

MINUTES
NORTH CAROLINA EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY COMMITTEE

Department of Health and Human Services
Division of Health Service Regulation
Office of Emergency Medical Services

Dorothea Dix Campus
Webinar; Adobe Connect
Raleigh, North Carolina

March 27, 2013 – 1:30 p.m.

Members Present

Dr. Kim Askew, Chair
Mr. Daniel Cheek
Mr. Dave Cuddeback
Dr. Eric Hawkins
Dr. Gerri Mattson
Dr. Michael Mitchell
Ms. Tammy Rush

Members Absent

Dr. Cheryl Jackson
Ms. Murney Rinholm

Staff Present:

Ms. McKenzie Cook
Mr. Tom Mitchell
Dr. Tripp Winslow

Others Present:

Ms. Jennifer Haynes
Mr. Jeff Hinshaw

- (1) Purpose of the Meeting
To provide an update on initiatives of the EMSC Program and determine next steps for addressing needs in EMSC.

- (2) Actions of the Committee
 - (a) The approval of the November 29, 2012 minutes were approved. Motion was made by Mr. Hawkins and second by Ms. Rush.

(3) New Business

(a) Dr. Askew thanks Dr. Moro-Southerland for her work on the committee. She recently had moved out of the State and resigned her position. Ms. Tammy Rush has been added to the committee, and currently works as a Manager at Brenner Children's Hospital Neonatal/Pediatric Critical Care Transport Team.

(b) Pediatric RSI, questions have arose in regards to a recent teleconference and Dr. Askew indicated that currently the Pediatric RSI was out for a vote. Dr. Winslow stated that at the time the votes were split, however most were leaning towards voting "no". Dr. Winslow also stated that as of the time of the meeting RSI was down to 8 years old without medical direction.

The following was discussed and will be sent out for review.

1. Amend the restriction of utilization of RSI to only patients > 12 years of age.

2. Additional Suggested Requirements:

--Agency must have a success rate of ETT placement of > 90%

--Agency must have < 10% rate of requiring > 3 attempts to successfully place ETT

(c) Jeff Hinshaw joined the meeting and discussed Pediatric Intubation and where we as a State should turn our focus, mainly should there be a RSI form for ages ≥ 13 . There are two areas of focus: Who do we need to look at for auditing purposes and are we looking at the right information? Dr. Winslow mentioned that he wasn't sure if it was weight or age that children who are intubated need continuous capnography and that is what he challenged the Committee for their guidance. Ms. Tammy Rush went to a conference where children were intubated with an uncuffed tube and expressed a concerned that inaccurate readings may occur.

However a child intubated with a cuffed tube needs to be on capnography, Ms. Rush stated. Discussion ensued about protocols for airway forms being required for every intubation done. However, Mr. Tom Mitchell stated the only forms the office reviews are the ones that designated medications are administered. Dr. Askew stated that since the discussion, he was sure that the forms would still be reviewed by Mr. Hinshaw. Mr. Hinshaw stated they needed direction from the committee on filters in regards to reviewing the reports. However, that specialty care transport probably didn't have to be reviewed like normal transport but some guidelines did need to be set forth for reviewing specialty care.

The group went on to discuss capnography and according to NCCEP wants something to put in the protocols in regards to pediatrics. The concern is that it could be an unreliable reading. The way the current protocols are written it has to be for current capnography and not for a dislodged intubation.

The committee was left with some questions regarding the monitoring of the patient. It was dependent on a municipal third service or the specialty transport service and all have very different skill sets. The committee decided to table this discussion until the next meeting since the airway committee was meeting

Due to the fact of a redial during the conference call some of the conversations were not recorded properly

(4) Other Business

(a) Ms. Cook updated the committee on the current contracts and stated they were well underway.

(5) The meeting adjourned at 3:00 p.m. The next meeting is scheduled for June 25th at 1:30 p.m. via webinar.