

Medical Advisory Committee
Meeting Minutes 24th February 2016
Osprey Hotel, Naas

In attendance

Mick Molloy Chair
Gerald Kerr
Rory Prevett
Martin O'Reilly
Declan Lonergan
David O'Connor
Eoghan Connolly
Shane Mooney
Ken O'Dwyer
Conor Deasy

Apologies

Niamh Collins
Michael Dineen
Joe Mooney
David McManus
Peter O'Connor
Shane Knox
David Menzies
Cathal O'Donnell
Seamus McAllister
Neil Reddy

Present

Brian Power
Margaret Bracken
Ray Carney

1. Chair's Business

The Chair welcomed the members and apologies were noted. There was a minute's silence for Niamh Collins's father, Paddy Collins RIP, who very recently passed away. The Chair welcomed Eoghan Connolly, who has replaced David Irwin on the Committee. The Chair brought to the members attention that the current Council's term of office comes to an end in June and with this all committees including MAC will also finish. He stated that the input of the members is very important, and asked that members make a special effort to attend all remaining meetings. The EMS Gathering 2016 will be held in Killarney on 9th & 10th June and it was agreed that the final MAC meeting for this Council will be held in Killarney on 8th June.

2. Draft Meeting Report – 28th January 2016

The minutes of the meeting held on 28th January 2016 were reviewed.

Resolution: That the minutes of the Medical Advisory Committee 28th January 2016 be approved.

Proposed: Martin O'Reilly
Carried without dissent

Seconded: Ken O'Dwyer

3. ILCOR CPGs

3.1 ILCOR updates

Brian Power explained that changes were made to all the ILCOR related CPGs based on member's previous comments/feedback and that they were being presented today for final review.

4/5/6.4.3 VF or pVT – Adult

- Move 'NaCl IV/IO 500 mL' underneath 'Epinephrine (1:10 000) 1mg IV/IO'
- Lidocaine – change dose from weight based to '100 mg IV'
- Amiodarone
 - delete (5 mg/kg) to read 'Amiodarone 300 mg IV/IO'
 - delete (2.5 mg/kg) to read 'Amiodarone 150 mg IV/IO'
- After 'Consider transport to ED' add 'if no ALS available'

Resolution: That CPG 4/5/6.4.3 VF or pVT – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Declan Lonergan
Carried without dissent

Seconded: Conor Deasy

5/6.4.4 Asystole – Adult

- Change '20 minutes' to '10 minutes' to read 'Following 10 minutes of asystole'
- Move 'NaCl IV/IO 500 mL' underneath 'Epinephrine (1:10 000) 1mg IV/IO'

Resolution: That CPG 5/6.4.4 Asystole – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Ken O'Dwyer

4.4.4 Asystole – Adult

Brian Power pointed out that there are two important questions in relation to this CPG.

1. Should EMTs be permitted to cease resuscitation?
2. At the end of resuscitation period (20 minutes) what are we asking the EMTs to do?

Following discussion it was agreed that in general EMTs should not be permitted to cease resuscitation. A case was presented for EMTs working in a hostile environment where back up was not available that it was appropriate to permit cease resuscitation.

- Replace 'NAS' with 'Ambulance control' to read: 'Contact Ambulance control for direction' and insert new box underneath:
'Contact Ambulance Control and identify timeframe for arrival of P or AP and follow direction re transport'
- Insert Special Authorisation box to read 'An EMT may cease resuscitation, following 20 minutes of asystole and no P or AP available, provided that the EMT is privileged to do so by the licensed CPG provider on whose behalf he/she is acting'

Resolution: That CPG 4.4.4 Asystole – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Martin O'Reilly
Carried without dissent

Seconded: David O'Connor

4/5/6.4.6 Pulseless Electrical Activity – Adult

- After 'Consider transport to ED' add 'if no ALS available'
- Move 'NaCl IV/IO 500 mL' underneath 'Epinephrine (1:10 000) 1mg IV/IO'

Resolution: That CPG 4/5/6.4.6 Pulseless Electrical Activity – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Declan Lonergan

5/6.4.12 Tachycardia – Adult

- Delete '(unstable & unresponsive)' after 'Adverse signs – Yes'
- After 'Consider cardioversion' insert 'if unresponsive'
- Remove 'Continues to be unstable' at the end of the CPG and delete Yes arrow back up to 'Adverse signs'
- Bottom right of CPG: Adenosine dose – add 'max' after 'repeat at 12 mg x 2 prn'
- Insert box bottom left 'Continue cardioversion prn'

