

Medical Advisory Committee
Meeting Minutes 31st March 2016
Osprey Hotel, Naas

In attendance

Mick Molloy
Niamh Collins
Martin O'Reilly
Declan Lonergan
Rory Prevett
Shane Mooney
Macartan Hughes
Joseph Mooney
Gerry Kerr
Michael Dineen
Peter O'Connor
Eoghan Connolly
Gerry Bury
David Menzies
David Hennelly

Apologies

Conor Deasy
Jack Collins
Ken O'Dwyer
Shane Knox

Present

Brian Power PHECC
Margaret Bracken PHECC
Kathleen Walsh PHECC

1. Chair's Business

The Chair welcomed the members and apologies were noted. It was again brought to the member's attention that the current Council's term of office comes to an end in June and de facto MAC's term of office will also come to an end. As there will only be a couple of more meetings before June the Chair requested the members to send any outstanding business they wish to discuss to Brian Power for inclusion on the agenda.

The final meeting in June will primarily focus on MAC Terms of Reference. All other business will need to be finalised in May. Council have approved the ILCOR 2016 CPGs, and Brian Power will have the 2016 edition CPGs for the members for final feedback at the May meeting prior to being published.

The members were informed that the proposed date for the next Spinal Injury subgroup meeting is 14th April. David Menzies explained to the members that it is the intention of the subgroup to produce the following:

1. Position Statement
2. Draft CPGs
3. Education piece

Brian Power informed the members that all the public sector Emergency Medicine Consultants in the country were consulted through a survey on spinal injury management. The pronouncing of death by paramedics and advanced paramedics project is progressing, and PHECC is engaging with the Coroners Society of Ireland and An Garda Síochána. There is a planned tripartite meeting for the 12th April. Following agreement this will go to Council for approval.

2. Draft Meeting Report – 24th February 2016

The minutes of the meeting held on 24th February 2016 were reviewed.

Martin O'Reilly expressed concern that his comments and observations regarding the Palliative Care – Adult CPG were not recorded in the minutes. Brian Power explained that the policy relating to recording minutes is primarily to record decisions and where appropriate an outline of the discussions. This CPG was proposed, seconded and carried without dissent, following which it was presented to Council for approval. Clarification were sought on the meaning of 'carried without dissent' as Martin felt strongly that he had issues with this CPG. Brian explained 'carried without dissent' means that no member present stated they were abstaining or voting against the resolution. This has been the practice for all committees and Council since PHECC was established. Brian further explained that this CPG was approved by Council at the meeting on 10th March. There was concern among some of the members that the agreed process for CPG development was not followed on this occasion as no Delphi was conducted. Brian explained that a subgroup had been established by MAC where Palliative Care Consultants, ICGP members, and members from MAC had deliberated on this policy and CPG for eighteen months. The CPG was presented in the MAC papers and no member identified any issues prior to the meeting. Martin O'Reilly stated that he wished his concerns to be recorded either in the minutes or through the Delphi process. Brian invited Martin to submit a draft for inclusion in the minutes.

Resolution: That the minutes of the Medical Advisory Committee 24th February 2016 be approved subject to the inclusion of Martin O'Reilly's issues on the palliative care CPG.

Proposed: Shane Money
Carried without dissent

Seconded: Eoghan Connolly

Matters arising:

Clarification was sought on the wording of 'if no ALS available' on the Pulseless Electrical Activity - Adult CPG as there is a potential for people to misinterpret the wording. It was explained that this wording was agreed at the last meeting following extensive debate.

Clarification was sought on the deletion of 'Titrate O₂' from the Post-Resuscitation Care – Adult CPG. It was explained that it was previously decided to delete this from all CPGs as it is a training issue. A query was raised about a redress process whereby any member who has a disagreement with a clinical decision can have a review. Brian Power explained that the 'difference of opinion by MAC members on areas of clinical importance' had been agreed by MAC and could be utilised by MAC members if they strongly disagreed on a decision about a clinical issue.

Prof. Bury voiced his concerns about an email he sent to PHECC on medication and pregnancy, which was circulated to all members of MAC with the February meeting papers. Agreement was not sought from Prof. Bury prior to circulating this email and it is necessary to be very sensitive when circulating such material. It was agreed the author of communications to PHECC should be consulted prior to circulation.

3. CPG updates

3.1 Pain management CPG

4/5/6.2.6 Pain management - Adult

There was considerable deliberation on this CPG and the dose of Ketamine in particular. An email sent from Jack Collins was included in the papers and used as discussion material.

Changes to be made to this CPG as follows:

- Delete advice box top left – ‘Practitioners, depending on his/her scope of practice’
- Add ‘or visual’ to the Analogue pain scale
- Update the principals for pain management to read;
 - Pain management should not delay the diagnosis of conditions or injuries
 - Pain management should be implemented for all relevant patients
 - Pain management to commence within 10 minutes on scene
 - The goal of pain management is to reduce pain to a tolerable level
 - Administered appropriate combinations of analgesia to take cognisance of immediate and short term pain management requirements
- ‘Consider non pharmacological pain management’; replace ‘Physiological support’ with ‘Psychological support’
- Delete consider box over the pain ladder
- Add a repeat box for Ketamine; ‘Repeat Ketamine once only at not < 10 minutes prn x 1’ (the time interval subject to further discussion)
- ‘Following Fentanyl IN.....’ add ‘In the absence of acquiring IV access a second dose of IN fentanyl may be administered’

Discussions did not meet conclusions on the following;

- The appropriate 2nd dose of Ketamine and in what timeframe?

