Medical Advisory Committee Meeting

25th & 26th November 2015

The Killeshin Hotel, Portlaoise, Co. Laois

In attendance		Apologies	Present
25th Nov	**26th Nov**		
Mick Molloy Chair	Mick Molloy Chair	Shane Knox	Brian Power
Niamh Collins	Niamh Collins	David McManus	Peter Dennehy
Joe Mooney	Joe Mooney	Valerie Small	Margaret Bracken
Conor Deasy	Conor Deasy	Sean Walsh	
David Hennelly	David Hennelly	Seamus McAllister	
Shane Mooney	Shane Mooney	Gerald Kerr	
Macartan Hughes	Macartan Hughes	Stephen Cusack	
Declan Lonergan	Declan Lonergan		
Michael Dineen	Michael Dineen		
David O'Connor	David O'Connor		
Derek Rooney	Derek Rooney		
Ken O'Dwyer	Ken O'Dwyer		
Martin O'Reilly	Martin O'Reilly		
Jack Collins	Jack Collins		
Peter O'Connor	Neil Reddy		
Gerry Bury			
David Menzies			

1.   Chair's Business

The chair welcomed the members and apologies were noted.

2.   Minutes and matters arising

Some amendments to the minutes were noted as follows:

3. CPG   Dr Katie Padfield – Experiences with Ketamine

- delete the word 'sedation' to read 0.1 mg/kg for analgesia
- add the word 'sedation' after 'for anaesthetic' to read 1-1.5 mg/kg for anaesthetic/sedation
- delete the words 'wrong dose can cause serious harm, however'
- under other comments include: delete 2nd and 3rd bullet point

6. Queries/Feedback from practitioners

6.1 correct spelling of Epinephrine

Resolution: That the minutes of the Medical Advisory Committee Thursday 24th September be approved, subject to the agreed changes.

Proposed: Macartan Hughes   **Seconded:**   Niamh Collins

                  Carried without dissent

3. Prescription only Medication for non-medical persons
CPGs for review – Delphi results

Brian Power gave an overview of the results of the Delphi report 3. Member's comments were discussed. Some amendments are to be made to the CPGs before going to Council for approval. The consensus from the members was to remove the words 'previously prescribed' from some of the CPGs as the wording of SI 449 of 2015 removed that requirement.

1.3.6   Opioid Overdose

- Black box at the top of the GPG amend to read: Suspected opioid overdose
- Delete picture of syringe and all pictures of CPR
- Scene Safety box: amend spelling of careful
- Inject Naloxone box: move to after 'call for help and an AED'; add 0.8 mg IN
- Change 'Breathing adequately' to 'Breathing abnormally or gasping'
- Add 'shake and shout' early in the CPG
- It was agreed that a pocket mask must be available with Naloxone, the pocket mask to be reflected on the CPG

There was a discussion about Naloxone and it was agreed to check to see if the drug is licensed for use in Ireland.

1.4.15 Severe allergic reaction (Anaphylaxis) – Adult

- Black box at top: insert 'suspected' after Anaphylaxis
- Delete picture of woman on stretcher
- Anaphylaxis Criteria: add to list – 'Airway swelling' and 'Circulation (blood) pressure drop' and change 'Difficulty breathing' to 'Breathing difficulty'
- Change 'Collapsed state' to 'Airway, Breathing or Circulation problem'
- After 'Airway, Breathing or Circulation problem' delete all boxes referring to Salbutamol on the left
- After 'Reassess' insert boxes:
  - Patient Improves after 5 minutes
  - Epinephrine (1:1,000) 300 mcg IM Auto injection
- Switch RED card and Special Authorisation locations
- Insert Equipment list underneath Special Authorisation

1.7.31 Severe allergic reaction (Anaphylaxis) – Paediatric

- Amend as per adult CPG 1.4.15

1.3.4 Asthma

- Change title to 'Moderate or Severe Asthma'
- Replace 'Wheeze/bronchospasm' with 'Unable to speak normally with a history of asthma'
- Change 'History of Asthma' to 'Life threatening asthma'; insert arrow for Yes and move telephone to after Yes
- After 'Life threatening asthma' insert arrow for No and add box: 'Able to self-manage'; insert arrow for No pointing to 'Prescribed Salbutamol previously'
- Change 2 puffs of Salbutamol to 1 puff
- After 'Reassess' insert box: 'Breathlessness resolves within 10 minutes'; insert Yes arrow and red box: 'Refer patient to GP'
- Insert arrow for No and add telephone
- Add two boxes top right: 'Life threatening asthma' and 'During an asthma attack'
- Move picture to right hand side
- Insert Equipment list bottom left

Check the Asthma Society Guidelines.

