PREHOSPITAL MEDICAL ADVISORY COMMITTEE MEETING AGENDA (PMAC)

The Next Meeting of PMAC is on:

Monday, November 14, 2011
9:00AM – 11:00AM
Riverside County Regional Medical Center
26520 Cactus Avenue, Moreno Valley
Rooms A1018 and A1020

1. **CALL TO ORDER**
Chair Reza Vaezazizi, MD

2. **PLEDGE OF ALLEGIANCE**
Reza Vaezazizi, MD

3. **ROUNDTABLE INTRODUCTIONS**
Reza Vaezazizi, MD

4. **Approval of Minutes (5 Minutes)**
   4.1 September 26, 2011(Attachment A)
   4.2 August 23, 2011 Special PMAC Meeting (Attachment B)
   4.3 October 19, 2011 Special PMAC Meeting (Attachment C)

5. **COMMITTEE / TASK FORCE DISCUSSION (45 Minutes)**
   This is the time / place in the agenda in which a brief committee report will be given. PMAC members are expected to engage in discussion for about 10 to 15 minutes per topic for the purposes of providing improved understanding and / or recommendations to the EMS Agency. PMAC will decide on an action at the end of each agenda item.

   5.1 Data Collection System—Scott Moffatt (Attachment D)
   5.2 STEMI Committee—Laura Wallin (Attachment E)
   5.3 HEMS CQI—Steve Patterson, MD (Attachment F)
   5.4 Policy Review Forum—Scott Moffatt (Attachment G)
     5.4.1 Draft Policy Comments

6. **New Business (30 Minutes)**
   6.1 Draft Policy Manual—Scott Moffatt (Attachment H)
   6.2 County EMD Program—James Lee (Attachment I)
   6.3 Other

7. **Unfinished Business (1 min)**
   7.1 PMAC 2012 Schedule—Brian MacGavin (Attachment J)
8. **Good of the Order / Announcements (10 Minutes)**
This is the time / place in the agenda those committee members and non committee members can speak on items not on the agenda but within the purview of PMAC. Each announcement should be limited to 1 minute unless extended by the PMAC Chairperson

**8.1 Committee Members**
**8.2 Non Committee Members**

8. **Next Regular Meeting / Adjournment (5 Minutes)**
January 23, 2012
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>DISCUSSION/INFORMATION</th>
<th>ACTION</th>
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<tbody>
<tr>
<td>1. CALL TO ORDER</td>
<td>Chair Dr. Vaezazizi called the meeting to order at 9:00 AM.</td>
<td></td>
</tr>
<tr>
<td>2. PLEDGE OF ALLEGIANCE</td>
<td>Dr. Vaezazizi led the Pledge of Allegiance.</td>
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<tr>
<td>3. ROUNDTABLE INTRODUCTIONS</td>
<td>Dr. Vaezazizi began roundtable introductions.</td>
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<td>4. APPROVAL OF MINUTES</td>
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<tr>
<td>4.1 June 27, 2011 Attachment A</td>
<td>No changes to the minutes suggested</td>
<td>Approval of minutes</td>
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<tr>
<td>4.2 July 26, 2011 Attachment B</td>
<td>No changes to the minutes suggested</td>
<td>Approval of minutes</td>
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<tr>
<td>5. COMMITTEE / TASK FORCE DISCUSSION</td>
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<tr>
<td>5.1 Interfacility Transfer TF – James Lee</td>
<td>Follow up from our last meeting, there was a concern of paramedics receiving standing orders from non base hospital physicians. EMSA stated that if Dr. Ochoa approves uniform standing orders for providers to use for paramedic interfacility transfers a physician can utilize these as standing orders.</td>
<td>Information only.</td>
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<tr>
<td>5.2 Data Collection System – Scott Moffat</td>
<td>Corona Fire Department is developing their CQI Program around Sansio’s ePCR platform. Laura has been receiving data from their performance evaluation forms which shows that the system is working correctly. All Riverside County Fire Department Ambulances will be using Sansio ePCRs in 2012. Some hospitals have been using XchangeER but agreements need to be in place due to HIPAA.</td>
<td>Information only.</td>
</tr>
<tr>
<td>5.3 CQI TAG - Laura Wallin</td>
<td>CQI TAG is currently completing one Performance Standard per month. We are almost done with the Tourniquet Performance Standards. After that we will be working on the Meconium Aspiration Performance Standard. We hope to be done with the Low Frequency/High Risk Skills Performance Standards within the</td>
<td>Information only.</td>
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</tbody>
</table>
Dr. Vaezazizi requested the definition of STEMI be changed with the comment of 1mm ST elevation not 2mm.