Resolution: That CPG 5/6.4.12 Tachycardia – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: David O'Connor

5/6.4.10 Acute Coronary Syndrome

- STEMI box:
 - 'ST elevation ≥ 0.1 mm'; change to ' ≥ 1 mm'
 - 'adjacent limb leads and/or ≥ 0.2 mm'; change to ' ≥ 2 mm'
 - after 'new LBBB' add 'with clinical symptoms of AMI'
- Box underneath STEMI:
 - 'ST segment elevation ≥ 0.1 mV'; change to ' ≥ 1 mm'
- Switch the 'Yes' and 'No' arrows emerging from 'Time to PPCI center' diamond
- Add 'Consider' before oxygen therapy

Resolution: That CPG 5/6.4.10 Acute Coronary Syndrome be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Rory Prevett

4.4.10 Cardiac Chest Pain – Acute Coronary Syndrome

- Before 'Oxygen therapy' add 'Consider'

Resolution: That CPG 4.4.10 Cardiac Chest Pain - Acute Coronary Syndrome be recommended to Council for approval subject to the changes agreed.

Proposed: Declan Lonergan
Carried without dissent

Seconded: Shane Mooney

5/6.4.7 Post-Resuscitation Care – Adult

- Delete box – ‘Titrate O₂’
- Insert ‘Consider’ before ‘Advanced airway & positive pressure ventilations’
- ‘If Cardiogenic shock suspected consider Epinephrine’
 - change from ‘0.05 mg IV/IO’ to ‘0.01 mg’
- Insert box underneath; ‘1 mg Epinephrine in 100 mL NaCl, 1 mL / min’
- Replace ‘Prevent hyperthermia’ with ‘Avoid warming’
- Delete ‘Drive smoothly’ graphic

Resolution: That CPG 5/6.4.7 Post-Resuscitation Care - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Conor Deasy
Carried without dissent

Seconded: Declan Lonergan

4.4.7 Post-Resuscitation Care – Adult

- Delete box – ‘Titrate O₂’
- Insert ‘Consider’ before ‘Advanced airway & positive pressure ventilations’
- Delete box ‘Recovery position’
- Replace ‘Prevent hyperthermia’ with ‘Avoid warming’
- Delete ‘Drive smoothly’ graphic

Resolution: That CPG 4.4.7 Post-Resuscitation Care - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O’Dwyer
Carried without dissent

Seconded: David O’Connor

1/2/3.4.7 Post-Resuscitation Care – Adult

- Replace ‘Prevent hyperthermia’ with ‘Avoid warming’

Resolution: That CPG 1/2/3.4.7 Post-Resuscitation Care - Adult be recommended to Council for approval subject to the changes agreed.

Proposed: David O’Connor
Carried without dissent

Seconded: Conor Deasy

4/5/6.8.x Team Resuscitation

A discussion ensued about the requirements for this CPG. A consensus was reached that this CPG identifies and sets out clearly the roles of each member of the resuscitation team and that following publication by PHECC that it would become a national standard across all licensed CPG providers.

Resolution: That CPG 4/5/6.8.x Team Resuscitation be recommended to Council for approval.

Proposed: Mick Molloy
Carried without dissent

Seconded: Conor Deasy

1/2/3.8.x Team Resuscitation

Similar to the previous CPG, a consensus was reached that this CPG identifies and sets out clearly the roles of each member of the resuscitation team and that following publication by PHECC that it would become a national standard for all responders.

Resolution: That CPG 1/2/3.8.x Team Resuscitation be recommended to Council for approval.

Proposed: Mick Molloy
Carried without dissent

Seconded: Declan Lonergan

6.7.10 Advanced Airway Management – Paediatric (≤ 15 years)

- Replace 'Prolonged CPR' with 'Apnoea or special clinical considerations'
- Insert 'Special clinical considerations' box, to reflect adult CPG criteria.

Resolution: That CPG 6.7.10 Advanced Airway Management – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

5.7.10 Advanced Airway Management – Paediatric (≥ 8 years)

- Replace 'Prolonged CPR' with 'Apnoea or special clinical considerations'
- Insert 'Special clinical considerations' box, to reflect adult CPG criteria.