1.4.19 Low Blood Sugar (Hypoglycaemia) – Adult

- Black box top left:
    - Insert 'rapid onset' after 'Known diabetic' and before 'confusion' to read:
      'Known diabetic with rapid onset confusion or altered levels of consciousness'
- Insert box: Check blood glucose (if glucometer available)
- Move telephone to 'No' following 'Alert and able to swallow' decision
- After Recovery Position:
    - delete 'History of diabetes' and 'Prescribed Glucagon previously'
    - replace with 'Blood glucose < 4 mmol/L' and after No (follow arrow) insert
      'Glucose gel, 10-20 g buccal'
    - Insert advice box: 'Glucagon will not be effective when administered to under
      nourished persons' (red text)
- Bottom left: Change 'Alert and able to swallow' to 'Alert and orientated'
  Change layout with No arrow going back up to after 'Check blood glucose (if
  glucometer available)'
- Switch RED Card and Special Authorisation (bottom of page)
- Under Special Authorisation insert Equipment List box: Glucagon, Glucose gel,
  Glucometer

1.7.32 Low Blood Sugar (Hypoglycaemia) – Paediatric

- As per Adult CPG 1.4.49 except move phone to before 'Check blood glucose (if
  glucometer available)'

1.4.10 Cardiac Chest Pain – Acute Coronary Syndrome

- Change title of CPG to 'Angina'
- Before telephone edit box 'Cardiac chest pain' to read:
  'Patient with chest pain and known cardiac history'
- GTN 0.4 mg SL - insert 'Assist patient to administer'
- Switch RED Card and Special Authorisation (bottom of page)

3.2.6 Severe Pain Management (remote area)

- To include flag for BTEC
- Delete pain assessment recommendation box
- Before Pain assessment box add box: 'Consider non pharmacological pain management techniques'
- Edit 'Severe pain (≥ 7 on pain scale)' to read: 'Moderate to severe pain'
- Insert red box underneath Analogue Pain Scale: 'If severe pain Request ALS'
- Move red box up underneath 'Go back to originating CPG': 'Decisions to give analgesia'
- Insert Equipment list bottom left

4. Pre-alert protocol

Brian Power gave a brief outline on the National Pre-alert Guidelines Version 0.2 and Niamh Collins gave more details to the members.

Comments include:

- Under 'Specific Clinical Conditions' (bullet point 5) delete 'Septic Shock' and replace with 'Severe Sepsis'
- Queries about transfer time
- Under 'Mechanism of Injury' a query was raised on bullet point 4: Fall > 2 m or 10 steps reference CDC 20 feet (greater than 10 feet for children)
- There is an assumption this is just for trauma
- Trauma is the least concern in respect of pre-alerts
- List shouldn't be exclusive
- Should the threshold for vital signs be lowered?
- ED issues and patient flow issues
- Keep in mind that Voluntaries and Auxiliaries not as familiar
- Has to be practical and meet the needs of the practitioners

It was decided to come back with suggestions/amendments from the members and discuss at the next meeting

5. Model of care for adult critical care

Brian Power explained that this document is for information purposes and he drew the attention of the members to pages 26 & 27. It was agreed that no specific action is necessary unless there is a conflict of interest.

6. CPGs

6.1 Delphi results

Brian Power gave an overview of the results of the Delphi report. Previous comments by members were discussed. Some amendments were made to the CPGs.