**5.4 HEMS CQI - Steve Patterson**

HEMS’s CQI has been meeting on a regular basis to review HEMS utilization in Riverside County. They are currently reviewing EMSA’s guidelines for development and incorporation into our system.

**5.5 Policy Review Forum – Scott Moffatt**

The draft 2012 manual can be found on the EMS web site, [http://remsa.us/2012](http://remsa.us/2012). We have restructured the complete protocol and policy manual. Implementation will be on April 2012. Submit your comments to Scott via fax or email.

### 6. New Business

**6.1 Proposal for an October PMAC meeting for discussion of Draft Policies - Scott Moffatt**

There will be a meeting at the conclusion of the comment period. The plan is to come back to the November PMAC meeting and begin the 30-day comment period. This allows for a final review to be made in December for April 2012 implementation.

**6.2 Draft 2012 PMAC Meeting Schedule – Brian MacGavin**

Meeting dates for PMAC 2012 will be:
- January 23, 2012
- March 19, 2012
- June 18, 2012
- September 24, 2012
- November 5, 2012

These dates will be sent out before the next PMAC meeting.

**6.3 Ventricular Assist Devices Draft Policy – Laura Wallin**

A letter signed by Dr. Ochoa about Ventricular Assist Devices (VADs) and the draft Policy on Ventricular Assist Devices was distributed. There are two main types: pulsatile and non-pulsatile. We are seeing more patients with VADs, and finding out some paramedics are not familiar with these devices. This policy will help paramedics when the patient needs to be transported to the nearest base hospital.

Dr. Chua suggested changing the title of the policy to Ventricular Assist Device rather than Vascular Access Device.

