

Clinical Advisory Subcommittee of the Emergency Medical Care Committee



Meeting Agenda

10:15 A.M. Thursday, October 19th, 2023

Location: SLOEMSA Conference Room

2995 McMillan Ave, Ste 178

San Luis Obispo, CA 93401

Members

CHAIR: Dr. Stefan Teitge, *County Medical Society*
 Dr. Heidi Hutchinson, *ED Physician Tenet*
 Dr. Kyle Kelson, *ED Physician Tenet*
 Dr. Lucas Karaelias, *ED Physician Dignity*
 Diane Burkey, *MICNs*
 Rob Jenkins, *Fire Service Paramedics*
 Nate Otter, *Ambulance Paramedics*
 Paul Quinlan, *Fire Service EMTs*
 Lisa Epps, *Air Ambulance*
 Jeffrey Hagins, *Air Ambulance*
 Arneil Rodriguez, *Ambulance EMTs*
 Casey Hidle, *Lead Field Training Officer*
 Tim Benes, *Medical Director Appointee*

Staff

STAFF LIAISON: David Goss, *EMS Coordinator*
 Vince Pierucci, *EMS Division Director*
 Dr. William Mulkerin, *Medical Director*
 Ryan Rosander, *EMS Coordinator*
 Rachel Oakley, *EMS Coordinator*
 Sara Schwall, *EMS Admin Assistant III*

AGENDA	ITEM	LEAD
Call to Order	Introductions	Dr. Teitge
	Public Comment	
Summary Notes	Review of Summary Notes August 17th	
Discussion	Introduction of Ketamine: <ul style="list-style-type: none"> Ketamine Formulary Revised Protocol #603: Pain Management 	David
Adjourn	Declaration of Future Agenda Items <ul style="list-style-type: none"> Roundtable on Future Agenda Items 	Dr. Teitge
	Next meeting date – Thursday December 21st, 2023 1015 hrs – EMSA Conference Room 2995 McMillan Ave. Suite 178 San Luis Obispo, CA 93401	

Clinical Advisory Subcommittee of the Emergency Medical Care Committee



Meeting Minutes

10:15 A.M., Thursday August 17, 2023

SLO EMSA Conference Room

2995 McMillan Ave., Ste. 178, San Luis Obispo

Members

- CHAIR: Dr. Stefan Teitge, *County Medical Society, ED Physician Dignity*
- Dr. Heidi Hutchinson, *ED Physician Tenet*
- Dr. Kyle Kelson, *ED Physician Tenet*
- Dr. Lucas Karaelias, *ED Physician Dignity*
- Lisa Epps – *Air Ambulance*
- Jeffrey Hagins – *Air Ambulance*
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- Nate Otter, *Ambulance Paramedics*
- Arneil Rodriguez, *Ambulance EMTs*
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Staff

- STAFF LIAISON: David Goss, *EMS Coordinator*
- Vince Pierucci, *EMS Division Director*
- William Mulkerin, MD, *Medical Director*
- Ryan Rosander, *EMS Coordinator*
- Rachel Oakley, *EMS Coordinator*
- Sara Schwall, *EMS Admin Assistant III*

AGENDA	ITEM	LEAD
Call to Order 1018	<p>Introductions</p> <p>Public Comment – No public comment</p>	Dr. Teitge
Summary Notes	No Additions – R. Jenkins motions, S. Teitge 2nds, Finalized	
Discussion	<p>Introduction of Amiodarone</p> <ul style="list-style-type: none"> - Effects policies 641 and 643 - Amiodarone is a class III antiarrhythmic and is a preferred medication is advanced cardiac life support. - The dosage is fixes instead of weight based. - Lidocaine may be used as a backup if amiodarone is out of stock. <p>Discussion</p> <ul style="list-style-type: none"> - Discussed need for options for opioid dependent patients. - R. Jenkins suggests adding base contact into procedure. - N. Otter suggests macro drip portion for calculating 10 and 15 drop tubing. <p>Motion to approve addition of Amiodarone with amendments. R. Jenkins motions. H. Hutchinson 2nds. All present in favor</p> <p>Future Agenda Items: Dual sequential defibrillation vs. vector change; pain control (i.e. Ketamine, Tylenol); elective scope policy (Narcan, CPAP, blood glucose)</p>	David Goss