4/5/6.4.15 Allergic Reaction/Anaphylaxis – Adult

- 'Epinephrine dosage' box: delete 'to Max of three doses. Patients ≥ 100 Kg, dose = 1 mg'
- 'Chlorphenamine, 4 mg, PO' box: add 'IM Chlorphenamine, 4 mg IV'
- Move 'NaCl' to before 'Chlorphenamine' on the severe arm of the CPG and change 'Repeat by one' to 'Repeat prn'
- Bottom of CPG under 'Mild' move 'and or angio oedema' to 'Moderate' box; also Severe/anaphylaxis after Moderate symptoms + add A, B or C compromise
- Delete Special Authorisation for Paramedics to maintain IV fluids

It was agreed to remove the Special Authorisation from all CPG pertaining to maintaining IV fluids and make it a generic principal.

Resolution: That Allergic Reaction/Anaphylaxis – Adult CPG (4/5/6.4.15) is recommended to Council for approval subject to the changes above being included.

Proposed: David Hennelly **Seconded:** Mick Dineen

Carried without dissent

5/6.4.23   Seizure/Convulsion – Adult

- Delete picture of syringe - IV access
- Stack all medications and delete 'Repeat prn' for each medication
- Insert box to left of medications to read (in red):
  - Benzodiazepine
  - Maximum 4 doses regardless of route (consider medical oversite)
  - If benzodiazepine administered prior to arrival regard this as a dose(s)
- Red box bottom right - edit to read:

  'If patient recommences seizing regard it as a new event, administer one dose of benzodiazepine – then consult medical oversite (AP)'

Resolution: That Seizure/Convulsion – Adult CPG (5/6.4.23) is recommended to Council for approval subject to the agreed changes.

Proposed: Shane Mooney   **Seconded:**   Mick Dineen
                 Carried without dissent

5/6.7.33   Seizure/Convulsion – Paediatric (≤ 15 years)

- Same changes as per 5/6.4.23 Seizure/Convulsion – Adult were agreed

Resolution: That Seizure/Convulsion – Paediatric (≤ 15 years) CPG (5/6.7.33) is recommended to Council for approval subject to the agreed changes.

Proposed: Niamh Collins   **Seconded:** Declan Lonergan
                 Carried without dissent

4/5/6.2.6 Pain Management – Adult

- Change 'KPIs for pain management' to 'Treatment Principle for pain management'
    - insert bullet point: 'Pain management will not prevent the diagnosis of conditions or injuries'
    - change bullet point 1 to: 'Pain management to commence within 10 minutes of arrival on scene'
    - change bullet point 2 to: 'Pain management to result in no worse than mild pain'
- Insert 'Request ALS' underneath 'Treatment principles'
- 'Consider non pharmacological pain management techniques': change design to standard format
- 'Reassess and move up the pain ladder if appropriate'
    - change to 'Implement pharmacology strategy at appropriate level on the pain ladder'
    - Insert red border
- Stack and rearrange pain medications into one box similar to QAS CPG
- Delete Pain boxes to left of medications list
- To right of pain medications (red text):
    - Insert new box: 'If > 50 Kg, Paracetamol 1.5 mg IV'
    - insert new box: 'Following initial dose of Fentanyl IN, the second or subsequent dose must be either Fentanyl or Morphine, but not both'
- At end of CPG insert 'Consider Medical Oversight'

6.3 Draft Suspension Trauma

4/5/6.6.4 Harness Induced Suspension Trauma

- NaCl (0.9%) dose: replace 20 mL/Kg aliquots with 2 L (Adult)

Resolution: That the Suspension Trauma CPG (4/5/6.6.4) be recommended to Council for approval subject to the agreed changes outlined above.

Proposed: Niamh Collins   **Seconded:** David O'Connor

Carried without dissent

7. Emergency Obstetrics CPGs

7.1 Obstetrics advice on CPGs

7.2 Draft CPGs for Obstetric Emergencies

5/6.5.1 Pre-Hospital Emergency Childbirth P & AP
- Insert 'skin to skin to maintain temperature of baby'

4.5.1 Pre-Hospital Emergency Childbirth EMT
- Include 'clamp and cut the cord'
- Include 'skin to skin during transport'

5/6.5.2 Basic & Advanced Life Support – Neonate (< 4 weeks) P & AP
- See ILCOR section

4.5.2 Basic Life Support – Neonate (< 4 weeks) EMT
- See ILCOR section

5/6.5.3 PV Haemorrhage in Pregnancy P & AP
- Include EMT level
- Delete 'Query'

5/6.5.4 Postpartum Haemorrhage
- Include EMT level
- Move 'NaCl' box to after 'Elevate lower limbs'
- After 'Consider inserting a urinary catheter' insert box 'Consider TXA'

5/6.5.5 Umbilical Cord Complications
- Include EMT level

5/6.5.6 Breech Birth
- No changes recommended

8   Standard of Operations

8.1 Transport to local Injury Units by ambulance

Brian Power outlined progress to date; he is awaiting feedback from the EMP following their meeting on the topic.