Suggestions for future developments include;

- An opportunity to devise a system for feedback on the use of Ketamine
 - preferably an online system, with the permission of the organisations, whereby APs are requested to report their experiences with Ketamine, when it is used and its effectiveness
 - CPC points could be given to practitioners for participating in the exercise
- Morphine and fentanyl use is audited every month by HSE and DFB, Ketamine should also be audited on a monthly basis

A suggestion was made to invite Dr Paul Jennings, Ambulance Victoria, to the May MAC meeting.

A Paediatric pain management CPG will be drafted based on the Adult CPG and sent to Dr Sean Walsh, ED Consultant at Our Lady's Hospital for Sick Children Crumlin, for his feedback.

It was agreed to circulate some of the evidence on Ketamine to all MAC members and decide on dosage and repetitive dosage at the next MAC meeting.

3.2 Stridor CPG

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

Changes to be made to this CPG as follows:

- Replace 'Severe Croup' decision diamond with 'Stridor'
- Epinephrine: change dosages to '< 1 year 2.5mg Neb' and '≥ 1 year 5mg Neb'
- Before ambulance icon: add boxes 'Check temperature (if 38.3°C and septic)' and 'Go to Sepsis CPG'

Consult with Dr Sean Walsh, ED Consultant at Our Lady's Hospital for Sick Children Crumlin, and put on agenda for the next committee meeting.

A discussion ensued about the use of unlicensed medications by PHECC practitioners. It was agreed that a letter to be sent to the HPRA seeking advice re use of unlicensed medications.

3.3 Limb injury CPG

4/5/6.6.7 Limb Injury - Adult

One change to be made to the CPG as follows:

- Replace blue circle 'Consider Paramedic' to 'Request ALS'

Resolution: That CPG 4/5/6.6.7 Limb Injury – Adult be recommended to Council for approval subject to the agreed change.

Proposed: Michael Dineen
Carried without dissent

Seconded: Joseph Mooney

3.4 Nausea & Vomiting CPG

5/6.4.26 Significant Nausea & Vomiting - Adult

Changes to be made to the CPG as follows:

- After 'Check Blood glucose' add new box 'Investigate and treat underlying cause'
- Switch medications with 'Cyclizine' before 'Ondansetron'

Resolution: That CPG 5/6.4.26 Significant Nausea & Vomiting – Adult be recommended to Council for approval subject to the changes agreed.

Proposed: David Hennelly
Carried without dissent

Seconded: Macartan Hughes

3.5 Mental Health CPG

6.4.29 Mental Health Emergency

Changes to be made to this CPG as follows:

- Change text in black box to 'abnormal behaviour with a history of psychiatric illness'
- Red box to left; correct typo from 'caused' to 'causes'
- Delete reference to 'Queensland Ambulance Service 2001'

Resolution: That CPG 6.4.29 Mental Health Emergency be recommended to Council for approval subject to the changes agreed.

Proposed: Macartan Hughes
Carried without dissent

Seconded: Peter O'Connor

4/5.4.29 Mental Health Emergency

One change to be made to the CPG as follows:

- Change text in black box to 'abnormal behaviour with a history of psychiatric illness'

Resolution: That CPG 4/5.4.29 Mental Health Emergency be recommended to Council for approval subject to the agreed change.

Proposed: Declan Lonergan
Carried without dissent

Seconded: Joe Mooney

4/5/6.4.28 Behavioural Emergency

There was considerable deliberation on this CPG. Some comments include;

- Is this not an issue for the Gardaí?
- Should we be sedating a violent patient
- Practitioners have a duty of care and can't just drive off if patient is aggressive
- Is it safer to step in once Gardaí have control of the situation?
- Need legal advice before proceeding and consult with the Gardaí
- Could be facing two issues, constraint and assault
- Sedation CPG may solve the medical issues
- Should AP be separate to EMT and P 'with call a doctor or AP' on the EMT & P CPG

Changes to be made to this CPG as follows:

- 'Aid to Capacity Evaluation' box - reword as follows:
 - **'A person lacks of capacity to make a decision if he or she is unable to-'**
 - understand the information relevant to the decision
 - retain that information long enough to make a voluntary choice
 - use or weigh that information as part of the process of making the decision, or

- to communicate decision by any means (including sign language/assistive technology) or if the implementation of the decision requires the act of a third party
- Insert box 'All persons have the right to consent to and to refuse medical treatment. Any necessary intervention must minimize restriction on a person's rights and restriction on freedom of action'
- Replace box 'If a patient has capacity.....' with original wording on current CPG 4/5/6.4.30 'Practitioners may not compel a patient to accompany them or prevent a patient from leaving an ambulance'
- 'Request Garda assistance and attempt verbal de-escalation' split into 2 boxes
 - Request and await Garda assistance
 - Consider verbal de-escalation
- 'Seek Online medical advice' delete the word 'Online' and add 'and document shared decision'
- Midazolam: change Adult dose to '5 mg IN' and Paediatric dose to '0.1 mg/Kg IN' change to 2prn

It was agreed that this CPG needs further discussion. Prof Bury expressed grave concerns regarding the use of the Ambulance Service in behavioral situations.