Adjourned – 1048	Next meeting date – Thursday, October 19 th , 2023, 1015 a.m. SLO EMSA Conference Room	Dr. Teitge
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DRAFT



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

PUBLIC HEALTH DEPARTMENT

Penny Borenstein, MD, MPH *Health Officer/Public Health Director*

MEETING DATE	October 19 th , 2023
STAFF CONTACT	David Goss, EMS Coordinator 805.788.2514 dgoss@co.slo.ca.us
SUBJECT	Addition of Amiodarone
SUMMARY	<p>In the effort to expand our current toolbox of pain medications for our county's patients, efforts were made to investigate and develop a LOSOP for Ketamine in San Luis Obispo County. Due to the emergence of COVID-19, these efforts were paused. With the State of California in the process of adding Ketamine to ALS basic scope of practice, SLOEMSA is wanting to renew efforts to add Ketamine to SLOEMSA's protocols and formulary.</p> <p>Following adoption, Ketamine would be sent to the Operations Subcommittee for review and subsequently to EMCC for Adoption. Potential implementation date would be July 1st, 2024 with training occurring during the 2024 SLOEMSA Update Class.</p>
REVIEWED BY	Vince Pierucci, Dr. William Mulkerin, SLOEMSA Staff
RECOMMENDED ACTION(S)	Recommended Ketamine for adoption by CAC and move to Operations Agenda
ATTACHMENT(S)	CAC PowerPoint Presentation, Ketamine Formulary

Emergency Medical Services

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www.slocounty.ca.gov/ems



Clinical Advisory Subcommittee

OCTOBER 19TH, 2023

SLOEMSA Addition of Ketamine

- ▶ Interested in adding Ketamine to SLOEMSA protocols. This would affect the following protocols:
 - ▶ Protocol #603: Pain Management
- ▶ Formulary Addition
 - ▶ Ketamine Formulary



Ketamine

- ▶ Non-Opioid Analgesic
- ▶ Would be indicated for moderate to severe pain due to:
 - ▶ Multisystem trauma with head, thoracic, or abdominal injuries
 - ▶ Pain with the presence of hypotension (SBP \leq 90), or impaired respirations.
 - ▶ Significant extremity trauma, dislocations, or burns refractory to fentanyl or when fentanyl is contraindicated.
 - ▶ Pain management for patients addicted to opioids (with base hospital order)
- ▶ Would be contraindicated for:
 - ▶ Conditions where an increase in BP would be hazardous
 - ▶ Hypersensitivity
 - ▶ Known Hx of Schizophrenia
 - ▶ Acute Coronary Syndrome

Ketamine Hydrochloride (Ketalar®)

Classification:	Nonopioid Analgesic (sub-dissociative doses)
Actions:	In sub-dissociative doses, provides analgesia by non-competitively blocking NMDA receptors to reduce glutamate release and by binding to sigma-opioid receptors.
Indications:	Moderate to Severe pain due to: <ol style="list-style-type: none">1. Multisystem trauma with head, thoracic, or abdominal injuries.2. Pain with the presence of hypotension (SBP $<$90 mmHg), or impaired respirations.3. Significant extremity trauma, dislocations, or burns:<ol style="list-style-type: none">a. Refractory to fentanylb. When fentanyl is contraindicated (see notes)4. Pain management <u>substitute</u> for patients addicted to narcotics (with base hospital order).
Contraindications:	<ol style="list-style-type: none">1. Conditions in which an increase in blood pressure would be hazardous (see notes)2. Hypersensitivity3. Known history of schizophrenia4. Acute Coronary Syndrome
Precautions:	<ol style="list-style-type: none">1. History of severe <u>Coronary Artery Disease</u>

Ketamine Dosage and Adverse Effects

Administration:

ADULT DOSE

Pain Management

1. 0.3 mg/kg (max of 30mg) in 100ml Normal Saline, administer over 10 minutes one time dose.