### 7. Good of the Order / Announcements
<p>| 7.1 Committee Members | Laura Wallin announced that JFK Memorial Hospital is now the fourth hospital in the county to become a STEMI Receiving Center. JFK Memorial Hospital hired a new PLN - Sara Morning. There will be a PLN meeting in Conference Room F immediately after the PMAC meeting to discuss implementation of skills days and performance standards. Kent McCurdy announced Mercy Air 18 will be moving out to the sheriff’s department during building construction. They will be moving back after the completion date of November 1, 2011. Bruce Barton asked Kim Saruwatari from PHEPR, if there will be any grant money to replace the expiring Mark I kits. As of this date, we are extending the allowable usage of existing kits for up to one year past their expiration date. Mark I kits were purchased using grant funds; these funds could possibly be allocated for something else. Kim will check to determine if funds are available for Mark I Kits. Contact Steve Jensen from PHEPR for concerns regarding the Mark I kits. Kay Schulz from RCRMC announced that the next Trauma Conference will be on October 21, 2011. A link to the conference registration can be found on the REMSA website at <a href="http://remsa.us/">http://remsa.us/</a> and click on RCRMC 5th Annual Trauma Conference. Cindi Stoll suggested everyone review the EMS Authority’s web site for comment on changes in paramedic scope of practice. Dr. Vaezazizi said at the last EMDAC meeting there was significant controversy around the medical advisory component of paramedic scope of practice changes. | Information only. |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Dr. Ochoa commented that two county medical directors are compiling data that will require needle cric to be removed from the Paramedic National Scope of Practice.</td>
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<td><strong>7.2 Non Committee Members</strong></td>
<td>Britta Barton announced our Table Top portion of the State-wide Exercise will be on October 3, 2011, from 1300 till 1700. The functional part of the exercise will be on November 17, 2011, 0800 till 1200; the scenario will be about loss of water.</td>
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<tr>
<td><strong>8. Next Regular Meeting / Adjournment</strong></td>
<td>November 14, 2011.</td>
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Information only.
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<th>TOPIC</th>
<th>DISCUSSION/INFORMATION</th>
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<tbody>
<tr>
<td>1. CALL TO ORDER</td>
<td>Vice Chair Phil Rawlings called the meeting to order.</td>
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<tr>
<td>2. PLEDGE OF ALLEGIANCE</td>
<td>Phil Rawlings led the Pledge of Allegiance.</td>
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<tr>
<td>3. ROUNDTABLE INTRODUCTIONS</td>
<td>Phil Rawlings performed roundtable introductions</td>
<td></td>
</tr>
<tr>
<td>4. Draft Policy Review and Discussion</td>
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<td></td>
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<tr>
<td>4.1 6400 Nausea and or Vomiting -</td>
<td>Dr. Ochoa requested a motion that policy 6400 reflects that a patient with nausea and vomiting requires base hospital contact for Zofran, and he doesn’t want it given prophylactically.</td>
<td>Motion approved</td>
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<tr>
<td>4.2 Seizures -</td>
<td>Dr. Ochoa requested that seizures remain under the physical column location.</td>
<td>Motion approved.</td>
</tr>
<tr>
<td>4.3 Pre-Eclampsia and Eclampsia -</td>
<td>Shellee requested that we take out the wordage “low socioeconomic class” and replace with “limited or no prenatal care under Environment”. Phil Rawlings recommended approval with the amendments by Scott Moffat.</td>
<td>Approved. Dr. Ochoa wants 4 g. IM Magnesium Sulfate divided and given in two separate doses.</td>
</tr>
<tr>
<td>4.4 6700 Overdose -</td>
<td>Dr. Ochoa suggests changing the title to “Overdose / Adverse Reaction”, this way both overdose and adverse reaction to medication would fit in this policy. Dr. Vaezazizi would like to keep charcoal in the policy under base hospital orders.</td>
<td>Motion approved.</td>
</tr>
<tr>
<td>4.5 6710 Toxic Exposure, Inhalation or Ingestion -</td>
<td>EMS Officers group discussed the jurisdiction during toxic exposure with hazmat team other local agencies on scene.</td>
<td>Next PMAC meeting we’ll have more discussion on this policy.</td>
</tr>
<tr>
<td>4.6 6320 Heat Illness and/or Hyperthermia -</td>
<td>There was discussion on whether to add “suspected” to core temperature under physical</td>
<td>Motion for approval with amendments.</td>
</tr>
<tr>
<td>4.7 6330 Frostbite / Hypothermia-</td>
<td>Discussion to remove heat packs from the protocol, because they cannot be monitored.</td>
<td>Motion approved.</td>
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<td>5. Break</td>
<td>Meeting continued without break.</td>
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<td>6.1 6010 Universal Patient</td>
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<tr>
<td>6.2 6011 Calculation Chart</td>
<td>One change in policy is to add a weight reference and repeat dose of amiodarone on the broselow tape.</td>
<td>Information only.</td>
</tr>
</tbody>
</table>

**7. Draft Policy Review and Discussion**

| 7.1 6720 Carbonate, Organophosphate and Nerve Agent Exposure | Discussion on giving a multi doses of atropine, training paramedics every two years with administering auto-injectors. Written in the draft were proposing (3) DuoDote per staff and (3) DuoDote on the ambulance... | Motion in favor with the amendments to discuss. |

| 7.2 5520 Physical Restraint and Transport | Discussion on whether law enforcement should travels with the ambulance during 5150 patient transports. | REMSA will discuss with law enforcement officials |

| 7.3 5250 Data Collection | All EMS providers are encouraged to use Sansio’s HealthEMS software. Other CHEMSIS compliant ePCR systems require approval. Standards are needed for agencies having to create two ePCRs on one patient and required hospital data. | This item will be tabled for later discussion. |

**8. Good of the Order/Announcements**

The Draft Policy Manual should be ready by the September PMAC meeting. The 5th Annual Trauma Conference will be Friday, October 21, 2011 at Moreno Valley | Information only. |
The Board of Supervisors approved Pechanga Fire as ALS Provider.

