

The Medical Advisory Committee

Meeting Minutes October 31st 2013

PHECC Office, Naas, Co. Kildare

**Present**

Niamh Collins (Vice Chair)

Gerry Kerr

Valerie Small

Thomas Keane

Peter O'Connor

Jack Collins

Macartan Hughes

Cathal O'Donnell

David Hennelly

Shane Knox

Martin O'Reilly

David Menzies

Joseph Mooney

Declan Lonergan

Sean Walsh

Rory Previtt

David O'Connor

Shane Mooney

Thomas Keane

**Apologies**

Seamus Clarke

Seamus McAllister

David McManus

Derek Rooney

Dave Irwin

Mick Molloy (Chair)

Stephen Cusack

Ken O'Dwyer

**In Attendance**

Brian Power

Deirdre Borland

Niamh Cummins

George Little

Jonah Roche

**1. Chair's business**

Brian Power informed the Committee that Mick Molloy was unable to attend this meeting and Brian had requested Niamh Collins to act as chair for this occasion. The acting Chair welcomed the assembled members to the meeting and acknowledged apologies received. Cathal O'Donnell proposed that the vice chair position be filled and recommended Niamh Collins.

**Resolution:** The Medical Advisory Committee nominates Niamh Collins as Vice Chair of MAC.

**Proposed:** Cathal O'Donnell

**Seconded:** Valerie Small

Carried without dissent

**2. Draft Meeting Report – 27th Sept 2013**

**Resolution:** That the minutes from the Medical Advisory Committee meeting held on the 27<sup>th</sup> September 2013 be agreed.

**Proposed:** Dave Menzies

**Seconded:** Jack Collins

Carried without dissent

### 3. C.P.R. University of Limerick

Dr Niamh Cummins from the Centre for Pre-hospital Research at the University of Limerick gave a presentation on the Evidence Based Clinical Practice Guideline Project.

Shane Mooney asked if there are plans to make the usernames on the forum identifiable. Niamh Cummins said that this project will be an evolving one and all elements of the project can be revisited. The Vice Chair congratulated the work of CPR in Limerick on this very valuable work.

### 4. Garda Tactical Emergency Medical Services (TEMS)

Detective Garda Jonah Roche gave a brief presentation on the proposed Garda Tactical Emergency Medical Services (TEMS) seeking the expanding of the scope of practice from their current level sighting various cases where the Garda members have been vulnerable due to the hostile environment in which they work and restrictions of the scope of practice at EMT level to which they are trained. He sought the committees support to expand the TEMS scope of practice under specific conditions and under medical direction. Dr George Little who is supporting the proposal as the Medical Director then answered questions on the concept of TEMS in Ireland.

Gerry Kerr informed the committee of the commonality between the Defence Forces and An Garda Síochána. Valerie Small, Chair of the Education and Standards Committee informed the committee that a Standard is current at committee level to take into account the military's needs.

Cathal O'Donnell expressed a concern of how the skills outlined would be maintained due to low usage. Sean Walsh asked why an EMS integration module, as in other countries was not considered. Dr Little and Garda Roche outlined that discussions with the HSE NAS had indicated that they could not guarantee AP availability at short notice or for long duration operations. A draft outline of the Tactical Emergency Response structure including a medication and skills matrix was tabled for the committee's attention by Brian Power.

**Resolution:** That the Medical Advisory Committee recommends in principle to Council the development of a Tactical Emergency Care Standard for Ireland.

**Proposed:** Cathal O'Donnell

**Seconded:** David Menizes

Carried without dissent

## 5. CPGs

### 5.1 Post Resuscitation Care – Adult

Macartan Hughes asked should a target temperature be specified. David Menzies specified that the target of 32°C to 34°C should be specified. Declan Lonergan questioned the inclusion of transport quietly and smoothly. The assembled members agreed that this should be removed. The Vice Chair raised a concern regarding potential confusion caused by the V Tachy box. Dave Hennelly suggested that the focus should be on the Symptomatic Arrhythmia, where consider amiodarone should be flagged. It was agreed to remove reference to time scale and leave it at consider Amidarone.



**Resolution:** That the Medical Advisory Committee recommends to Council approval of CPG 3.3.4.1 Post Resuscitation Care – Adult subject to the agreed changes.

**Proposed:** Dave Hennelly

**Seconded:** Macartan Hughes

Carried without dissent

## 5.2 Asthma - Adult EFR

Brian Power explained that following approval of the Asthma CPG at the last meeting he identified a gap at the ERF level and introduced CPG 3.3.4 Asthma – Adult for consideration. Sean Walsh questioned if this CPG was restrictive by indicting only 2 puffs of Salbutamol. The Vice Chair suggested that at the reassess box, repeat to a maximum of 10 puffs of Salbutamol if no improvement be specified.

Sean Walsh indicated that for paediatric  $\leq 6$  years old should get up to 6 puffs of Salbutamol,  $>6$  years old up to ten puffs of Salbutamol.