PEDIATRIC DOSE

*****Ketamine usage is not allowed for pediatric patients (<34kg)*****

Adverse Effects:

>10%

Cardiovascular: Tachycardia, hypertension, increase in cardiac output

Neurological: Dizziness, Tonic-Clonic Movement (non-seizure)

1-10%

Cardiovascular: Bradycardia, hypotension

Neurologic: Dysphoria, partial dissociation, nystagmus

<1%

Anaphylaxis, arrhythmia, hypersalivation, hypertonia, laryngospasm*, respiratory depression/apnea, dysuria

Why?

- ▶ Ketamine is utilized by 53% of LEMSAs across the State of California. Multiple other counties across the State are looking to add Ketamine following adoption into basic scope.
- ▶ A non-opioid pain medication is needed in the County of San Luis Obispo. Additionally, this is a way to expand what ALS providers are able to use outside of fentanyl for pain control.
- ▶ Pain medication alternative to fentanyl is needed for patients experiencing multisystem trauma or pain in the presence of hypotension.

LEMSA	Ketamine Usage
Alameda	x
Central California	
Coastal Valleys	x
Contra Costa	x
El Dorado	x
Imperial	
Inland	x
Kern	x
Los Angeles	
Marin	
Merced	x
Monterrey	x
Mountain Valley	x
Napa	
North Coast	x
NorCal	x
Orange	
Riverside	x
Sacramento	x
San Benito	
San Diego	x
San Francisco	
San Joaquin	
San Luis Obispo	
San Mateo	
Santa Barbara	x
Santa Clara	
Santa Cruz	
Sierra Sac	x
Solano	
Stanislaus	x
Tuolumne	
Ventura	
Yolo	x

Ketamine Formulary

County of San Luis Obispo Public Health Department
Division: Emergency Medical Services Agency

Ketamine (Ketalar®)
Effective Date: xx/xx/xxxx

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Classification:	Nonopioid Analgesic (sub-dissociative doses)
Actions:	In sub-dissociative doses, provides analgesia by non-competitively blocking NMDA receptors to reduce glutamate release and by binding to sigma-opioid receptors.
Indications:	Moderate to Severe pain due to: <ol style="list-style-type: none">Multisystem trauma with head, thoracic, or abdominal injuries.Pain with the presence of hypotension (SBP <90 mmHg), or impaired respirations.Significant extremity trauma, dislocations, or burns:<ol style="list-style-type: none">Refractory to fentanylWhen fentanyl is contraindicated (see notes)Pain management substitute for patients addicted to narcotics (with base hospital order).
Contraindications:	<ol style="list-style-type: none">Conditions in which an increase in blood pressure would be hazardous (see notes)HypersensitivityKnown history of schizophreniaAcute Coronary Syndrome
Precautions:	<ol style="list-style-type: none">History of severe Coronary Artery Disease
Adverse Effects:	<p>>10% Cardiovascular: Tachycardia, hypertension, increase in cardiac output Neurological: Dizziness, Tonic-Clonic Movement (non-seizure)</p> <p>1-10% Cardiovascular: Bradycardia, hypotension Neurologic: Dysphoria, partial dissociation, nystagmus</p> <p><1% Anaphylaxis, arrhythmia, hypersalivation, hypertonia, laryngospasm*, respiratory depression/apnea, dysuria</p>
Administration:	ADULT DOSE Pain Management <ol style="list-style-type: none">0.3 mg/kg (max of 30mg) in 100ml Normal Saline, administer over 10 minutes one time dose.

MIDAZOLAM (Versed®)

Page 2 of 2

PEDIATRIC DOSE

Ketamine usage is not allowed for pediatric patients (<34kg)

Onset: IV onset 30-60 seconds, peak in less than 5 minutes.

