

MAC/OAC Comments on Policies/Protocols

June 22, 2023

Policy/Page	Provider/Agency	Comments/Suggested Edits	Response
PD# 8004 – Suspected Narcotic Overdose	CFD	The only comment is to remove Narcan max dose. The current opiate crisis requires higher doses than what has been required in the past.	Dr. Mackey to Review RESPONDED BY SENDING A REVISED POLICY
PD# 8003 - Seizures	CFD	The only item for discussion, how about adding obstetric emergencies – eclampsia into consideration for seizure	Dr. Mackey to Review Difficult to write a stand alone policy, open to discuss
PD# 8066 – Pain Management	Dr. Schmalz	I would like to bring up for discussion whether centrally acting medications such as Ketamine, Fentanyl, or Morphine should be co-administered or whether there should be exclusion criteria for co-administering centrally acting medications.	Dr. Mackey to Review. I feel this is a training issue.
PD# 2200 – Medical Oversight	CFD	Policy: A. Direct Medical Oversight Suggestion to add (DMO) AEMT added? D. Base Physician Orders: Suggestion to add (BPO)	All definition language is in red and struck out because we are getting rid of definitions that are common knowledge for medics. AEMT will be addressed at MAC/OAC
PD# 2085 –	CFD	Effective date should reflect revert to 11/1 Protocol: B. Add AEMT?	The effective date will be changed on 11/1/2023 when the updated policy is put into effect. AEMT Sections will be added to all future policies when applicable. Some providers are looking at AEMT as an option for advanced provider level in the future
PD# 8837 – Pediatric Airway Management	CFD	We should consider a failed airway algorithm, especially with the loss of needle cric for peds and adults Cross reference: Cardiac Arrest policies – Trauma and Medical	Dr. Mackey to Review AGREE. Will leave for Dr Kann to develop with MAC
PD# 8830 – Supraglottic Airway iGel	CFD	AEMT is referred to, but at this time, SCEMSA doesn't have policies addressing AEMT. Indications: AEMT and/or Paramedic ONLY: A. PING Misspelled. Probably should be PINK Cross-reference: Cardiac Arrest policies, medical & traumatic	This will be addressed at the MAC meeting. Ping fixed to Pink

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<p>PD# 5050 – Destination</p>	<p>CFD</p>	<ul style="list-style-type: none"> • Effective date to reflect revert to 11/1 Triage to waiting room: C. 1. GCS = 15? Suggest: Or baseline with caretaker 2. Exhibits decision-making capacity Suggest: Or caretaker with patient <p>E. F. G. = Not in the active policy, and here it is struck out. Believe F & G should be reconsidered and added to new policy.</p> <p>Also, consider if a patient received a non-narcotic IV infusion; they should be able to go to the WR.</p>	<p>The changes to this policy do not go live until 11/1.</p> <p>Dr. Mackey to Review</p> <p>POLICY CHANGED. THANK YOU. INFUSION PART NOT SPECIFICALLY EXCLUDED.</p>
<p>PD# 2101 – Patient Initiated Refusal of Service</p>	<p>CFD</p>	<p>Can the intent of calling base be clearly stated...."to have base physician speak with patient/patient rep and discuss risks associated with refusal..." etc. Feedback from the field is "the Dr. doesn't understand why base is contacted."</p>	<p>Dr. Mackey to Review</p> <p>SHOULD THIS BE EDUCATION AT THE HOSPITAL LEVEL?</p>
<p>PD# 2030 – Minimum ALS Inventory</p>	<p>CFD</p>	<p>Vaseline gauze? If this is for sucking chest wound, some agencies have far superior devices eg HiFin Chest Seal. Just for discussion, are the Mac 1 and Miller O, 1 necessary? No intubation for <8. Obstructed airway? Spare laryngoscope bulbs (IF using the style vs. fiber optic)</p>	<p>MAC DISCUSSION</p> <p>Dr. Mackey to review (Also used for airway obstructions to visualize and use of magills)</p>
<p>PD# 2007 – Trauma Data Elements</p>	<p>CFD</p>	<p>No issues with the data removed. The effective date should be reflective of the revered schedule, November 1</p>	<p>The changes to this policy do not go live until 11/1.</p>