8.2 PCR Information Standard 2016

Suggestions from the members as follows:

- It was agreed to include a 'Sepsis care bundle' on the PCR under 'Care Management' to include tick boxes for 'SIRS +, severe sepsis and septic shock'
- Under Clinical Impression on the PCR include a tick box for haemorrhage on the anatomical arm

Resolution: That the Medical Advisory Committee recommend the PCR Information Standard 2016 be approved by Council subject to the changes agreed.

Proposed: Derek Rooney   **Seconded:**   Joe Mooney

Carried without dissent

9   Practitioner queries re CPGs and medications

9.1 Query Entonox and ACS patients

The response from Prof Daly was noted.

9.2 Hydrocortisone query

The consensus was that offering Hydrocortisone Intra Muscular would be of no benefit as it is too slow acting for acute asthma.

9.3 Query Ipratropium Bromide

It was agreed to put both presentations of 0.25 mg and 0.5 mg Ipratropium Bromide in the medication formulary.

10   ILCOR updates

Seven areas were identified from the ILCOR 2015 Guidelines that pertain to PHECC CPGs.

Modifications/drafting of CPGs based on the 2015 Guidelines were included in the papers.

The meeting divided into seven subgroups to deliberate on each of the areas and then returned to the committee with suggestions and findings.

	Topic	Facilitator
P3	BLS Adult	D. Lonergan
P4	ALS	D. Menzies
P5	ACS	C. Deasy
P6	Paediatric BLS & ALS	M. O'Reilly
P7	Neonatal Resuscitation	M. Hughes
P8	Education, Implementation and Teams	D. Hennelly
P9	First Aid	M. Dineen

Feedback from ILCOR sections

Brian Power had made the amendments to the CPGs from the previous day's discussions and these were shown to the members for feedback.

4/5/6.4.1   Basic Life Support - Adult

1	Remove boxes:	1. Witnessed arrest 2. Provide continuous chest compressions (CCC) until AED available 3. Provide CPR until AED available 4. Attach defibrillation pads
2	Insert box (underneath Request ALS)	1. Attach defibrillation pads 2. Commence continuous chest compressions (or CPR) while defibrillator is being prepared
3	Remove box:	Consider passive ventilation using OPA and O_2 with CCC
4	Edit:	'Immediately resume CCC (witnessed) Or' and '(unwitnessed)' to read: 'Immediately resume CPR for 2 minutes'
5	Edit (left of page-red text):	Change: 'Complete in parallel if two or more persons on site' to 'CPR if more than two persons on site'
6	Correct typo (left of page-red text):	from permitts to permits, to read 'Continue CCC/CPR while defibrillator is charging if AED permits'

1/3.4.1   Basic Life Support - Adult

1	Insert box after telephone:	Go to Primary Survey CPG
2	Remove flags (CFR-A & EFR):	Beside Oxygen therapy and Suction OPA
2	Insert box: (red text top left)	Initiate mobilisation of 3 to 4 practitioners/responders on site to assist with cardiac arrest management
3	Insert words: (red text bottom right)	'if AED permits' after 'Continue CPR while AED is charging'
4	Insert word: (red box bottom left)	'physically' to read 'If physically unable to ventilate perform compression only CPR'

1/2.4.1   Basic Life Support –Adult

1	Pictures:	Consult with Ray Carney on issue
2	Move: (red box from bottom left to top left)	'If physically unable to ventilate perform compression only CPR'