Duration: Distribution half-life: 15 minutes
Duration of analgesia: 20-45 minutes

Notes:

- Risk of adverse neurological events is decreased with sub-dissociative doses and SLOW rate of administration.
- Mix adult dose of ketamine in 100ml bags of normal saline.
- Ketamine may cause a slight increase in blood pressure and shall be avoided in hypertensive emergencies, dissecting aneurysms, hypertensive heart failure, and acute coronary syndrome.
- Ketamine should be considered as first line analgesic agent when fentanyl is contraindicated due to hypotension, pathology or injury inhibiting respiration, evidence of hypovolemic/hemorrhagic shock, or multisystem trauma with high potential for internal hemorrhage.
- Ketamine may be considered as preferable to fentanyl for patients that may have opioid tolerance due to habituation or addiction, and in patients where fentanyl use has other significant precautions.
- Ketamine is a potent anesthetic and dissociative agent in higher doses and is associated with higher incident of significant adverse effects. This is **NOT** an approved use for prehospital care in the County of San Luis Obispo.

Protocol #603: Pain Management

County of San Luis Obispo Public Health Department
Division: Emergency Medical Services Agency

Protocol #603
Effective Date: 03/01/2022

PAIN MANAGEMENT	
ADULT	PEDIATRIC (<34 kg)
BLS	
<ul style="list-style-type: none"> Universal Protocol #601 Pulse Oximetry <ul style="list-style-type: none"> O₂ administration per Airway Management Protocol #602 Medical (non-cardiac) <ul style="list-style-type: none"> Position of comfort Nothing by mouth Cardiac chest pain – Chest Pain/Acute Coronary Syndrome Protocol #640 Trauma – General Trauma Protocol #660 <ul style="list-style-type: none"> Splint, ice, elevate as indicated 	<ul style="list-style-type: none"> Universal Protocol #601 All causes of pain - consider age/situation appropriate distraction techniques <ul style="list-style-type: none"> Video Viewing Calm environment Caregiver support Medical <ul style="list-style-type: none"> Position of comfort Nothing by mouth Otherwise, same as adult
ALS Standing Orders	
<p>MODERATE or SEVERE PAIN Acute Pain – SBP ≥ 90 mmHg, unimpaired respirations, GCS normal for baseline:</p> <ul style="list-style-type: none"> Fentanyl 50-100 mcg SLOW IV (over 1 min.), may repeat after 5 min. if needed (not to exceed 200 mcg total) <p>IF DIFFICULTY OBTAINING IV</p> <ul style="list-style-type: none"> Fentanyl 50-100 mcg IM/IN (use 1 mcg/kg as guideline), may repeat after 15 min. if needed (not to exceed 200 mcg total) <p>Acute Pain – SBP < 90mmHg, multisystem trauma with head/thoracic/abdominal injuries, significant extremity trauma refractory to contraindicated to fentanyl:</p> <ul style="list-style-type: none"> Ketamine 0.3mg/kg (max of 30mg) in 100ml Normal Saline, administer over 10 minutes one time dose. 	<p>MODERATE or SEVERE PAIN (use age appropriate indicators) Acute Pain – BP > age-based min., unimpaired respirations, GCS normal for age:</p> <ul style="list-style-type: none"> Fentanyl 1.5 mcg/kg IN (split between nares) Fentanyl 1 mcg/kg 1M (IN and 1M routes) may repeat after 15 min. if needed (not to exceed 4 doses) <p>IF IV ALREADY ESTABLISHED</p> <ul style="list-style-type: none"> Fentanyl 1 mcg/kg SLOW IV (over 1 min), may repeat after 5 min. if needed (not to exceed 4 doses)
Base Hospital Orders Only	
<ul style="list-style-type: none"> Fentanyl administration with <ul style="list-style-type: none"> ALOC SBP ≥ 90 mmHg Chronic pain Additional doses of Fentanyl Ketamine administration for patients with an opioid tolerance or for patients where fentanyl use has significant precautions. As needed 	<ul style="list-style-type: none"> Same as adult As needed

County of San Luis Obispo Public Health Department
Division: Emergency Medical Services Agency