Resolution: That CPG 5.7.10 Advanced Airway Management – Paediatric (≥ 8 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Rory Prevett
Carried without dissent

Seconded: Mick Molloy

4/5/6.7.20 Basic Life Support – Paediatric (≤ 15 years)

- Red box: replace 'If puberty has not commenced' with current text reflecting < 8 years
- Replace 'Puberty commenced' diamond with '< 8 years' and switch No and Yes

Resolution: That CPG 4/5/6.7.20 Basic Life Support – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

1/2/3.7.20 Basic Life Support – Paediatric (≤ 15 years)

- Red box: replace 'If puberty has not commenced' with current text reflecting < 8 years

Resolution: That CPG 1/2/3.7.20 Basic Life Support – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

4/5/6.7.22 VF or pVT – Paediatric (≤ 15 years)

- No further changes recommended.

Resolution: That CPG 4/5/6.7.22 VF or pVT – Paediatric (≤ 15 years) be recommended to Council for approval.

Proposed: Shane Mooney
Carried without dissent

Seconded: Mick Molloy

4/5/6.7.23 Asystole/PEA – Paediatric (≤ 15 years)

- No further changes recommended.

Resolution: That CPG 4/5/6.7.23 Asystole/PEA – Paediatric (≤ 15 years) be recommended to Council for approval.

Proposed: Mick Molloy
Carried without dissent

Seconded: Declan Lonergan

4/5/6.7.24 Symptomatic Bradycardia – Paediatric (≤ 15 years)

- No further changes recommended.

Resolution: That CPG 4/5/6.7.24 Symptomatic Bradycardia – Paediatric (≤ 15 years) be recommended to Council for approval.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

5/6.7.25 Post-Resuscitation Care – Paediatric (≤ 15 years)

- Replace 'Prevent hyperthermia' with 'Prevent warming'

Resolution: That CPG 5/6.7.25 Post-Resuscitation Care – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

4/7.25 Post-Resuscitation Care – Paediatric (≤ 15 years)

- Delete box: 'Recovery position'
- Replace 'Prevent hyperthermia' with 'Prevent warming'

Resolution: That CPG 4/7.25 Post-Resuscitation Care – Paediatric (≤ 15 years) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: David O'Connor

5/6.5.2 Basic & Advanced Life Support – Neonate (< 4 weeks)

- Remove '*' before 'HR 60 to 100' and 'CPR (ratio 3:1) for 30 sec'
- Move down box '* Supplemental O₂ (≤ 30%)'
- Insert '*' before 'Continue CPR'

Resolution: That CPG 5/6.5.2 Basic & Advanced Life Support – Neonate (< 4 weeks) be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Shane Mooney

4.5.2 Basic Life Support – Neonate (< 4 weeks)

- Delete '*' before 'HR 60 to 100' and before 'CPR for 30 sec (Ratio 3:1)'
- Insert 'If ongoing CPR consider' before '* Supplemental O₂ (≤ 30%)' and move box underneath 'Wrap baby well and give to mother'
- After 'Wrap baby well and give to mother' insert '(or skin to skin)'
- Replace 'NAS' with 'Ambulance' to read 'Contact Ambulance control for direction'

Resolution: That CPG 4.5.2 Basic Life Support – Neonate (< 4 weeks) be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Shane Mooney

4/5/6.6.6 Heat Related Emergency – Adult

- Delete box top left 'Exercise related dehydration should be treated with'
- Insert box 'Mild Hyperthermia (heat stress)'

Resolution: That CPG 4/5/6.6.6 Heat Related Emergency – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Eoghan Connolly

2/3.6.6 Heat Related Emergency

- Delete box top left 'Exercise related dehydration should be treated with'

Resolution: That CPG 2/3.6.6 Heat Related Emergency be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Rory Prevett

3.3.4 Asthma – Adult

- No further changes recommended

Resolution: That CPG 3.3.4 Asthma – Adult be recommended to Council for approval.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

3.2 CPGs with ILCOR reference and no anticipated changes

- Equipment list to be removed from all CPGs

There are no changes recommended to the following CPGs:

4/5/6.2.1	Primary Survey Medical – Adult
4/5/6.2.2	Primary Survey Trauma – Adult
6.4.2	Foreign Body Airway Obstruction – Adult
5/6.4.9	Recognition of Death – Resuscitation not Indicated
5/6.4.21	Hypothermia
6.4.22	Poisons – Adult
4/5/6.7.1	Primary Survey Medical – Paediatric (≤ 15 Years)
4/5/6.7.2	Primary Survey Trauma – Paediatric (≤ 15 Years)
6.7.21	Foreign Body Airway Obstruction - Paediatric (≤ 15 Years)
4/5.4.2	Foreign Body Airway Obstruction – Adult
4/5.7.21	Foreign Body Airway Obstruction - Paediatric (≤ 15 Years)
4.3.1	Advanced Airway Management - Adult
4.4.9	Recognition of Death - Resuscitation not Indicated
4.4.21	Hypothermia
3.2.3T	Primary Survey – Adult
1/3.3.1T	Advanced Airway Management – Adult
1/2/3.4.2	Foreign Body Airway Obstruction – Adult
1/2/3.4.9	Recognition of Death - Resuscitation not Indicated
3.4.21	Hypothermia
2/3.4.22	Poisons
2/3.6.1	Burns
3.6.1T	External Haemorrhage
3.7.3	Primary Survey - Paediatric (≤ 15 Years)
1/2/3.7.21	Foreign Body Airway Obstruction - Paediatric (≤ 15 Years)
2/3.2.3	Primary Survey – Adult
2/3.6.3	External Haemorrhage

Resolution: That the CPGs with ILCOR references and no anticipated changes be recommended to Council for approval.

Proposed: Mick Molloy
Carried without dissent

Seconded: Conor Deasy

4/5/6.4.11 Symptomatic Bradycardia – Adult

- Move '12 Lead ECG' to after 'ECG & SpO2 monitoring'
- After 'Titrate Atropine to effect (HR > 60)' add 'and non symptomatic'
- After 'NaCl (0.9%) 250 mL IV infusion' add a box
 - 'If cardiogenic shock suspected consider Epinephrine 0.01 mg IV/IO Repeat prn'
- Add box '1 mg Epinephrine in 100 mL NaCl, 1 mL / min'

Resolution: That CPG 4/5/6.4.11 Symptomatic Bradycardia – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O'Dwyer
Carried without dissent

Seconded: David O'Connor

5/6.4.28 Stroke

- Change 'T – time to transport now if FAST positive' to 'time of onset'
- Delete 'Oxygen therapy' box
- Delete 'Follow local protocol re notifying ED prior to arrival'

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

Proposed: Mick Molloy
Carried without dissent

Seconded: Shane Mooney

4/5/6.6.3 External Haemorrhage – Adult

- After Catastrophic haemorrhage – No;
 - insert diamond 'Wound still bleeding'
 - add Yes arrow
 - After yes add new box: 'Consider wound closure clips for temporary closure if serious haemorrhage' with P flag
- Add EMT/BTEC to Special Authorisation box for tourniquet and wound clips
- Delete Equipment list

Resolution: That CPG 4/5/6.6.3 External Haemorrhage – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: David O'Connor

4/5/6.7.35 Pyrexia – Paediatric (≤ 15 Years)

- Change ' $\geq 38^{\circ}\text{C}$ ' to ' $\geq 38.3^{\circ}\text{C}$ '

Resolution: That CPG 4/5/6.7.35 Pyrexia – Paediatric (≤ 15 Years) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Ken O'Dwyer

4/5/6.7.50 External Haemorrhage - Paediatric (≤ 15 Years)

- Changes as per 4/5/6.6.3 External Haemorrhage – Adult

Resolution: That CPG 4/5/6.7.50 External Haemorrhage - Paediatric (≤ 15 Years) be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Mick Molloy

4/5.4.22 Poisons – Adult

- Naloxone 0.4 mg IM/SC
 - replace '(Repeat x one prn)' with '(Repeat to Max of 2 mg prn)'

Resolution: That CPG 4/5.4.22 Poisons – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Declan Lonergan
Carried without dissent

Seconded: Rory Prevett

4.4.28 Stroke

- Delete 'Oxygen therapy guidelines' box to right of CPG
- Delete 'Follow local protocol re notifying ED prior to arrival'
- Change 'T – time to transport now if FAST positive' to 'time of onset'

Resolution: That CPG 4.4.28 Stroke be recommended to Council for approval subject to the changes agreed.

Proposed: Eoghan Connolly
Carried without dissent

Seconded: Rory Prevett

1/2/3.4.10 Cardiac Chest Pain – Acute Coronary Syndrome

- Move 'Monitor vital signs' to before 'Chest pain ongoing' and add FAR flag to it

Resolution: That CPG 1/2/3.4.10 Cardiac Chest Pain – Acute Coronary Syndrome be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Declan Lonergan

2/3.4.15 Anaphylaxis – Adult

- Delete box ‘patient name’
- Salbutamol change to ‘1 puff (0.1 mg)’
- Add box ‘Salbutamol may be repeated up to 11 times prn’

Resolution: That CPG 2/3.4.15 Anaphylaxis – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Conor Deasy

1/2/3.4.28 Stroke

- Delete ‘999’ to read ‘Time of onset’

Resolution: That CPG 1/2/3.4.28 Stroke be recommended to Council for approval subject to the changes agreed.

