

## Privileged and Confidential Peer Review Information

### Minutes of the QI/SCTP meeting 03/26/08 @08:00 hrs (C-Shift)

@408 E. Marion St., Shelby, NC

---

#### Members Present:

##### A-Shift

Newport, Shelia

##### B-Shift

Childers, Ken  
Newton, Cris

##### C-Shift

Simonetti, Heidi  
Ramsey, Susan  
Decker, Ally

---

#### Members Absent

##### A-shift

Haskins, Andy  
Beaver, Gary  
Hamrick, Chris  
Wacaster, Alan  
(excused)

Jenkins, Louis  
(excused)

Dr. Sanchez, Ivan

##### B-Shift

McNeilly, Thomas  
Fincher, Jimmy  
(excused)  
Parker, Melissa

##### C-Shift

Ramsey, Allen  
Silver, Donna  
(excused)

\*If members are absent due to sickness, vacation, it is their shift day, or they are representing CCEMS/Special Teams at meetings or classes, they shall be excused from meetings. Amended 02/27/08

---

#### Meeting was called to order:

Chairman Childers called the meeting to order and roll call was taken.

---

#### Review of Minutes from the previous meeting:

Minutes from the previous meeting were reviewed and approved without changes.

---

#### Old Business:

Full Evac-U-Splints kits are on M1, M5, and M8. If a vac-u-splint is needed on a call the nearest of those units should be notified.

LMAs have been removed from the units. They will no longer be stocked. The LMA has only been used twice in the last two years. The Combi-tube is the blind insertion airway device of choice for the service and it will remain on the units.

The Whisper Flow CPAP generators should not be placed in the airway bag. Because they will easily break they should be left in the cabinet.

The [Blood Transfusion protocol p. 53 & p.54](#) has been changed with Dr. Sanchez's approval. A new unit of blood will be allowed to be hung while the ambulance is enroute to a receiving facility.

The change reads:

“Initiation of additional units of blood may take place during transport, provided bracelet numbers and Transfusion Record on the bag of blood have been verified to match prior to departure from releasing facility.”

Confirmation of bracelet numbers and transfusion record must be done by the releasing RN and verified by the Paramedic.

“When replacement unit of blood is connected to transfusion line continue at ordered rate.”

Paramedics should be sure to monitor the patient for a reaction and document presence or absence of reaction. In case of reaction transfusion should be DC'd.

**Ativan** can now be administered IM in the Seizure protocol 4.6.

**Adult IO** training will take place April 3<sup>rd</sup>, 10<sup>th</sup>, 17<sup>th</sup> at 07:30 am at 408 E. Marion St. It will also take place on shift for Paramedics who do not attend inservice. FTOs will conduct on-shift training. A written exam will be administered. This training is mandatory for all paramedics. When all paramedics have completed the training the IO devices will be placed on the ambulances, and the protocol will take effect.

Dr. Sanchez has approved the F.A.S.T. 1 [Adult IO protocol p. 56.](#)

Patients age 6-16 have been left out of an IO protocol. Additional work, and possibly another device, will have to be researched to include that age group.

**Critical Care Class** details are being worked out. Criminal Background checks, immunization status, and drug screening procedures are near completion. It appears that Spartanburg Regional Medical Center will be the site for ICU clinical.

---

**New Business:**

New computers, possibly lap tops, are being considered for the bases. These computers will have a greater RAM capacity.

It was suggested that Xopenex be considered for HHN treatments. It is less expensive, is a generic drug, and has less cardiotoxic effects.

---

**Executive Session:**

The committee went into Executive Session and reviewed PCRs. The next meeting will be held April 30<sup>th</sup>, at 08:00 am, at 408 E. Marion St.

PCRs of note:

**Case # 032608-1:** 64 y/o female complaining of chest pain at rest for a duration of 30 minutes before EMS arrival. Chest pain was worsened by cough. O2 was administered, an IV was administered enroute, and two doses of ntg. were administered enroute with relief noted. BP was monitored. However, 12 lead was not taken because the 12 Lead cables could not be located(?). ASA was not administered because the patient could not chew, but that condition was not described.

**Case # 032608-3:** 20 y/o male transported to CMC cath lab with sheath drip. Site monitoring/check was not documented as per protocol.

**Case # 032608-5:** 57 y/o male transported to CMC, CP code stemi. Pt's chest pain was worsening prior to arrival at facility, but paramedic did not turn up ntg drip, or could have administered MS.

**Case # 032608-16:** 81 y/o male in cardiac arrest. CPR was administered with return of carotid pulse/50/min, and resp rate of 8/min with BVM assist. Paramedic was working alone as M 07, KMRS responded, and M 27 arrived. Pt.'s HR slowed to 30/min and pacing was attempted. Pt became pulseless again and CPR re-started. Pt was intubated and IV was initiated on arrival at KMH. Neither Epi nor atropine were administered.

**Case # 032608-19:** 54 y/o male in cardiac arrest. Activity log shows Atropine administered although patient remained in Ventricular Fibrillation. Error in documentation.

**Case # 032608-21:** 51 y/o male patient in cardiac arrest in residence. CPR was initiated. Pt. was in v fib initially but went into asystole. Pt could not be intubated due to size, 2 attempts, IV was administered, 5 doses of Epi were administered, and 3 doses of atropine administered, Combi-tube was used for airway.

**Case # 032608-22:** 87 y/o male responsive to pain, with short periods of apnea. Paramedic stated that patient would resume resp. effort when shaken although activity log stated patient was apneic. O2 was administered NC 4 lpm. Blood was drawn but BGL was not listed. Paramedic stated that BBL was 176. Better patient assessment was warranted for this patient.

