Clinical Advisory Subcommitteeof the Emergency Medical Care Committee

Meeting Minutes 10:15 A.M., Tuesday October 12, 2021



Via Z

Members	□ Paul Quinlan, Fire Service EMTs
⊠CHAIR: Dr. Stefan Teitge, County Medical Society,	
ED Physician Dignity	Staff
☐ Dr. Brad Knox, ED Physician Tenet	STAFF LIAISON: Kyle Parker, EMS Coordinator
☐ Dr. Kyle Kelson, ED Physician Tenet	
☐ Dr. Lucas Karaelias, ED Physician Dignity	□ Tom Ronay, Medical Director
☑ Lisa Epps – <i>Air Ambulance</i>	
□ Luke Riley – Air Ambulance	☐ Rachel Oakley, <i>EMS Coordinator</i>
☐ Rob Jenkins, Fire Service Paramedics	
☐ Arneil Rodriguez, <i>Ambulance EMT</i> s	
☐ Casey Hidle, Lead Field Training Officer	
☐ Tim Benes. Medical Director Appointee	

AGENDA	ITEM	LEAD
Call to Order 1015	Introductions	Dr. Teitge
	Public Comment – No public comment	
Summary Notes	None	
Discussion	Review of SLO County Protocols: Universal Protocol #601: Group suggests no changes. Airway Management Protocol #602: No active issues. Deferred for further study and input. Supraglottic Airway Devices: K. Parker: SGA added as an EMT-P Basic scope of practice as of 6/1/2021. In the process of getting other LEMSA's data and creating spreadsheet. Dr. Ronay: States EMSA is collecting data from LEMSA's who use SGA's – Current gold standard airway in San Luis Obispo County is ETI. M. Groves: According to QI data current ETI, 8 out of 9 success rates in 1st quarter. K. Parker: Comments? L. Riley (MA34) – Carries King Airway. Can pull data if necessary. Using a Laryngoscope blade to displace tongue when using SGA, to assure good placement.	No Quorum was present; thus no recommendation is presented

Helicopter Call Dr. Ronay: Reviewed past use of EOA/EGTA by EMT-P's. ETI is Review: gold standard. Many exploring use of SGA as rescue airway. Currently, not a blind insertion to achieve good placement as found in several agencies using SGA. L. Riley (MA34): Has had 5 airway calls on 1st quarter. M. Groves: Reports reviewed 5 scene and IFT calls with CAC. Two attempts on one case due to aspirations. No SGA uses. L. Riley (MA34): Further explains details of 5 calls. Met time and need. All used ETI and 1 RSI. ADD on item: N. Otter: Requests that we look into the pacing policy. Fixed vs. **New Bradycardia** Demand. Zohl brand defaults to demand. and TCP Policy: K. Parker: Will look further into this. Concerned that the fixed mode on the Zohl machine reads artifact. We would like to keep the fixed rate at 80 for at least 1 year, as this is a new procedure to the county. Dr. Ronay: Reviewed that perfusion when paced is function of: rate set and energy level to obtain adequate perfusion. Requested member physician and stroke center input. Acknowledges no TCP uses since this began on October 1, 2021. Dr. Teitge: Demand vs fixed rate doesn't matter. This is an extremis patient. Many pacers are using 80 bpm as baseline to overdrive below that. Doesn't matter one way or the other, as rate must be set to obtain adequate perfusion. Dr. Ronay: These are mostly ROSC patients; these are fragile patients. We will need to continue studying and possibly take to STEMI Committee, as they are likely to receive these patients. Dr. Teitge: We can consider following what other counties are doing. Can review STEMI Center use and procedure. Will consult with STEMI Center. Dr. Ronay: Kyle will do research. Solicited input from M34 (Epps/Riley) on their use for IFT/Field use. L. Riley: Only paced in hospital and on transports of transvenous pacers. Agree with artifact issue in ground and air environment. K. Parker: Pacing has not been used yet. Projecting about 5 to 10 per year. Dr. Ronay: Thanked all for preliminary input. Limited experience with TCP locally to date.

Further comments:

Dr. Tiege: Will explore TCP equipt and interoperability between field and ED. Input from STEMI Center as uses occur.

Adjourned - 1057

Next meeting date - December 14, 2021, 1015 a.m.