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GOVERNOR

STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
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COL. MALCOLM T. DOW  
ACTING COMMISSIONER

JAY BRADSHAW, EMT-P  
DIRECTOR

Medical Directions and Practice Board  
Meeting  
January 21, 1998

MINUTES

Members present: Drs. R. Chagrasulis, D. Stuchiner, P. Liebow, D. Boyink, J. Burton, P. Goth

Staff: J. Bradshaw, W. Montejo, D. Carroll

1. Minutes of December 17, 1998; reviewed and accepted.

2. Nu-Trake

DISCUSSION:

Current literature was reviewed. MDPB consensus was that the Nu-trake involves significant training issues for proper use, and significant potential exists for major complications. Therefore, Consensus was that the Nu-trake is not considered to be acceptable for field use.

Other devices exist which use needle cricothyrotomy technique to access surgical airway. These will be reviewed at the April meeting.

ACTION/ F/U :

Jay Bradshaw to send letter to regional offices and service chiefs with MDPB advisory opinion that the use of Nu-trake is not acceptable for pre-hospital care.

3. Aspirin

DISCUSSION:

Dr. Burton presented several articles pertaining to the use and dose of ASA for chest pain, acute MI. There does not seem to be significant difference in use of 160 vs. 320 mg. Therefore, the MDPB feels that there is no need to change current protocol (uses 160 mg), but when protocols are revised over next few months different wording could be entertained. In the meantime, regional variation could be undertaken if necessary.

Dr. Boyink relayed that his hospital is currently studying use of prehospital ASA under existing protocol.

ACTION/ F/U: No need for change in current protocol.

#### 4. Plan for Protocol Review

##### DISCUSSION:

Initial discussion about how to proceed with protocol review in future years. One suggestion was to do rolling type review on an ongoing basis. Another suggestion was to devote 2 months each year exclusively to protocol review. At this time, MDPB and MEMS staff will proceed to review current protocols over next several months. Future plan for protocol review yet to be decided.

##### ACTION/ F/U:

- 1) White (authorization for protocols), Purple (definitions), Brown (forward), Gray (general reference) to be reviewed and updated by MEMS staff. Review to be presented at next MDPB meeting. Previous MDPB discussion pertaining to Brown 4 "Hospital Destination Choice" to be incorporated into this review. Re-write will make clear that all unstable or potentially unstable patients are to be transported to the most accessible hospital. Trauma protocols (Green section) currently exist which outline transport to trauma system hospitals.
- 2) Red (cardiac), Gold (medical), Green (trauma), Yellow (toxins, hypo and hyperthermia), Pink (pediatrics), Blue (respiratory) to be reviewed on a rolling basis by MDPB over next few months.

#### 5. Use of Non-Formulary Drugs

##### DISCUSSION:

MEMS Rules list which specific drugs can be administered by pre-hospital personnel. In unusual cases, other drugs have been administered, depending upon their clinical circumstances, after the medical control physician has trained the paramedics and has assumed the responsibility for their action (e.g the need for maintenance subcutaneous insulin in a diabetic who was in need of a very long distance transport).

At this time, use of non-formulary drugs is not considered to be acceptable. However, the potential exists for a Rules change that would define circumstances in which medical control might be responsible for such an action. This would include training, QA, etc. and would only be for specific circumstances. Under statewide cred/recred/decred plan, "credentialling committee" might be involved.

##### ACTION/ F/U:

Table for future discussion re: potential of system/Rules change to allow the use of non-formulary drugs.

#### 6. Updates

A. CQI/ Data committee - to meet January 22. Dr. Stuchiner to represent MDPB.

B. Credentialling - operations team. Recredentialling - Tri County EMS piloting. Other regions should contact J. LeBrun at Tri County if they wish to pilot program. Long-term plan is to use experience with TCEMS and other regions in developing statewide template. Decredentialling - Next meeting planned for February 10, 0900 MEMS.

Next meeting March 18, 9:30 AM

Submitted,  
Rebecca Chagrasulis, MD FACEP