<p>| 9. Next Meeting Adjournment | Next regular meeting September 26, 2011 | Meeting adjourned by Phil Rawlings. |</p>
<table>
<thead>
<tr>
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<td><strong>1. CALL TO ORDER</strong></td>
<td>Phil Rawlings called the meeting to order at 9:00 AM.</td>
<td></td>
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<tr>
<td><strong>2. PLEDGE OF ALLEGIANCE</strong></td>
<td>Phil Rawlings led the Pledge of Allegiance.</td>
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<tr>
<td><strong>3. ROUNDTABLE INTRODUCTIONS</strong></td>
<td>Phil Rawlings began roundtable introductions.</td>
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<tr>
<td><strong>4. DRAFT POLICY REVIEW AND DISCUSSION</strong></td>
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<tr>
<td><strong>4.1 Policy 4301 – Shock Due to Trauma</strong></td>
<td>Under “Emergency Stabilization or Patient Management”, it was recommended by the EMS Officers to take out the line: “Remove and bag patients; clothing, jewelry, etc.” Also, “under Base Hospital Orders”, there was discussion on administering of 0.9% normal saline which needs to be addressed by TAC. It was suggested to remove references to cool or warn saline from policies and leave it up to paramedics to decide because of different climates.</td>
<td>Recommendation by PMAC to follow existing national standards as outlined in the PHTLS with Dr. Ochoa making the final decision.</td>
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<tr>
<td><strong>4.2 Policy 4302 – Traumatic Injuries</strong></td>
<td>Under “Pertinent Findings –Environment” The acronym PENMAN is used. Under “Pain Management”, EMR and EMT are only in one row. Additionally, we would like to see more training on why the patient should or should not be given pain medication.</td>
<td>Motion Approved.</td>
</tr>
<tr>
<td><strong>4.3 Policy 4401 – Shock Unrelated to Trauma</strong></td>
<td>There was discussion about taking dopamine out of base hospital orders. The PMAC group would like dopamine remain in the policy knowing that Dr. Ochoa has the final say. For fluid resuscitation it was agreed to go with TAC’s decision for consistency.</td>
<td>Motion approved to recommend to Dr Ochoa that dopamine remains in the policies.</td>
</tr>
<tr>
<td><strong>4.4 Policy 4404 – Symptomatic Tachycardia with Pulses</strong></td>
<td>Add under “History—medications” it was discussed adding: “use of street drugs, substances, illicit drug overdose and stress. Contacting the base hospital when patient conditions changes in order to have</td>
<td>Motion approved with Recommendation of amendments into the standing order.</td>
</tr>
<tr>
<td>4.5 <strong>Policy 4405 – Symptomatic Bradycardia with Pulses</strong></td>
<td>Epinephrine applies to both pediatric and adults with contact base hospital for repeat dosage. Under “base hospital orders”, Scott will cross out epinephrine from the standing order, put in an italicized line at the top instructing to perform the basics of respiratory support before administration of atropine and versed.</td>
<td>Motion approved to amend as discussed.</td>
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<tr>
<td><strong>5. Break</strong></td>
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<tr>
<td><strong>6. Draft Policy Review and Discussion</strong></td>
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<tr>
<td><strong>6.1 Policy 4407 – Neonatal Resuscitation</strong></td>
<td>Keep meconium aspirators in the policy. AHA indicates there is no evidence whether it works or not. Dextrose will be changed to 10%.</td>
<td>Motion approved with the amendments discussed.</td>
</tr>
<tr>
<td><strong>6.2 Policy 4408 – Respiratory Distress</strong></td>
<td>Discussion about CPAP for asthma</td>
<td>Motion approved to keep policy as is.</td>
</tr>
<tr>
<td><strong>6.3 Policy 4503 – Suspected Stroke</strong></td>
<td>Added in to protocol are Afib and VAD into history area.</td>
<td>Motion to make it as is.</td>
</tr>
<tr>
<td><strong>6.4 Policy 4601 – Allergy / Anaphylaxis</strong></td>
<td>Dr. Ochoa would like to include under “Emergency Stabilization or Patient Management”- “remove patient from contact with the allergen”.</td>
<td>Information only.</td>
</tr>
<tr>
<td><strong>6.5 Policy 4702 – Labor and Delivery</strong></td>
<td>This policy was reviewed by Scott. No changes or discussion.</td>
<td>Information only.</td>
</tr>
<tr>
<td><strong>7. Draft of Final Policy Manual</strong></td>
<td>Scott reminds everyone to take a good look at the drug and equipment list and to make your references for the next PMAC meeting.</td>
<td>Information only.</td>
</tr>
<tr>
<td><strong>8. Good of the Order / Announcements</strong></td>
<td>Next PMAC meeting will be November 14, 2011</td>
<td>Meeting adjourned.</td>
</tr>
</tbody>
</table>
FOR CONSIDERATION BY PMAC