5/6.3.1   Advanced Airway Management – Adult

	No changes recommended

5/6.4.7   Post-Resuscitation Care – Adult

1	Move boxes:	'ECG, ETCO$_2$ & SpO$_2$ monitoring' and 'Check blood glucose' to before '12 lead ECG'
3	NaCl:	1. replace 'hypotensive' with 'hypotension' 2. insert 250 mL after (0.9%)
4	Move Epinephrine to underneath NaCl and edit:	To read: 'If cardiogenic shock suspected consider Epinephrine 0.05 mg IV/IO' and insert 'repeat prn'
5	Delete box:	'Atropine 0.6 mg' (after Bradycardia) and insert box with 'Go to Bradycardia CPG'
6	Delete box:	'Consider Amiodarone' (after Ventricular Tachycardia) and insert box with 'Go to Tachycardia CPG'
7	Delete boxes (underneath Symptomatic arrhythmia):	Unresponsive Targeted temperature management .... Avoid hyperthermia
8	Insert box:	Prevent hyperthermia
9	STEMI or Non-STEMI:	Edit to read: 'STEMI identified'
10	Red box after STEMI:	Replace 'Transport' with 'Contact' and insert 'for direction' to read: 'Contact Primary PCI facility for direction (follow ACS CPG)'
11	Move:	Drive smoothly icon to right of red transport box
11	Insert box:	If Opioid suspected consider Naloxone, dose and route specific to clinical level

4.4.7   Post-Resuscitation Care – Adult

1	Delete:	'Targeted temperature management (32° to 36° C)'
2	Move boxes to after ECG & SpO₂ monitoring:	1. ECG & SpO₂ monitoring to after Recovery Position 2. Blood glucose < 4 mmol/L and Go to Glycaemic Emergency CPG
3	Insert box:	'Prevent hyperthermia' after 'Monitor vital signs'
4	Delete box (red text to right of CPG):	Avoid hyperthermia

1/2/3.4.7   Post-Resuscitation Care

	No changes recommended

4/5/6.4.3   VF or pVT – Adult

1	Change prn Epinephrine :	from '3 to 5 minutes' to '4 minutes' and add '(every 2nd cycle)'
2	Delete box:	'If Opioid OD suspected consider Naloxone………………'
3	Delete box:	'If pulmonary embolism suspected consider Heparin Sodium……………'

5/6.4.4   Asystole – Adult

1	Change prn Epinephrine :	Epinephrine from '3 to 5 minutes' to '4 minutes' and add '(every 2nd cycle)'
2	Change dose NaCl:	from '20 mL/Kg' to '1 L' and insert 'Repeat prn'
3	Delete box:	'If Opioid OD suspected consider Naloxone………………'
4	Delete box:	'If pulmonary embolism suspected consider Heparin Sodium…………'

4.4.4   Asystole – Adult

1	Edit (over ambulance icon):	Delete 'if no ALS available' and insert 'Contact NAS control for directions'
2	Delete (Mechanical CPR device is the optimum care during transport) and replace with:	For crew safety and optimum CPR mechanical CPR is required during transport
3	Replace (With CPR ongoing maximum hands off time 10 seconds) with:	CPR Principal: compression fraction of > 80%

4/5/6.4.6 Pulseless Electrical Activity – Adult

1	Change prn:	Epinephrine from '3 to 5 minutes' to '4 minutes' and add '(every 2nd cycle)'
2	Change dose NaCl:	from '20 mL/Kg' to '1 L' and insert 'Repeat prn'
3	Delete box:	'If Opioid OD suspected consider Naloxone...................'
4	Delete box:	'If pulmonary embolism suspected consider Heparin Sodium.............'

5/6.4.12 Tachycardia - Adult

1	AP box: Consider cardioversion	delete 'Narrow irregular = 120 J (synch on)' and 'Polymorphic = defibrillate (synch off)' and insert '(If unsuccessful escalate energy by 50 J)'
2	Insert box: (between AP box and Consider Amiodarone)	'NaCl 500 Ml IV/IO'
3	Change dose of Amiodarone: (both boxes)	from 300 mg IV to 150 mg IV
4	Add diamond (before ambulance symbol at bottom of CPG) and insert:	1. 'Continues to be unstable' 2. No and arrow to ambulance 3. Yes and arrow up to Adverse signs
5	Delete Special Authorisation	Authorisation for continued IV fluids by Paramedics
6	Add box:	Torsades de Point? Defibrillate (sync off)
7	Add information box	If initial Adenosine unsuccessful repeat at 12 mg x 2 prn