**Case # 032608-23:** 42 y/o male w/ Chest pain, duration 45 minutes. STEMI V1, V2, V3, V4, with reciprocal changes. O2, IV, Ntg, ASA, MS, adm and BP remained high. Ntg could have been re-administered for excessive BP. Paramedic was listed as secondary care giver and EMT-I was listed as primary care giver.

03/08

P. 56



	Paramedic Procedure	
	Orderable Procedure	

## Adult- Intraosseous Infusion

### Indications:

- Immediate need for vascular access into the bone marrow of a critically unstable adult, to include shock, status epilepticus, trauma, and cardiac arrest.
- After 3 unsuccessful attempts in 90 seconds to establish peripheral IV access and ordered by Medical Control.
- Patient greater than 16 years of age.

### Contraindications:

- Patient < 16 years old.
- Weight < than 100 lbs.
- Osteogenesis imperfecta
- Placement through a fractured sternum
- Site is burned or infected
- Dermatitis at the insertion site.
- Sternotomy

### Considerations:

- May be performed by EMT-P only.
- Begin BLS as indicated before attempting IO establishment.
- Mild pressure infusion may be indicated: fluid pushed too fast may leak around the site.
- Any medication may be administered through the site.
- IO device can remain in place up to 24 hours.
- Gravity flow rate can average up to 30 ml/min, pressurized flow rate can average 125 ml/min to 250 ml/min.

### Procedure:

- Assemble proper equipment.
- Ensure proper solution, expiration date, leaks, discolorations, etc.
- Inform patient concerning procedure if applicable.
- Prepare site using aseptic technique.
- Place Patch at Manubrium site (Midline and 1.5 cm (5/8 in) below the sternal notch. Place index finger at the patient's sternal notch and then place patch directly below finger.
- Place Introducer in target zone, perpendicular to the skin.
- Firmly push on the Introducer. Introducer will release Infusion tube into correct site and correct dept of penetration.
- Pull Introducer straight back. Infusion tube and 2-part support sleeve will be exposed.
- Verify correct placement by verifying marrow entering the Infusion tube or may aspirate bone marrow with syringe.
- Connect infusion tube to purged IV line. Ensure that there is no leakage at luer lock adapter site.
- Begin infusion at prescribed rate.
- Press Protector Dome down firmly over Target Patch to engage Velcro fasteners.
- Document procedure, solution used, amount infused, and any medications administered through the site.
- T-Handle Infusion tube Remover shall be left at receiving facility. IV infusion will be discontinued using the T-Handle infusion tube Remover tool.
- Thread tool through Infusion tube until resistance is felt, turn Handle clock wise until tool is fully engaged to stainless steel tip. Pull straight back perpendicular to skin.

Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the local EMS System.

03/08

Paramedic Procedure

p. 53

Orderable Procedure

## BLOOD PRODUCTS

### **PROCEDURE for TRANSPORTING**

- Obtain a full report on the patient
- Conduct an assessment before leaving
- Cardiac Monitor
- Oxygen if needed
- Obtain all paper work, films, x-rays
- Obtain all IV's, Drips
- Assess vitals every 15 minutes (unless unstable)
- Transfusion Record must remain attached to the unit of blood until infusion is complete
- Patient has hospital bracelet with their name, a Red blood bracelet which has the Rx, hospital #, date and patient's name
- Check blood bracelet numbers with the Transfusion Record on the bag of blood. Numbers must be the same. Another person needs to be in presence when you do this. Double check numbers!
- Drugs or additives should not be added to blood or it's components prior to or during infusion
- Check time infusion was started, each unit of blood is to be infused within 4 hours unless otherwise specified by physician.
- Initiation of additional units of blood may take place during transport, provided bracelet numbers and Tranfusion Record on the bag of blood have been verified to match prior to departure from releasing facility.
- Assess patient during transport for any allergic reaction
- Patient should have IV NS established and running at set rate

### **PROCEDURE for SPIKING A BAG OF BLOOD**

Paramedic initiation of blood transfusion is allowed: "Approved medications for credentialed EMS personnel Drug List A page 14."

Make sure to check the blood noting that the Transfusion Record on the blood, is the same as the patient's blood bracelet. Numbers must match!  
 Connect secondary blood line with blood and saline.  
 When replacing emptied blood unit ensure that blood line is clamped to prevent air from entering the transfusion line.  
 When replacement unit of blood is connected to transfusion line continue transfusion at ordered rate.  
 Assess patient's temperature, pulse, respirations and B/P  
 The infusion during the initial 15 mins. should be slow (60-80ml/hr). If no signs or symptoms of reaction, rate may be increased to 200ml/hr or as per physician order  
 Check vitals q 15 minutes after infusion starts.  
 Assess/monitor patient carefully for any reactions.

#### Signs & Symptoms of Reaction

- Acute anxiety
- Pain or burning along arm in which blood is infused
- Chest or lumbar pain
- Respiratory distress
- Flushing of skin
- Hypotension
- Acute onset of N & V
- Chills
- Increase of temp. > 1.5 degree
- Anaphylaxis

#### If reaction occurs:

- Stop transfusion, connect PRN and flush
- Obtain V/S and urine sample if possible
- Notify Facility originated, Physician or Medical Control
- Refer to Protocol if Anaphylaxis
- Turn remaining blood to staff at receiving facility

03/08

p. 54

	Paramedic Procedure	
	Orderable Procedure	

## **BLOOD PRODUCTS cont.**

If patient's condition changes to an ACLS Arrhythmia, Airway Compromise, Emergency Medical Condition, refer to field medical protocols

Contact the following should there be other problems:

- A. Interfacility
- B. Medical Control
- C. Receiving Hospital
- D. Shift Captain