Proposed: Declan Lonergan
Carried without dissent

Seconded: Martin O’Reilly

2/3.7.31 Anaphylaxis - Paediatric (≤ 15 Years)

- Changes as per CPG 2/3.4.15 Anaphylaxis – Adult

Resolution: That CPG 2/3.7.31 Anaphylaxis - Paediatric (≤ 15 Years) be recommended to Council for approval subject to the changes agreed.

Proposed: David O’Connor
Carried without dissent

Seconded: Declan Lonergan

3.3 Transportation destination with refractory VF/VT

The members discussed an email sent from Brian Power to Prof Kieran Daly, UCHG, and Prof Daly’s response, regarding the introduction into Ireland of the direct transport of a patient in refractory VFib to a PPCI while using mechanical CPR device.

In his response email Prof Daly stated that ‘only patients with an ECG diagnosis of acute STEMI should be transported directly to the cath lab, and then only after a discussion with cardiology in the PPCI centre. Refractory VF in this setting could be suitable for direct transfer, but again only with pre or peri STEMI ECG. In other cases it is preferable to go to ED of nearest hospital for stabilisation/ further assessment / ventilation and then decide re transfer to cath lab.’

4 CPG updates

4.1 Pain Management

4/5/6.2.6 Pain Management – Adult

- Delete box on right: 'If > 50 Kg, Paracetamol 1.5 mg IV'. It was agreed that 1 g Paracetamol was the maximum dose regardless of route
- Last box on right:
 - delete 'initial dose of' prior to Fentanyl IN
 - replace 'second or subsequent' with 'next'
 - Insert 'IV' after both Fentanyl and Morphine

It was agreed that Pain Management - Adult CPG requires more deliberation and in-particular a visual graphic presentation of the management of mild to severe pain should be reintroduced.

4.2 Sepsis CPG

4/5/6.4.24 Sepsis - Adult

- No further changes recommended

Resolution: That CPG 4/5/6.4.24 Sepsis – Adult be recommended to Council for approval.

Proposed: Eoghan Connolly
Carried without dissent

Seconded: Mick Molloy

5 Emergency Obstetrics CPGs

5.1 CPGs for Obstetric Emergencies

5/6.5.1 Pre-Hospital Emergency Childbirth

- Gestation: change from '< 28 weeks' to '< 32 weeks'

Resolution: That CPG 5/6.5.1 Pre-Hospital Emergency Childbirth be recommended to Council for approval subject to the changes agreed.

Proposed: Ken O'Dwyer
Carried without dissent

Seconded: Eoghan Connolly

4.5.1 Pre-Hospital Emergency Childbirth

- No further changes recommended

Resolution: That CPG 4.5.1 Pre-Hospital Emergency Childbirth be recommended to Council for approval.

Proposed: Eoghan Connolly
Carried without dissent

Seconded: David O'Connor

4/5/6.5.3 PV Haemorrhage in Pregnancy

- No further changes recommended

Resolution: That CPG 4/5/6.5.3 PV Haemorrhage in Pregnancy be recommended to Council for approval.

Proposed: Eoghan Connolly
Carried without dissent

Seconded: Declan Lonergan

4/5/6.5.4 Postpartum Haemorrhage

- Oxytocin: change to Paramedic level

Resolution: That CPG 4/5/6.5.4 Postpartum Haemorrhage be recommended to Council for approval subject to the changes agreed.

Proposed: Shane Mooney
Carried without dissent

Seconded: Rory Prevett

4/5/6.5.5 Umbilical Cord Complications

- Change 'Hold presenting part off the cord using fingers' from AP to P level

Resolution: That CPG 4/5/6.5.5 Umbilical Cord Complications be recommended to Council for approval subject to the changes agreed.

Proposed: Eoghan Connolly
Carried without dissent

Seconded: Shane Mooney

5/6.5.6 Breech Birth

- Delete 'not applicable for Paramedic'
- Change 'Consider Entonox' to 'Consider Nitrous Oxide & Oxygen'

Resolution: That CPG 5/6.5.6 Breech Birth be recommended to Council for approval subject to the changes agreed.