5/6.4.10 Acute Coronary Syndrome

1	STEMI: (red box top left)	Keep ERC 2015 definition of STEMI and change mV to mm (0.1 & 0.2); add 'with Clinical support of AMI'
2	Move red box:	Right precordial leads should be performed if inferior MI is supected................(move to between STEMI and MP-Indication for Thrombolysis)
3	Move box:	'Oxygen therapy' underneath 'Apply 3 lead ECG & SpO$_2$ monitor'; add 'consider'
4	Move box Acquire 12 lead ECG:	to underneath Aspirin 300 mg PO
5	PPCI time decisions	change wording to read: Time to PPCI Centre < 90 min of STEMI identification on 12 lead ECG
6	Indications for Thrombolysis	1. Change 'Confirmed STEMI' to No 1 2. Change MI symptoms timeframe to '≤ 2 hours' and make it No 2
7	GTN administration	Caution with GTN for inferior MI: HR > 60 and sys BP > 110 mmHg

4.4.10   Cardiac Chest Pain - Acute Coronary Syndrome

1	Move Oxygen:	'Oxygen therapy' underneath 'Apply 3 lead ECG & SpO$_2$ monitor'; add 'Consider'
2	GTN administration	Indication for GTN to change to HR > 60 and sys BP > 110 mmHg for EMTs

6.7.10   Advanced Airway Management - Paediatric (≤ 15 years)

	No changes recommended

5.7.10   Advanced Airway Management - Paediatric (≥ 8 years)

	No changes recommended

4/5/6.7.20   Basic Life Support - Paediatric (≤ 15 Years)

1	Edit box on right (red writing)	Replace '< 8 years' with 'If puberty has not commenced'
2	Underneath Commence chest compressions box	1. Replace '< 8 years' with 'Puberty commenced' 2. Switch No and Yes
3	Replace:	'Minimum interruptions of chest compressions' 'Maximum hands off time 10 seconds' with 'CPR principal: compression fraction of > 80%'
4	Add:	'If AED permits' to 'continue CPR while AED is charging'

1/2/3.7.20   Basic Life Support - Paediatric (≤ 15 Years)

1	Initial sequence:	Commence with CAB
2	CPG format:	As per Adult algorithm

4/5/6.7.22   VF or pVT - Paediatric (≤ 15 Years)

1	Change prn Epinephrine:	from '3 to 5 minutes' to '4 minutes' and add '(every 2nd cycle)'

4/5/6.7.23   Asystole/PEA - Paediatric (≤ 15 Years)

1	Change prn Epinephrine:	from '3 to 5 minutes' to '4 minutes' and add '(every 2nd cycle)'

4/5/6.7.24   Symptomatic Bradycardia - Paediatric (≤ 15 Years)

1	Insert box:	CPR principal: compression fraction of > 80%
2	Epinephrine	Change to 'every 4 minutes (every 2nd cycle) prn'

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

1	Split box:	ECG, SpO_2 & $ETCO_2$ monitoring into two boxes to read: 'ECG & SPO_2 monitoring' and underneath insert a new box 'Consider $ETCO_2$ monitoring'
2	Replace (red box at bottom of page):	Transport quietly and smoothly with Drive Smoothly

4.7.25 Post-Resuscitation Care - Paediatric (≤ 15 Years)

1	Correct spelling	hyperthermia

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

1	Insert box:	Record time of death
2	Move box:	Delete the word Consider before ECG monitor to assess heart rate and move underneath Request ALS
3	Delete O_2	'Give Supplementary O_2'
4	Assess Heart Rate:	Replace 'Assess with Monitor'
5	Add O_2 linked with *	* at CPR and HR 60 – 100 supplemental O_2 (≤ 30%)
6	Insert:	(room air) after Provide 5 positive pressure ventilations

4.5.2 Basic Life Support - Neonate (< 4 weeks)

1	Insert box:	Record time of death
2	Move box:	Delete the word Consider before ECG monitor to assess heart rate and move up before Assess respirations, heart rate & colour
3	Delete O_2	'Give Supplementary O_2'
4	Insert:	(room air) after Provide 5 positive pressure ventilations
5	Replace:	Assess before Heart Rate with Monitor before Heart Rate
6	Replace box O^2 Therapy with:	Supplemental O_2 (≤ 30%) link * to CPR and HR 60-100

