

**MEDICAL DIRECTION COMMITTEE MEETING MINUTES**  
of the  
**BOARD OF MEDICAL EXAMINERS**  
Sapphire Room, Bozeman Deaconess Hospital  
Bozeman, Montana  
8:00 a.m. to 5:00 p.m.  
March 11, 2014

**1. Call To Order - Establish Quorum - Introduction of Committee & Staff Members Present (00:00:14)**

**Members Present:** Dr. James Upchurch, Committee Chair  
Dr. Anne Williams  
Mr. Ron Solberg  
Dr. Jim Majxner  
Dr. Richard Briles

**Members Absent:** Dr. Dan Lewis  
Dr. Greg Moore  
Mr. Dwight Thompson

**Staff Present:** Mr. Ian Marquand, Executive Officer  
Mr. Ken Threet, EMT Trainer Coordinator  
Dr. Harry Sibold, State Medical Director  
Ms. Tiffany Huss, Administrative Specialist

**Guests Present:** Dr. Mary Anne Guggenheim  
Dr. Jim Bryan  
Ms. Shirley Shipp  
Mr. Clyde Shipp  
Mr. Owen Shipp  
Ms. Shari Graham  
Ms. Mary Granger

**2. Approval and Tentative Modification of Agenda Order (00:02:05)**

**a. Agenda for March 11, 2014**

**Motion (00:02:20):** Dr. Majxner moved to approve the tentative agenda order. Dr. Briles seconded the motion. Motion carried.

**3. Review and Approve Minutes (00:02:41)**

**a. October 1, 2013 Minutes**

**Motion (00:03:08):** Dr. Williams moved to approve the October 1, 2013 open session minutes. Dr. Majxner seconded the motion. Motion carried.

**Motion (00:03:34):** Dr. Briles moved to approve the October 1, 2013 closed session minutes. Dr. Majxner seconded the motion. Motion carried.

**4. Public Opportunity to Comment (00:03:58)**

The Presiding Officer read the Public Opportunity to Comment statement. No comments were made.

**5. Committee Action (00:05:25)**

a. Shirley Shipp Request re: Adrenaline Insufficiency Syndrome **(00:05:25)**

**Motion (00:18:49):** Dr. Briles moved to allow EMTs with medication endorsement to administer 100 mg of Solu Cortef (IM) for adults patients and 2 mg/kg (IM) to a max of 100 mg (IM) of Solu Cortef for pediatric patients with known adrenal insufficiency of any cause. AEMTs are allowed to administer the same respective dosages via IV/IO/IM to patients with known adrenal insufficiency of any cause. Dr. Majxner seconded the motion. Motion carried.

**Motion (00:30:58):** Dr. Williams moved to instruct Mr. Threet to draft a protocol with educational objectives (as directed in Dr. Briles' motion) for known adrenal insufficiency, which is to be presented to the Board for approval. Dr. Briles seconded the motion. Motion carried.

b. Montana Practical Exam Process **(01:25:10) (04:51:19)**

Discussion. No Committee action.

c. Life Flight Protocol Exception for DAI **(00:45:16)**

**Motion (01:09:35):** Dr. Williams moved for the Committee to recommend to the Board that Life Flight Network's protocol exception request (for drug-assisted intubation (DAI) by Montana-licensed Life Flight Network paramedics) be provisionally approved, with the stipulation that QI/QA process information and detailed records on each DAI performed be submitted on a quarterly basis for the Committee review. Dr. Briles seconded the motion. Motion carried.

d. ITC Device **(02:58:52)**

**Motion (03:31:24):** Dr. Briles moved to approve of the use of a clot-inducing external clamping device for uncontrolled bleeding in a scalp, axillary, groin and/or extremity hemorrhage at the EMR level and above [and modify the "Bleeding Control (External)" protocol as discussed]. Dr. Williams seconded the motion. Motion carried.

EMR (EMERGENCY MEDICAL RESPONDER):

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Be alert for and treat shock; see Shock Protocol

Consider a clot inducing dressing or external clamping device for uncontrollable bleeding (Medical director must approve specific agent utilized)

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NOTE:

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Be cautious for possible damage to gloves when applying direct pressure (bone ends, glass, etc.)

External clamping devices are currently approved for scalp, axillary, groin and extremity hemorrhage.

e. Amendments to statewide protocols **(02:31:08) (03:31:57)**

**Motion (02:42:33):** Dr. Majxner moved for the Committee to recommend to the Board that the protocols "Pediatric Respiratory Distress" and "Dyspnea – Adult" be amended as noted below. Dr. Briles seconded the motion. Motion carried.

PEDIATRIC RESPIRATORY DISTRESS  
PARAMEDIC:

With complete obstruction of the airway and inability to intubate, consider ~~percutaneous\*~~ cricothyrotomy.

If patient is under 12 years of age; consider needle cricothyrotomy with or without jet insufflation. Needle cricothyrotomy is the only approved procedure for children under 12 years old.

~~\* Percutaneous means access via needle puncture or needle puncture device and DOES NOT include “surgical” access using a scalpel~~

NOTE:

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DYS/PNEA is a symptom, not a disease/injury, reassess for cause and correct as necessary/possible.