DATE: November 2, 2011

TO: PMAC

FROM: Scott Moffatt, EMS Specialist

SUBJECT: 5.2 Data Collection System

ACTION: Informational Update Only

We are reporting CEMSIS data using Sansio's HealthEMS software for these providers:
- Pechanga Fire Department
- Corona Fire Department

Sansio provides excellent quality assurance capabilities including the ability to perform
electronic peer review, submit procedure evaluation data to the EMS Agency, pull multiple
canned reports including Utstein data, and rapidly search every field included in the PCR.

We are actively working with these providers to initiate the use of Sansio:
- CAL Fire/Riverside County Fire Department
- Murrieta Fire Department
- Riverside City Fire Department

We also have these departments participating in Sansio implementation:
- Palm Springs Fire Department
- Idyllwild Fire Protection District

AMR is using their MEDS software and Sansio is developing a bridge to move their data into
Sansio for CEMSIS reporting. No ETA on completion of the bridge.

Blythe Ambulance/River Medical is using ZOLL. Mercy and REACH use other electronic data
collection systems in their regional operations.

Some of our non-911 contracted private ambulance services are considering using Sansio and
are looking forward to the new HTML 5 based software that should allow the use of an iPad or
Android tablet. This new version is expected mid 2012.

XchangER is a small application that provides receiving hospitals and morgues to access the
ePCR of patients transported to them. We are actively working to form agreements for its use
covering all providers. At the same time ReddiNet has the ability to integrate XchangER into its
ReddiNet display, and is working to integrate MEDS data.
DATE:  November 3, 2011  
TO:  PMAC  
FROM:  Laura Wallin, RN, EMS Specialist  
Subject:  STEMI Report  
Recommended Action:  Receive information regarding the Riverside County STEMI System  

Discussion:  
Members of the STEMI Committee met on October 20, 2011 to discuss the STEMI System in Riverside County. Topics of discussion included the following:

• The county will move forward with more data driven decisions and discussions. As such, we will define the data elements that we wish to collect at all STEMI Receiving Centers in Riverside County.
  o Continue to collect the same information on the Suspected STEMI Report Forms
  o Missed STEMs (STEMIs not picked up by field personnel but identified in the Emergency Department):
    ▪ Neither the machine nor the paramedic interpreted the prehospital ECG as a STEMI, but was interpreted by the ED as a STEMI.
    ▪ ECG not done in the prehospital setting, done on arrival in ED and interpreted by the ED as a STEMI.
  o We will not collect data on transfers yet, until we are up to speed on data collection for the 9-1-1 calls.

• Discussion regarding how to collect data
  o Organizations using pen and paper do not have the ability at this time to collect data other than what is on the Suspected STEMI Report forms.
  o Once Sansio is fully implemented, it will be possible to query for all field identified STEMI calls.
  o AMR is able to query and send info on field identified STEMI calls to EMS Agency now

• STEMI meetings will continue quarterly, but we will add one hour on to meetings in order to do actual case reviews.
  o Hospitals and providers are encouraged to send in interesting STEMI calls, controversial STEMI calls, or examples of excellence in STEMI care to Laura.
  o One STEMI call will be fully reviewed at each meeting.