5/6.5.1 Pre-Hospital Emergency Childbirth

1	Add	'(skin to skin preference)' to wrap baby etc

4/5/6.8.x Team Resuscitation
Following review this CPG was redrafted/reworded

1/2/3.8.x Team Resuscitation
Following review this CPG was redrafted/reworded

2/3.3.4   Asthma – Adult

	No changes recommended

2/3.6.6   Heat Related Emergency

1	Box on left (red writing):	Move water before tea

4/5/6.6.6   Heat Related Emergency – Adult

1	Box on left (red writing):	Move water before tea
2	Delete box:	Special Authorisation for Paramedics to maintain IV infusion

Review of ACS and ROSC CPGs with Prof Kieran Daly, Clinical Lead ACS Programme

Prof Daly spoke about and gave his expert opinions on ACS and ROSC issues. There was a discussion with Prof Daly and the members on the updated CPGs from the ILCOR Guidelines 2015. See detail on individual CPG review.

11   Review of Sepsis CPG with Dr Vida Hamilton, Clinical Lead Sepsis Programme

4/5/6.4.24 Sepsis – Adult

Dr Hamilton gave an overview of the Sepsis care programme and outlined the requirements for Pre-hospital management of sepsis.

Meeting summary:

1. Give IV/IM/IO ceftriaxone for suspected meningitis, at risk of neutropenia, severe sepsis and septic shock; remove > 45min requirement
2. Pre-alert for the same groups
3. Add respiratory rate > 30/min to the group of signs of severe sepsis
4. Fluid bolus of 500 ml over 15 mins, review and repeat to 30 mL/kg (2 litres in adult)

5. Patients who have been given antibiotics pre-hospital should be cultured and have antibiotics as per hospital antimicrobial guideline as per normal management, if the antibiotic choice is different no interval delay is required

6. If history of penicillin allergy, screen with 'Have you (they) been hospitalised due to an allergy reaction to penicillin?' If no or clear history of rash-only allergic response, give cephalosporin as only 1-2% cross-reaction.

Other comments include:

- The idea is that the patient is flagged prior to arrival in the ED.
- Blood cultures are less likely to be useful after antibiotics
- Once patients arrive in the ED they are treated again even if first dose has already been administered
- Patients are temperature sensitive
- Some red flags identified as follows:
    - Tachycardia > 130
    - Respiratory Rate > 30
    - Altered level of clarity, mental status
    - Low blood pressure
    - Pre-alert if in septic shock
    - When ED is pre-alerted use appropriate language such as SIRS+, infection, septic shock etc
    - Neutropenia has to be identified
    - Flag allergic to penicillin - did allergy result in hospitalisation? If not safe to use
    - Dose: 500 mL over 15 mins; can be given up to 4 times

Other amendments to the CPG as follows:
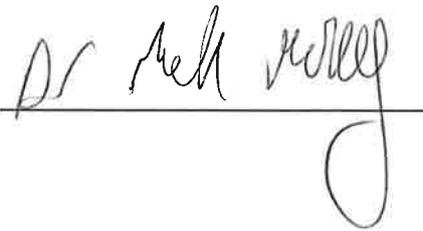
- Insert new box on right; Indication for antibiotic
    - Septic shock
    - Severe sepsis
    - Meningitis suspected
    - At risk of neutropenia
- Signs of shock/poor perfusion;
    - Under Heart rate > 130 insert RR > 30
    - Change Altered mentation to Altered mental status
- Risk stratifier; change SBP to 90 mmHg

- Insert box underneath Risk stratifier; If history of penicillin allergy assess the severity of the reaction and if not life-threatening, i.e. rash, proceed with Ceftriaxone.
- Move Pre alert ED red box to left of ambulance icon and edit to read;
Pre alert ED if; (add bullet points)
    - severe sepsis
    - septic shock
    - meningitis suspected
    - at risk of neutropenia
- Add red box to right of ambulance icon; If SIRS + infection advise Triage nurse
- Delete Special Authorisation for Paramedics to maintain IV fluids at bottom of CPG

12   A.O.B

Next meeting Thursday 28th January 2016

Signed: _____   Date: ____3/3/16____