Specific cricothyrotomy technique is determined by the supervising Medical Director.

DYS/PNEA – ADULT

PARAMEDIC:

...

With complete obstruction of the airway and inability to intubate, consider ~~percutaneous\*~~ cricothyrotomy.

If patient is under 12 years of age; consider needle cricothyrotomy with or without jet insufflation. Needle cricothyrotomy is the only approved procedure for children under 12 years old.

~~\* Percutaneous means access via needle puncture or percutaneous cricothyrotomy device and DOES NOT include “surgical” access using a scalpel~~

NOTE:

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If patient has personal prescribed inhaler, allow the patient to use it, as prescribed, assist as necessary.

Specific cricothyrotomy technique is determined by the supervising Medical Director.

**Motion (03:39:07):** Dr. Williams moved for the Committee to recommend to the Board that the use of needle decompression for chest pneumothorax be restricted to the AEMT with I-99 Endorsement or Paramedic levels (and to recommend to the Board that the protocol “Multiple Trauma” be amended to reflect the motion as noted below). Dr. Majxner seconded the motion. Motion carried.

AEMT (Advanced Emergency Medical Technician) with I-99 Endorsement:

Attach monitor

Consider pain management, see Pain Management Protocol

Consider needle decompression of chest if tension pneumothorax is suspected

**Motion (03:51:38):** Dr. Briles moved for the Committee to recommend to the Board that the protocol “Anaphylaxis” be amended as noted below and that the AEMT with I-99 Endorsement level be removed from the protocol. Dr. Majxner seconded the motion. Motion carried.

AEMT (Advanced Emergency Medical Technician) with medication endorsement:

...

If BP is < 70 systolic or in respiratory distress, or total body hives, or swelling of tongue, mouth or throat that causes respiratory distress, administer:

Adult - if unresponsive to IM administration then consider 2 to 4 ml (1:10,000=1mg/10ml) (IV) repeat every 3-5 minutes to a minimum B/P 90 systolic and improvement of symptoms

Pediatric - If unresponsive to IM administration, then consider EPINEPHRINE (1:10,000=1mg/10ml) (IV) 1 to 4 ml to a max of 0.4 mg, repeat every 3 TO 5 minutes to a minimum B/P 90 systolic and improvement of symptoms

For respiratory distress: ALBUTEROL 2.5mg mixed in 3cc of normal saline, NEBULIZED with oxygen after EPINEPHRINE

NOTE:

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Anticipate acute airway obstruction and or respiratory arrest  
DO NOT administer epinephrine 1:1,000 intravenously.

**Motion (03:56:32):** Dr. Majxner moved for the Committee to recommend to the Board that the drug epinephrine be added to the medication endorsement (for the AEMT level). Dr. Briles seconded the motion. Motion carried.

**Motion (04:06:00):** Dr. Majxner moved for the Committee to recommend to the Board that the protocol "Anaphylaxis" be amended as noted below. Dr. Williams seconded the motion. Motion carried.

AEMT (Advanced Emergency Medical Technician) with medication endorsement:

If BP > 70 systolic and no complaint of respiratory distress, or total body hives, or swelling of tongue, mouth or throat, consider administration of:

Adult - BENADRYL 50-100 mg (PO)

Pediatric - BENADRYL 0.5-1 mg/kg to a max of ~~400~~ 50 mg (PO)

If BP < 70 systolic or in respiratory distress, or total body hives, or swelling of tongue, mouth or throat that causes respiratory distress, consider administration of EPINEPHRINE (AUTO-INJECTOR), repeat every 5 to 15 minutes as needed per local protocol

If repeated B/P is > 70, then administer:

Adult - BENADRYL 50-100 mg (PO) or BENADRYL 50 mg (IM)

Pediatric - BENADRYL 0.5-1 mg/kg to a max of ~~400~~ 50 mg (PO/IM)

**Motion (04:14:16):** Dr. Majxner moved for the Committee to recommend to the Board that the protocol "Anaphylaxis" be amended to create a specific Paramedic level as noted below. Mr. Solberg seconded the motion. Motion carried.

PARAMEDIC:

If B/P is > 70, then administer:

Adult - BENADRYL 50-100 mg (PO) or BENADRYL 50 mg (IM/IV)

Pediatric - BENADRYL 0.5-1 mg/kg to a max of 50 mg (PO/IM/IV)

**Motion (04:19:42):** Dr. Briles moved for the Committee to recommend to the Board that the protocol "Multiple Trauma" be amended as noted below. Dr. Williams seconded the motion. Motion carried.

EMT (Emergency Medical Technician) with IV/IO initiation endorsement:  
Start (2) IV(s) with NORMAL SALINE /LACTATED RINGERS solution (en route)  
~~TKO unless patient in shock, refer to Shock Protocol~~

f. Paramedic Inter-facility Scope of Practice (non-CCP) **(04:20:53)**

Discussion. No Committee action.

**6. Adjourn (06:00:13)**

**Motion (06:00:16):** Dr. Briles moved to adjourn the meeting. Dr. Majxner seconded the motion.  
Motion carried.