification of Death

- Red transport box bottom right: add bullet point – ‘Prior to the transport an arrangement is in place to accept the body at the destination’.

Resolution: That CPG 5/6.8.x Verification of Death be recommended for the Delphi process subject to the changes agreed.

Proposed: Peter O’Connor

Seconded: Michael Dineen

Carried without dissent

8. AOB

David O’Connor requested confirmation from the members about miscarriage and the appropriate medication to administer. The consensus was that it is up to the hospital to administer the medication in the case of miscarriage.

The Chair thanked all present for their contribution and the meeting concluded.

The next meeting of the committee will be held on Thursday 26th May 2016.

Signed: Niamh Collins

Date: 8.6.16