4. Process for updating field guide App

A process for updating the field guide App was presented in the papers for consideration by MAC. A procedure needs to be put in place where there is official sign-off prior to updating items. Printed versions go out of date whereas an app can be updated as required.

- Edit point 3: After 'Chair of MAC' insert 'or Medical Advisor to PHECC'

Resolution: That the process for updating the PHECC field guide App be approval subject to the changes agreed.

Proposed: Macartan Hughes
Carried without dissent

Seconded: Joe Mooney

5. Practitioner queries re CPGs and medications

5.1 Carbon Monoxide reference

Kevin Flannery, Quality, Safety and Risk Manager, West Regional Ambulance Office, sent a request to PHECC for the consideration of adding the Physiological effects of Carbon Monoxide to the field guide. The general consensus among the members was that there was no added benefit to include this in the field guide.

5.2 Secondary Survey Paediatric – suggestions

Recommendations from paramedic Stephen Galvin to PHECC regarding CPG 4/5/6.7.4 Version 3, Secondary Survey – Paediatric was included in the papers for discussion.

1. Align vital sign rates to those contained in the Irish Children’s Triage System (ICTS) to allow for improved continuity of care between PHECC practitioners and hospital staff.
 - All members present are happy to accept vital signs parameters
 - Change vital signs of all CPGs to ‘Irish Children’s Triage System (ICTS)’ if different
2. Include aspects of NICE guideline CG160 ‘Fever in under 5s: assessment and initial management’ namely:
 - (a) Table 1: ‘NICE Traffic light system for identifying risk of serious illness’
and
 - (b) Table 2: ‘Summary table for symptoms and signs suggestive of specific diseases’The consensus is to put both tables into the field guide.
3. Include a ‘Red box’ quoting Section 23-(1) of the Non-Fatal Against the Person Act 1997, to provide clarity with regards to consent. Suggestions from the members are as follows:
 - Should this be on the Core Principles?
 - Should this be included in the field guide or CPG? The consensus is to include in the field guide and the CPGs where applicable
 - All are useful except Kawasaki disease
4. Include a reference for the weight estimation provided for neonates and patients aged 6/12. In addition, consider the inclusion of a weight estimation by month for children aged from birth to one year.
 - Brian Power to consult with Dr Sean Walsh, ED Consultant at Our Lady’s Hospital for Sick Children Crumlin, regarding neonate to 1 year weights.

Resolution: It was agreed that the Irish Children’s Triage System values be incorporated into paediatric CPGs and the NICE guideline CG160 ‘Fever in under 5s: assessment and initial management’ tables 1 and 2 are inserted into the field guide.

Proposed: Macartan Hughes
Carried without dissent

Seconded: Niamh Collins

6. MAC Terms of Reference

The current MAC Terms of Reference were included in the papers for information. As the current Council’s term of office and all committees come to an end in June, Council have requested that all committees’ terms of reference be reviewed.

David Menzies voiced his concerns about the operation of the current MAC committee as the volume of work required and the structure around it is not really fit for purpose. The MAC is too big to function as an advisory committee. The Committee should be using evidence based practice as opposed to opinions. Changes to the MAC Terms of Reference will be prepared for discussion at the final MAC meeting in June.

7. AOB

David Hennelly discussed with the members a paper he sent to PHECC on prehospital sedation, unfortunately it was too late for inclusion in the papers and was tabled on the day. David explained that sedation is an issue which is not addressed fully in PHECC CPGs but is an area that is increasingly arising in clinical practice.

Five specific points were identified for pre-hospital sedation and require exploring.

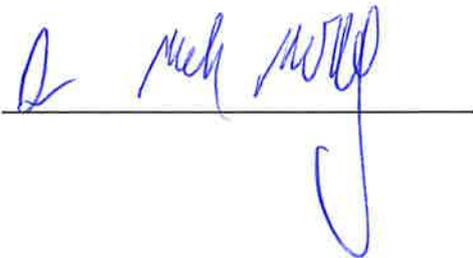
- 1 Which medication is the most suitable for each case?
- 2 What are the minimum monitoring standards for each case?
- 3 What is the most suitable sedation assessment tool?
- 4 What are the Paramedic and AP educational needs?
- 5 What cases should require telemedical support?

There was agreement to include each specific clinical requirement for sedation as outlined by David Hennelly on the CPG Prioritisation matrix and proceed from there.

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 28th April 2016.

Signed:



Date:

