



Oklahoma State Department of Health
Creating a State of Health

Medical Direction Subcommittee
Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
1000 N.E. 10th Street, Room 806
Oklahoma City, OK 73117
June 18, 2012
12:00 PM

Minutes

OSDH Staff

Dale Adkerson
Dr. Cathey

Daryl Bottoms

Casey Brockelman

Members

Dr. Goodloe
Dr. Selmon

Dr. Ogle

Dr. Sacra

Members Absent

Dr. Frantz

Dr. Wallace

Guests

David Howerton

T. J. Reginald

Jim Winham

- I. Call to order-Roll Call (Dr. Cathey)

Meeting was called to order. Quorum was established.

- II. Introductions and Announcements (Dr. Cathey)

Dr. Goodloe introduced David Howerton, T.J. Reginald, and Jim Winham.

EMD is listed in some of the protocols but may need to be removed.

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III. Discussion and possible action: OUHSC EMS Protocol Discussion and Review (Dr. Cathey, Dr. Goodloe, and D. Adkerson)

The initial draft of the OUHSC/OSDH EMS Protocols was discussed. Several changes were made to many of the protocols. The updated draft of the proposed Oklahoma State Protocols were included on the OSDH-EMS website at <http://ems.health.ok.gov>. The following includes several items that were discussed, but does not include every specific item. All motions are included.

Two different formats of the protocols may be released; a full document, and a document with only the treatment portions.

The protocols will be presented for public comment from July 1st to July 31st.

Labeling the versions was suggested so that there is no confusion regarding which version is being reviewed.

It was suggested that “Scope of Practice” be added to the appendix.

It was suggested that a “Preamble” be added to the Protocol Set. Preamble would need to include a statement to the effect that if a protocol is changed by a service, the service needs to use the same format.

Regarding Protocol 2F, the Combi-Tube® is an airway with potential for endotracheal intubation placement. Endotracheal intubation with a Combi-Tube® requires the same level of monitoring as standard endotracheal intubation. Endotracheal intubation is not within the EMT Basic or EMR Scopes of Practice. Other airway options are within the EMT Basic Scope of Practice.

Dr. Goodloe made a motion that, regarding Protocol 2F, as of January 1, 2013 or the implementation of these protocols, the Combi-Tube® will be within the Intermediate, Advanced EMT, and Paramedic Scope of Practice but not the EMT Basic or EMR Scopes of Practice. Dr. Ogle seconded the motion. The motion carried by unanimous consent.

It is understood that none of the images in the protocol set are protected by copyright.

Regarding Protocol 2J, it was suggested that images and/or pictures of each step be added.

Regarding Protocol 2L, Dr. Goodloe made a motion that Endotracheal Suctioning be added to the Basic EMT Scope of Practice. Dr. Sacra seconded that motion. The motion carried by unanimous consent.

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Dr. Goodloe made a motion to allow EMRs to assist patients with their own prescribed nitroglycerin. Dr. Ogle seconded. The motion carried by unanimous consent.

It was suggested that the State Protocols be reviewed and updated at one Medical Direction Subcommittee meeting each year.
It was agreed that the EMR Scope of Practice include testing blood glucose and administration of oral glucose.

Regarding 6B, it was agreed that an Intermediate-85 and AEMT can administer Glucagon and Naloxone provided OSDH Emergency Systems approved training and quality assurance policies are in place. The quality assurance policy would require 100% utilization review.

Regarding 13C, 13E, and 13F, it was suggested that “Receiving Nurse/Practitioner/Physician” under “EMR/EMT” be changed to “Receiving Facility” or “Receiving Emergency Room”.

IV. Public Comment

V. Adjournment: Next Meeting: August 15, 2012 Room 1102, OSDH at 12:00 P.M.

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