



NEWS YOU CAN USE! Edition 8.10

*Latest "OFFICIAL" information from the
Regional Medical and Executive Directors of CNYEMS!*

Update: 13 August 2010

In an effort to keep all EMS providers "up to speed" on what is happening, this page will be dedicated and updated with the latest available information, memos, SEMAC and Central New York REMAC notes.

Thank you.
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TOPICS

NEW Stuff:

- CPAP
- Destinations
- Medication Shortages
- Veteran's Administration Hospital
- Patient Restraint Protocol

OLD Stuff:

- **Electronic Patient Care Reports**
- **Interfacility Transfers**
- **REMAC Notes: July 8, 2010**
- **SEMAC Notes: May 25, 2010**

NEW Stuff:

CPAP

The CPAP protocols for central New York were approved at the last State Council meeting. The training module hopefully will be available by mid-to late September. Those agencies wishing to implement CPAP should begin an evaluation of available equipment to determine which is most suitable for their needs. The region will need to be advised, notified, and updated of each agency's intent to utilize CPAP.

Destinations

The NYS Department of Health Bureau of EMS and Central New York EMS currently recognize stroke and trauma centers as evidenced by protocols. As of this date, there is no official recognition of, nor any protocols related to chest pain centers, STEMI Centers, CHF centers, pulmonary edema centers or others. Providers should follow established guidelines related to patient destination, the patient wishes, and current existing protocols as related to stroke and trauma.

Medication Shortages

As evidenced by prior memos, medication shortages are either looming on the horizon or have already arrived. The medications that we are aware of include epinephrine, Lasix, dextrose 50%, and dopamine.

Reference Epinephrine:

The previous memo will result in a concentration of 0.9 mg per ML. Our current feeling is that this is an appropriate substitute dose instead of 1.0 mg. To be more precise, the provider may remove from the 50 mL bag or 10 mL syringe the volume that will be replaced by adding the epinephrine. This will result in a total volume of either 50 mL or 10 mL resulting in a dose of 1.0 mg.

Reference Dextrose:

Here are the options for Dextrose:

- If pre-filled syringes of Dextrose 50% are not available, vials of Dextrose 50% 25g/50ml may be utilized.
- Two doses of Dextrose 25% (12.5g) pre-filled syringes to equal one adult dose of Dextrose 50% (25g) may be used.
- Administer 250ml of D10, which is equivalent to one 50 ml pre-filled syringe of Dextrose 50% (25g). Because this may take longer via "gravity flow" the use of a stopcock and large syringe (e.g. 50ml) may facilitate administration. In this situation, small veins with poor flow may not tolerate the large volume given in such a short period of time so increased caution is strongly encouraged. After each 50ml

- dose of D10 is administered, the patient should be re-evaluated to determine if subsequent doses are required.
- Utilize oral preparations or Glucagon as outlined within the protocols.

Reference Lasix:

There is currently no plan to provide a substitute for this medication within the Central New York Region. Providers who encounter patients within whose protocol would include Lasix will document in the PCR the reason for deviation from protocol.

Reference Dopamine:

As with Lasix, there is currently no plan to provide a substitute for this medication within the Central New York Region. Providers who encounter patients within whose protocol would include dopamine will document in the PCR the reason for deviation from protocol.

Veteran's Administration Hospital

The VA is still considered a "Receiving Hospital". This means that the VA Emergency Department physicians do NOT provide medication and treatment orders to EMS personnel. ALL medication and treatment orders are to be received through the Resource Hospital. The Resource Hospital will notify the VA either contemporaneously or upon the conclusion of the radio transmission. Do not ask to speak directly to the VA or request orders.

Patient Restraint Protocol

The CNY REMAC will be reviewing the effectiveness of the new protocols that were added in the 2009 CNY ALS Protocol revision. The first protocol to be reviewed is going to be the Patient Restraint protocol. For ePCR agencies, we will be running a monthly report to review any ePCRs when this protocol was utilized. For agencies using paper PCRs, please include the CCR for these calls when submitting your PCRs monthly to the Program Agency.

OLD Stuff:

Electronic Patient Care Reports

The Central New York Region is now at 61% electronic PCR use. If your agency is interested in ePCR – let us know! We can discuss the utilization of ePCR in this region and the approval process.

Patient Documentation – ED: whenever ANY patient is dropped off to an ED, minimum appropriate paperwork MUST accompany the patient! This is a STATE policy! There is no deviation allowed! The ePCR agencies must leave the

PCR prior to leaving the ED, if the agency is utilizing laptops or the hospital provides access to an ePCR software application. If this not available, a Patient Care Summary Report must be left. The completed ePCR then needs to be submitted to the ED within 2 hours after arrival at the ED. The Patient Care Summary Report is available from the Program Agency.

Interfacility Transfers

In order to facilitate safe and reliable transports of patients between facilities, a transfer form has been created which is required for all Interfacility Transfers. This can be accessed at the following website and should be available for the physician who is initiating the transfer to provide the appropriate information.

<http://www.cnyems.org/Documents/Listings/Interfacility%20Form%20-%20CNY.pdf>

This is most important particularly where medications are concerned. The use of this form is not optional. A copy of this form should be included within the EMS patient care record.

REMAC Notes

The webcast and transcript from the July 8, 2010 CNY REMAC meeting is available on the CNYEMS website.

SEMAC Notes

SEMAC / SEMSCO May 25, 2010 Meeting

A. Medical Standards / SEMAC Committee (8:30 am –11:20, 13:30 – 16:50)

1. Ketamine: policy statement to be issued; now on state formulary
 - a. NYS DOH Policy Statement: 10-04
 - b. Mercy Flight Central Policy with ketamine...passed
2. Fentanyl: per BCS - agencies using fentanyl are required to perform quarterly Reporting.
3. Hypothermia induced protocol (ROSC - Return of Spontaneous Circulation):
 - a. Currently in use in: NYC, Albany, Buffalo - ongoing; results promising.
4. Equipment list: national standard minimum equipment list: see DOH website

5. CNYEMS Protocols: CPAP passed; add Physician license number to Interfacility Transfer Form
6. CDC Trauma triage guidelines: SEMAC voted to adopt with inclusion pediatric pulse rate; watch website for further information.
7. Governmental Activity:
 - a. Family Medicine Act 2010: revision of MOLST
 - i. NEW DNR Form - specific to EMS; Rollout late fall ??
 - b. Accidents on thruway - Assembly Bill § 8009
 - i. allows for EMS (to) access for ambulance response without toll
8. EMS Office report
 - a. Blood update: for ALS transfers - in legal affairs / governor's office -> state register 60 days comment -> commissioner for signature...unknown timeline
 - b. State EMS office may furlough workers...basic functions (phone answering) only etc.
9. QI Committee:
 - a. Electronic PCR and Version 6 in progress
 - b. STEMI Update
 - i. Per 405 regulations: all PCI capable hospitals are considered STEMI centers
 - ii. No EMS designation or protocol as of yet.
 - iii. More info from state in the future
10. ResQPOD - FDNY CQI report...removed from all ambulances due to drop in survival stats
11. Re: mutual aid: Any agreements approved by the Regional REMSCO should be honored and agencies will respond in accordance to accepted practice.
 - a. A subcommittee of the SEMAC will issue a statement regarding medicare payment etc. A motion was passed stating: "BEMS in concert with OHIP (Office of Health Insurance Programs) will send a letter to all EMS agencies clarifying and encouraging the use of mutual aid response"
 - b. see 95- 04 NYS DOH BEMS policy statement