Proposed: Eoghan Connolly
Carried without dissent

Seconded: Ken O'Dwyer

6 Standard of Operations

6.1 Transport to local Injury Units by ambulance

Brian Power outlined that the Emergency Medicine Programme (EMP) had informally advised him that the EMP had not supported this initiative.

6.2 Palliative Care

STNxxx Palliative Care by PHECC registered practitioners – V0.5

Brian Power spoke to the members about a new draft standard for 'Palliative Care by PHECC registered practitioners'. He explained that this is the final draft following 18 months of meetings and discussions with the Palliative Care programme and the Irish College of General Practitioners.

Martin O'Reilly outlined his concerns relating to the introduction of the palliative care CPG and associated procedures for practitioners. Whereby he agreed with the care and treatment principles outlined within the CPG, he felt the need to take account of additional demands that the CPG will place on the emergency ambulance service. These demands include education and training and emergency ambulance capacity. Martin also highlighted that consideration may need to be given to the development of a suitable protocol within the medical priority dispatch system.

The members discussed, comments and suggestions were noted.

- How should the call be identified to control so that it is dealt with appropriately?

The following changes were recommended:

In the section 'Managing the symptoms at home by PHECC registered practitioners' change point 2 to:

2. If there is no medication directive for the patient in the home;
 - 2.1 Advanced paramedic:- follow the palliative care CPG to manage the symptoms
 - 2.2 Paramedic:- follow the palliative care CPG and
 - (a) Contact the Palliative Care homecare team (if number available)
 - (b) Contact GP/GP out of hours service, and if not available
 - (c) Request AP
 - (d) If no support available and symptoms not abated transport to ED

Resolution: That STNxxx Palliative Care by PHECC registered practitioners – be recommended to Council for approval subject to the changes agreed.

Proposed: David O'Connor
Carried without dissent

Seconded: Eoghan Connolly

5/6.8.xx Palliative Care - Adult

- Change all medications to AP level with the exception of Paracetamol and Midazolam 2.5 – 5 mg Buccal.

Resolution: That CPG 5/6.8.xx Palliative Care – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: Mick Molloy
Carried without dissent

Seconded: Shane Mooney

7. Practitioner queries re CPGs and medications

7.1 Intranasal administration of Ondansetron

A PHECC registered practitioner enquired about the feasibility of including the IN route for Ondansetron and included some papers to support the request. Following deliberations it was agreed that as the IN route is not currently on Seventh Schedule for Ondansetron it cannot put it on a CPG at present. Brian Power to include this route for future drafts of the Seventh Schedule for the DoH.

7.2 Pre-hospital amputation management

A PHECC registered practitioner enquired about the inclusion of the management of amputated limbs on a CPG. The information supplied was associated with the management of the amputated parts in particular. Following deliberations it was agreed that this was a training issue and was not required on a CPG.

7.3 Medication and pregnancy

The MAC papers include, for information, a recent safety notice issued in relation to medications administered to pregnant patients.

7.4 Paracetamol for less than 6 months

A PHECC registered practitioner enquired about the dose of Paracetamol for infants between 4 weeks and 6 months as the field guide only refers to neonate and 6 months. It was agreed that this would be addressed with the undated field guide App.

7.5 ICE stickers for motor cycle helmet

A UK based organisation, iceQR[®], e-mailed PHECC with a request that practitioners are informed of a new 'in case of emergency' (ICE) sticker for helmets. When practitioners come across this sticker they may scan the attached QR Code which will give access to relevant medical history of the patient. This is a voluntary process where patients provide their data to the database which can be accessed in an emergency. It was agreed that this is a matter for licensed CPG providers (to inform their practitioners).

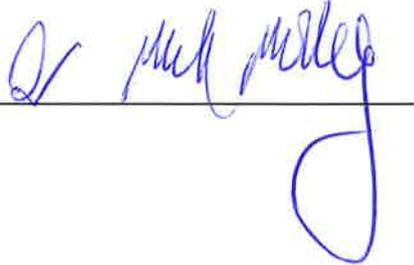
7.6 PEA arrest

A PHECC registered practitioner enquired about the inclusion of Calcium Chloride for a PEA arrest following suspected hyperkalaemia. It was agreed as this was not an ILCOR recommendation it would not be perused at this point.

8. AOB

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

The next meeting of the Committee will be held on Thursday 31st March 2016.

Signed: 

Date: 8/6/16