**Resolution:** That the Medical Advisory Committee recommends to Council approval of CPG 3.3.4 Asthma – Adult subject to the agreed changes.

**Proposed:** Macartan Hughes **Seconded:** Joe Mooney

Carried without dissent

**Resolution:** That the Medical Advisory Committee recommends to Council approval of the amendment of all Asthma – Paediatric CPGs with the increased dose of Salbutamol as agreed.

**Proposed:** Sean Walsh

**Seconded:** Declan Lonergan

Carried without dissent

## 5.3 Heat Related Emergency – Adult

Brian Power introduced CPG 4/5/6.6.10 Heat Related Emergency – Adult. Shane Knox questioned the inclusion of “recovery position”. It was agreed to remove this reference. The Vice Chair requested the inclusion of glucose check for all. The order of the boxes is to be changed to - SpO<sub>2</sub> monitoring prior to elevate limbs. It was suggested that amendments be made and it be returned to MAC for further deliberation.

## 5.4 Heat Related Emergency – Paediatric

Sean Walsh questioned the necessity for this CPG. He indicated that he never has experienced a case of this and expressed a concern that this CPG may lead to infections being mistreated a Heat Related Emergencies. It was agreed that this CPG not be progressed.



### 5.5 Pyrexia – Paediatric

Sean Walsh stressed the importance of giving paracetamol for reducing the temperature and giving a sense of wellbeing to the child. He said that paracetamol will not prevent convulsion it is given to control their basal metabolic rate. The Vice Chair asked that “collapse” be removed. And child with elevated temperature be a starting point. Sean Walsh asked that an arm be included of pyrexia caused by environmental conditions. The Vice Chair questioned the current does of PR paracetamol. Sean Walsh suggested < 1 year should be 90 mg and that paracetamol should not be given to patients less than one month old. He also asked that the SIRS table be removed and included in the septic shock CPG. He asked that the ‘give fluids box’ be removed and that query severe septic shock should direct to the appropriate CPG. Shane Knox questioned the inclusion of “if the patient is unwell consider ALS”, the vice chair suggested moving this to the sepsis CPG. The amendments will be carried out and the CPG will be returned to MAC for further deliberation.

### 5.6 Sickle Cell Crisis

Brian Power introduced these new CPGs which will go through a Delphi process. Sean Walsh welcomed the development of this - particularly for Paediatric, he gave a brief account of the presentation of the disease. Gerry Kerr asked that if aspirin should be listed as a contraindication sighting a link between g6pd deficiency and sickle cell, it was agreed to verify this with a haematologist.

A discussion ensued regarding the paediatric Sickle Cell Crisis. Sean Walsh asked that dextrose be removed as a choice of fluids, that if encourage oral fluids is unsuccessful saline 10 mL/kg should be administered. He also asked that thought be given to the rate of fluid infusion. The Vice Chair asked that check temperature be included. Shane Mooney suggested that the entonox box be removed.

Both the adult and paediatric Sickle Cell CPGs will be reviewed via a Delphi process.

### 5.7 Acute Pulmonary Oedema - Adult

Dave Hennelly gave a brief presentation on Non Invasive Positive Pressure Ventilation. Niamh Cummins provided an account of the evidence on NIPPV. The Vice Chair asked the committee to decide if the clinical evidence deemed it worthy for MAC to recommend the inclusion of CPAP on the skills matrix. Gerry Kerr stresses the importance of giving the practitioner every opportunity to treat and alleviate the stresses of the condition rather than simply transporting the patient. Macartan Hughes said that CPAP would be useful in light of the restructuring of the country’s Emergencies Departments. Shane Knox asked that the guidelines for use of CPAP in pre-hospital settings in other jurisdictions be examined. On balance the committee agreed that the introduction of Non Invasive Positive ventilation using CPAP or BPAP into Irish EMS was appropriate and recommended its inclusion on the CPGs.



## 6 Ticagrelor Medication Formulary Insertion

An email from Brian Power to Prof Kieran Daly regarding queries raised at the last MAG meeting in relation the administration of Ticagrelor was included in the meeting papers.

Prof Daly indicated the following in reply to;

Q 1. Is 'Combination with strong CYP3A4 inhibitors such as ketoconazole, clarithromycin, nefazodone, ritonavir and atazanavir' an absolute contraindication in the STEMI context?

*No. Ticagrelor can be given and the decision re continuation of Ticagrelor / antibiotic etc can be made after the intervention/PPCI*

Q 2. If a GP has administered a loading dose of Clopidogrel prior to the ambulance arrival, should Ticagrelor be administered also?

*No. If patient has already been loaded with Plavix then no further anti-platelet other than Aspirin should be given*

Rory Prevett raised the issue of Beaumont Hospital listing Bradycardia as an absolute contraindication for the administration of Ticagrelor. It was decided to seek further advice from Prof. Daly amend the medication-formulary on his advice.