• ECG Transmission
  o Some difficulties with compatibility of different systems. Some hospitals receive ECGs via e-mail or fax. Riverside Community has a CarePoint, which receives transmitted ECGs from Physio machines.
  o Still only a few ECGs are actually being transmitted.
  o AMR has transmission capability in all south end monitors. The entire Southwest zone is being tested. North end is expected to be up and functioning within the next 2 weeks. Modems have been ordered for Hemet, and they hope to have Anza up by the end of the year.
FOR CONSIDERATION BY PMAC

DATE: Nov 14, 2011

TO: PMAC

FROM: Cindi Stoll, RN, Trauma/HEMS/EMS-C System Manager

SUBJECT: HEMS CQI Report by Dr Steve Patterson

Dr Patterson will report on the status of the HEMS CQI committee.
HEMS program development
HEMS utilization
All HEMS CQI loop closures will be reported to TAC
FOR CONSIDERATION BY PMAC

DATE: November 2, 2011
TO: PMAC
FROM: Scott Moffatt, EMS Specialist
SUBJECT: 5.5 Policy Review Forum

ACTION: As possible, appoint an official representative of your agency or hospital to the PRF, and contact us if you can host one or more of the monthly meetings of the PRF during 2012.

The Policy Review Forum is described in our current Policy 1800:
- The Policy Review Forum communicates online continuously.
- The Policy Review Forum meets face to face each month.
- The Policy Review Forum submits drafts to PMAC throughout the year.

It can be found online at: http://groups.google.com/group/remsa-prf

During 2011 we met face to face once each month at CHA (the Community Health Agency facility) and continued the Treatment Protocol revision that had been initiated by the Treatment Protocol Review Committee in 2010. Much of the draft 2012 Policy Manual is the work of this group. There have been too many people contributing to mention them all here, but well represented were the following agencies and hospitals: AMR, CAL Fire, Corona Fire Department, Inland Valley Medical Center, Riverside Community Hospital, and Riverside County Regional Hospital. Thank you!

The attrition has been high during this major revision but we anticipate only maintenance and tuning during 2012, not overhaul! As possible, we will appreciate your appointing an official representative from each agency or hospital to represent your views at the PRF.

If you would like to host a meeting of the PRF we plan to follow this schedule:

January – week of the 15th
February – week of the 19th
March – week of the 11th
April – week of the 15th
May – week of the 28th
June – week of the 11th
July – week of the 15th
August – week of the 26th
September – week of the 16th
October – week of the 28th
November – week of the 18th
December – week of the 3rd

Please contact Scott Moffatt at smoffatt@rivcocha.org
FOR CONSIDERATION BY PMAC

DATE: November 2, 2011
TO: PMAC
FROM: Scott Moffatt, EMS Specialist

ACTION: Consider the following revisions to the 2012 Policy Manual and vote to accept it as final with the caveat that we accept TAC’s recommendations regarding fluid boluses and permissive hypotension.

Following the last PMAC, where there was no physician representation, Dr. Ochoa considered the recommendations of the committee and made the following major revisions:

- Policy 4404 – Added Adenosine as a standing order once, in adults, for SVT.
- Policy 4408 – Added CPAP as a standing order “for dyspnea with suspected exacerbation of COPD; not asthma”; including the 1 mg dose of Versed.
- All policies relating to D50/D25/D10 now require only that D50 be carried and instructions for dilution and dosage are included on the Calculation Chart.

Finally, there is the question of phrasing the fluid bolus orders as described below under “Fluid Boluses”. This discussion will also be addressed by TAC on the 16th.

Fluid Boluses
When it comes to fluid bolus orders we run into a problem with setting consistent, objective orders that apply to both adult and pediatric patients. For example our current protocol 7910 Traumatic Shock (applies to adults) reads:

If the patient has a systolic BP < 90 &/or shows signs or symptoms of shock, administer 250 cc fluid boluses as indicated to a maximum of 2 liters.

While our current protocol 8910 Traumatic Shock (applies to peds) reads:

Start two lines and administer fluid boluses at a rate of 20 ml/kg, as needed. Reassess the patient after each bolus administration.

As you see, our current pediatric protocol allows a lot of subjective decision making. On the next page we have several possible orders for fluid boluses that we would like you to review.
Here are several example orders for fluid boluses:

**Warm 0.9% Normal Saline IV/IO bolus**
- For symptomatic shock with a systolic blood pressure less than 90 mmHg
- See the REMSA Calculation Chart for concentration, and patient specific dosage and volume
- May repeat as clinically indicated

*Use a volume control chamber IV set during pediatric administration*

0.9% Normal Saline IV/IO bolus

- For a systolic blood pressure less than 90 mmHg
- For significant burns
- For heat illness/hyperthermia
- For hypothermia
- For symptomatic shock
- For symptomatic shock associated with allergy/anaphylaxis
- As clinically indicated
- As clinically indicated for symptomatic tachycardia with pulses
- Et cetera

*See the REMSA Calculation Chart for concentration, and patient specific dosage and volume*
*May repeat as clinically indicated*

*Use a volume control chamber IV set during pediatric administration*

These all rely on this excerpt from **4103 Calculation Chart**:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Grey 3–5 kg</th>
<th>Pink 6–7 kg</th>
<th>Red 8–9 kg</th>
<th>Purple 10–11 kg</th>
<th>Yellow 12–14 kg</th>
<th>White 15–18 kg</th>
<th>Blue 19–23 kg</th>
<th>Orange 24–29 kg</th>
<th>Green 30–36 kg</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Saline 0.9%</td>
<td>80 mL 1 bolus</td>
<td>130 mL 1 bolus</td>
<td>170 mL 1 bolus</td>
<td>200 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
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<tr>
<td>250, 500, or 1000 mL IV Bag</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
<td>250 mL 1 bolus</td>
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</tr>
</tbody>
</table>

Or we could use this order which would require charting the “lower limit of normal” (as done in the **New York State’s Pediatric Assessment**):

For symptomatic shock with a systolic blood pressure less than the lower limit of normal

And would require something like this, but could also include the full range of vital signs:

<table>
<thead>
<tr>
<th>Normal Vital Signs</th>
<th>Grey 3–5 kg</th>
<th>Pink 6–7 kg</th>
<th>Red 8–9 kg</th>
<th>Purple 10–11 kg</th>
<th>Yellow 12–14 kg</th>
<th>White 15–18 kg</th>
<th>Blue 19–23 kg</th>
<th>Orange 24–29 kg</th>
<th>Green 30–36 kg</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
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<tr>
<td>Systolic</td>
<td>&gt;60</td>
<td>&gt;60</td>
<td>&gt;60</td>
<td>70</td>
<td>&gt;70</td>
<td>&gt;75</td>
<td>&gt;75</td>
<td>&gt;80</td>
<td>&gt;80</td>
<td>&gt;90</td>
</tr>
</tbody>
</table>
FOR CONSIDERATION BY PMAC

DATE: November 14, 2011

TO: PMAC

FROM: James Lee, EMS Specialist

SUBJECT: Emergency Medical Priority Dispatch System

ACTION: None. This is information only.

On July 26, 2011, Riverside County Board of Supervisor has directed Riverside County EMS Agency (REMSA) to review medical-aid dispatch procedures with the goal of transitioning to a more effective and cost efficient Emergency Medical Dispatch Priority System (EMPDS). In the coming months, REMSA, Riverside County Fire Department & American Medical Response will be working collaboratively to implement Countywide Emergency Medical Dispatch System.
PMAC Meeting Schedule 2012

Monday, January 23, 2012, 9:00 AM – 12:00 PM
Monday, March 19, 2012, 9:00 AM – 12:00 PM
Monday, June 18, 2012, 9:00 AM – 12:00 PM
Monday, September 24, 2012, 9:00 AM – 12:00 PM
Monday, November 5, 2012, 9:00 AM – 12:00 PM

All meetings will be held at the Riverside County Regional Medical Center
26520 Cactus Avenue, Moreno Valley
Room A1018