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GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
16 EDISON DRIVE  
AUGUSTA, MAINE  
04330

MICHAEL F. KELLY  
COMMISSIONER  
  
JAY BRADSHAW, EMT-P  
DIRECTOR

Medical Directions and Practice Board Meeting  
April 15, 1998  
MINUTES

Members present: Drs. Burton, Liebow, Stuchiner, Goth

Staff: J. Lebrun, D. Carroll, J. Regis, B. Montejo, J. Bradshaw.

Guests: W. Werts (Auburn Fire Dept.), S. Leach (Board of EMS)

Dr. Burton was asked to chair this meeting by Dr. Chagrasulis, who was unable to attend.

1. Minutes of the previous meeting were approved as distributed.

2. *Protocols: Definitions*

"Hospital Destination" choice -- discussion regarding southern Maine protocol. The consensus was that Southern Maine's protocol is OK under current protocols. MEMS protocols (Brown 2,4) OK as is.

"Fluid Challenge" -- modified to read "...Specifically, rapidly running a large bore IV until 300-500 ml of fluid has been administered...."

"IV" -- modified to read "...Recommended catheter size for rapid fluid resuscitation in adults is 14-18 gauge...."

"MDPB" means the Maine EMS Medical Directions and Practice Board which consists of the six Regional Medical Directors, a physician representative of the Maine Chapter of the American College of Emergency Physicians, and the state EMS Medical Director.

After considerable discussion regarding definitions for "Emergency Department" and "Other Appropriate Destination," consensus was not to add these definitions at this time; however, Dr. Goth expressed in interest in revisiting the discussion regarding a definition for "ED" at a later time.

Changes to the Brown section were approved per the attachment to these minutes.

3. *Protocol: Gray "General Reference"*

Gray 18 -- delete reference to 22 MRSA § 7230 (repealed).

#### *4. Biphasic Defibrillators*

Dr. Burton reported that he contacted a number of colleagues involved with the study on biphasic defibrillators that was distributed last month. Consensus was that although there is a lack of research and data regarding these devices, they appear to be at least as effective as the AEDs currently in use. Consensus of the group was to approve biphasic defibrillators for use by EMS personnel.

Follow-up action required in: Jay Bradshaw to include this information in a future Journal article and in a mailing to EMS service chiefs.

#### *5. Old Business*

Bill reminded the group that comments regarding the Regional Medical Director signature criteria for service license applications (previously distributed) are now due. The service re-engineering work group is continuing their work on the licensing process.

#### *6. Other*

Jay Bradshaw distributed a brochure about E-code training for non-medical records personnel that was being conducted Portland and Bangor.

Jay also announced that the annual EMS Week Awards ceremony was being conducted on Thursday, May 21, at 10:00 in the State House Hall of Flags. Governor King is scheduled to participate.

Informational item -- the City of Portland is initiating a "Bike Medic" program to be used during the special events this summer. This program is patterned after other such programs that have been initiated around the country.

Donnie Carroll talked about the enhanced EMT-I program they have been working to develop. Their intention is to have a program considered for statewide application. Southern Maine is gathering supporting data and will be making presentations at a future meeting. Southern Maine has also set out modifications to all non-intubating EMT's that they must identify themselves by June 30 if they have not been trained to use ET's and that they must complete ET training by September 1, 1998.

Dr. Burton read a letter that had been received from its coast EMS requesting MVP be to consider participating in programs at their fall conference on: Training for OLMC, and a dialog with Medical Control similar to the EMS Board "Town Meeting." Consensus was to make OLMC Training an agenda item for a future retreat and to support the "Town Meeting" program with Medical Control.

**Next meeting will be May 20th, at 9:30 a.m.**

Agenda items to include protocol review of the following sections: Blue (Goth), Red (Burton), and Gold (Liebow). For the June meeting, protocols reviewed will be: Green (Stuchiner), Yellow (Burton), Pink (TBA). Other protocols to be discussed/considered: stroke management, Terbutaline, Bretylium, and a statement about when to consider the use of a 12 lead EKG.