Resolution: That the medical Advisory Committee recommends to Council the addition of Ticagrelor to the medication formulary, subject to the changes agreed and advise from Prof. Daly on Bradycardia as a contradiction

Proposed: David Hennely

Seconded: Shane Knox

## 7 Practitioner queries re CPGs and medications

### 7.1 End of Life DNR clarification

Martin O'Reilly submitted a request for clarification regarding "recent and reliable evidence" on the DNR CPG this resulted in a clarification paper being included in the meeting papers. Samples of DNAR forms from various jurisdictions were included in the meeting papers for the committee's attention. The Vice Chair asked that this item be deferred until a future meeting as the Palliative Care Programme have recently published a report which the committee should consider.

### 7.2 Adrenal Crisis

An email from a member of the public seeking the development of a CPG to cater for the administration of hydrocortisone to patients in adrenal crisis was included in the meeting papers. The Vice Chair questioned if this could be catered for via seeking medical direction. Brian Power suggested that medical direction should only be used when going outside the CPGs or an unusual



presentation is encountered; He queried whether Ireland wants to go the US route of medical direction for everything. He will draft a CPG for future consideration.

### 7.3 Humidified O2

An email from Martin O'Reilly seeking the addition to the medication formulary of NaCl as a means to humidify oxygen for cases of stridor and respiratory distress post inhalation burn, was included in the meeting papers.

**Resolution:** That the Medical Advisory Committee recommends to Council the inclusion of NaCl as a means to humidify oxygen for stridor/respiratory distress post inhalation burn to the medication formulary.

**Proposed:** Macartan Hughes

**Seconded:** Declan Lonergan

Carried without dissent

### 7.4 Non traumatic back pain

An email from a Practitioner seeking the inclusion of Midazolam as a treatment option for severe muscle spasm was included in the meeting papers. The Chair expressed a concern regarding respiratory problems and over use. It was agreed that medical oversight should still be sought.

### 7.5 Secondary post partum haemorrhage

An email from a practitioner seeking clarification regarding the administration of syntometrine in cases of secondary postpartum haemorrhage was included in the meeting papers. It was agreed that syntometrine was indicated for primary post-partum haemorrhage only and that medical oversight for significant secondary post-partum haemorrhage should be sought.

### 7.6 Tachycardia CPG

A draft Tachycardia (adult and paediatric) CPG drafted by Damien Gaumont was included in the meeting papers for the committee's attention. It was suggested that a CPG be drafted for future consideration.

### 7.7 Right sided ECG and GTN

An email from a practitioner regarding the appropriateness of administering GTN to patients with an inferior infarct was included in the meeting papers. The Chair acknowledged that right sided ECG is difficult to interpret even in a hospital environment and allowances should be made for the difficulties that a practitioner would face in the ground. Rory Previtt stressed that there is the aptitude and ability for practitioners to learn this assessment skill. Macartan Hughes outlined that NAS



paramedics and Advanced Paramedics are thought right sided ECG acquisition as part of their upskilling. The Vice Chair acknowledged the need for further education and training in the field of Right Sided ECGs.

#### 7.8 Tranexamic acid

An email from Dr. David Janes seeking the consideration of MAC to include the use of tranexamic acid in pre-hospital care for severe trauma patients to reduce deaths from haemorrhage was included in the meeting papers. Brian Power informed the committee that this was included in the draft Medicinal Products 7<sup>th</sup> Schedule, unfortunately the Chief Pharmacist has left the Department and there is no indication of when she will be replaced. David Hennelly informed the Committee that Dr Damien Ryan of C.P.R. Limerick are currently conducting research on tranexamic acid. There was widespread support for its inclusion on a CPG from the committee. Brian Power outlined that an interim directive could be introduced if the 7<sup>th</sup> schedule is not updated.

#### 8 Briefing from Sepsis CPG sub group

Brian Power informed the committee that the sub-group have had their inaugural meeting prior to the MAC meeting that morning. They have outlined a work schedule and will continue to report back to the MAC.

#### 9 KPI Update

Brian Power informed the committee that the review process is complete and that we are awaiting the final report from the KPI committee.

#### 10 A.O.B

Brian Power tabled an email from Dr John Dowling seeking the reintroduction of clopidogrel to the ACS CPG to cater for Thrombolysis by Medical Practitioners. He had sought clarification from Prof Daly on this matter. As thrombolysis is no longer being administered by APs, the CPG should reflect this and ring-fence it for medical practitioners only.

**Proposal:** That the Medical Advisory Committee recommends to council an updated ACS CPG with thrombolysis ring fenced for Medical Practitioners only with clopidogrel as the anti-platelet agent of choice.

**Proposer:** Macartan Hughes

**Seconded:** Shane Knox

The next Medical Advisory Committee meeting will be held on Thursday 28<sup>th</sup> November at 10:00.

Signed: Niamh Collins

Date: 28/11/13