Protocol #603
Effective Date: 03/01/2022

Notes
<ul style="list-style-type: none"> Consider doses of Fentanyl 25 mcg for initial dose in elderly (>65 y/o) and for maintenance doses Request orders, as appropriate, for obviously painful conditions not covered by standing orders Use clinical judgement if patient has difficulty using pain scale, or their reported pain is inconsistent with clinical impression <ul style="list-style-type: none"> Consider using FACES scale in adults with barriers to communication (below) Non-pharmacologic interventions should be provided concurrently or prior to medication administration Do not withhold appropriate pain medication due to short transport times Strongly consider initiating pain management on scene if movement is expected to be painful for patient (unless unstable condition requires rapid transport). Risk of adverse neurological events with Ketamine use is decreased with sub-dissociative doses and SLOW rate of administration. Ketamine may cause a slight increase in blood pressure and shall be avoided in hypertensive emergencies, dissecting aneurysms, hypertensive heart failure, and acute coronary syndrome. Ketamine is a potent anesthetic and dissociative agent in higher doses and is associated with higher incidents of significant adverse effects. This is NOT an approved use for prehospital care in the County of San Luis Obispo. Ketamine may be considered as preferable to fentanyl for patients that may have opioid tolerance due to habituation or addiction, and in patients where fentanyl use has other significant precautions. Ketamine should be considered as first line analgesic agent when fentanyl is contraindicated due to hypotension, pathology, or injury inhibiting respiration, evidence of hypovolemic/hemorrhagic shock, or multisystem trauma with high potential for internal hemorrhage. Ketamine administration to pediatric patients is NOT approved for use in the County of San Luis Obispo.

Questions/Discussion

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 - b. When fentanyl is contraindicated (see notes)
 4. Pain management substitute for patients addicted to narcotics (with base hospital order).
- Contraindications:**
1. Conditions in which an increase in blood pressure would be hazardous (see notes)
 2. Hypersensitivity
 3. Known history of schizophrenia
 4. Acute Coronary Syndrome
- Precautions:**
1. History of severe Coronary Artery Disease
- Adverse Effects:**
- >10%
- Cardiovascular:** Tachycardia, hypertension, increase in cardiac output
Neurological: Dizziness, Tonic-Clonic Movement (non-seizure)
- 1-10%
- Cardiovascular:** Bradycardia, hypotension
Neurologic: Dysphoria, partial dissociation, nystagmus
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- Administration:** **ADULT DOSE**
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ALS Standing Orders	
<p style="text-align: center;">MODERATE or SEVERE PAIN</p> <p>Acute Pain – SBP ≥ 90 mmHg, unimpaired respirations, GCS normal for baseline:</p> <ul style="list-style-type: none"> • Fentanyl 50-100 mcg SLOW IV (over 1 min.), may repeat after 5 min. if needed (not to exceed 200 mcg total) <p style="text-align: center;">IF DIFFICULTY OBTAINING IV</p> <ul style="list-style-type: none"> • Fentanyl 50-100 mcg IM/IN (use 1 mcg/kg as guideline), may repeat after 15 min. if needed (not to exceed 200 mcg total) <p>Acute Pain – SBP < 90mmHg, multisystem trauma with head/thoracic/abdominal injuries, significant extremity trauma refractory to contraindicated to fentanyl:</p> <ul style="list-style-type: none"> • Ketamine 0.3mg/kg (max of 30mg) in 100ml Normal Saline, administer over 10 minutes one time dose. 	<p style="text-align: center;">MODERATE or SEVERE PAIN</p> <p style="text-align: center;">(Use age-appropriate indicators)</p> <p>Acute Pain – BP > age-based min., unimpaired respirations, GCS normal for age:</p> <ul style="list-style-type: none"> • Fentanyl 1.5 mcg/kg IN (split between nares) • Fentanyl 1 mcg/kg 1M • (IN and 1M routes) may repeat after 15 min. if needed (not to exceed 4 doses) <p style="text-align: center;">IF IV ALREADY ESTABLISHED</p> <ul style="list-style-type: none"> • Fentanyl 1 mcg/kg SLOW IV (over 1 min), may repeat after 5 min. if needed (not to exceed 4 doses)
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Notes

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- Request orders, as appropriate, for obviously painful conditions not covered by standing orders.
- Use clinical judgement if a patient has difficulty using pain scale, or their reported pain is inconsistent with clinical impression.
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- Do not withhold appropriate pain medication due to short transport times.
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