

**PINELLAS COUNTY EMERGENCY MEDICAL SERVICES**  
**12490 Ulmerton Road, Rooms 130/132**  
**Largo, FL 33774**

**EMS LEADERSHIP GROUP MEETING MINUTES**  
**May 16, 2023**

The Pinellas County EMS Leadership Group (EMS LG) met on this date at this location with the following agencies marked present:

- Airport
- Clearwater
- Dunedin
- East Lake
- EMS & Fire Administration
  - Director
  - Credentialing Coordinator
  - Data Systems Coordinator
  - EMS Academy Coordinator
  - Logistics Coordinator
  - Protocol and Equipment Coordinator
  - Quality Assurance Coordinator
- Gulfport
- Largo
- Lealman
- Madeira Beach
- Medical Director
- Oldsmar
- Palm Harbor
- Pinellas Park
- Pinellas Suncoast
- Safety Harbor
- Seminole
- South Pasadena
- St. Pete Beach
- St. Petersburg
- Sunstar
- Tarpon Springs
- Treasure Island

**CALL TO ORDER AND ROLL CALL**

Chief Terry Tokarz called the meeting to order at 9:01 a.m. Roll call was taken.

**APPROVAL OF MEETING MINUTES**

Upon presentation of the minutes from the April 18, 2023, EMS Leadership Group meeting, the minutes were unanimously approved. (Palm Harbor/St. Pete Beach)

**SYSTEM UPDATE**

Craig Hare presented system updates on the following topics:

- EKG Monitors
  - Set for June 13 Board of County Commissioners (BCC) agenda.
  - Stryker has committed to a 30-day delivery of 50 monitors within 60 days.

- EMS Training Group completed curriculum components and is scheduling Train the Trainer and Power User training late July through August. Mark Eggers and Chief Mark Zipeto provided input regarding training and ACLS scheduling.
- Plans for agency-based training August 15 through October 31, and instructor reimbursement. Discussion had regarding having a Specialty Instructor designation for Power Users for EKG training. Craig and Mark to look into the ACLS budget and hours' pool.
- Go-live timeline is September 15 through October 31 or whenever departments have completed training, noting that the 45-day window depends upon monitor delivery.
- Equipment to be available in the stations for awareness before going live.
- Protocols to be presented to the Medical Control Board in June.
- Sunstar and various agencies provided input on their training and go-live plans.
- Dr. Jameson shared that all training materials to be published by July 15.
- Craig expressed thanks to all for the good feedback and noted he will start to solidify a plan, noting that the goal is to finish ACLS, EKG implementation, and ImageTrend upgrade between now and Christmas.
- ImageTrend
  - In early June, the configuration committees to start getting high-level feedback on each of the modules in the field with the overall approach of decreasing time on task, reducing the capture of unnecessary fields, and focusing on good clinical care data collection.
  - Refusal Committee to simplify refusals and end-user reports.
- FD Ride-in with BLS Ambulance
  - Meeting with Fire Chiefs on May 25 regarding concerns about FD ride-ins with BLS ambulances.
  - Provided statistical information about cancellation rates and BLS versus ALS calls and discussion ensued regarding ways to better match BLS ambulances to BLS calls.
  - Richard Schomp presented a BLS to 9-1-1 scheduling, staffing, and employee retention update. He provided statistical information regarding ALS versus BLS transports and discussed peak times, truck reassignment, road hours, and unit hour utilization. He shared information on a recent deep dive of what the statistics showed for alpha, bravo, charlie, delta, and echo call support, noting more work is being done on cancellations. He acknowledged that Sunstar is very open to ideas on how to reduce FD ride-ins to make the system better.
  - Members provided input on what to change to give the system relief with better matching BLS ambulances to BLS calls and amending algorithms for improved BLS/ALS unit involvement.
  - Craig Hare indicated that it is time for a policy adjustment and requested additional feedback/thoughts from the members and crews for presentation to the Fire Chiefs, noting it may be time for an intervention to reduce BLS for best resource utilization.
- Workforce Roundtable
  - Presented statistical information related to clinician loss for nearby counties and metro areas and provided an update regarding the Fire Training Study, sharing that the Florida Fire Service has 3,300 firefighters leaving the field and only 2,000 coming out of academy. He related that the only solution may be to produce our own firefighter medics and suggested conducting a workforce roundtable to discuss increasing paramedic workforce.

## **MEDICAL DIRECTOR UPDATE**

Dr. Angus Jameson provided a clinical update on the following topics:

- Virtual Office Hours
  - Will be changing to the last Friday of the month at 10:00 a.m. via Zoom in order to attract more field level employees as well as EMS chiefs and coordinators. It will be publicized more.
- Leave Behind Narcan
  - Program is picking up in frequency. Will be doing another survey in the upcoming in-service.
- Freestanding ED
  - Protocol changes are in place; still waiting for data. Trying to encourage use for patients that qualify to better balance the load between facilities.
- LUCAS Device
  - Dr. Andrew Smith reported that there was great rapport when the LUCAS device was deployed on a Madeira Beach rescue call. Lt. Todd Best relayed that the device was very effective on a patient experiencing cardiac arrest. In response to query by Chief Tedesco about expanding the use of the device, Dr. Jameson indicated that he would need to review the authorizations, noting that there is currently an evaluation plan going on.
- QARs
  - Dr. Dooley reported issues with people not completing their CMEs in a timely manner and are letting their badge cards lapse. Asked the agencies to ensure employees are keeping up on their CMEs and to review their badge cards for expirations.

### **AIR MEDICAL UPDATE**

Julie Bacon referred to a document titled *Pinellas Air Data* and provided statistical information on April 2023 air support requests, activations, and average time until air carrier acceptance, noting ongoing work with Bayflite and Aeromed to provide mobilization, lift, and destination information for inclusion in future reports.

### **SUNSTAR UPDATE**

Richard Schomp presented an operational update and shared statistical information regarding year-over-year trends and transport volume, noting that hospital holds have decreased, and there were two 600-plus days this month.

### **MEDICAL EQUIPMENT & SUPPLY/LOGISTICS UPDATES**

Derek Schauer displayed a picture of the new clip-on bag for the CO monitor and discussed its use with the new gas clip monitor. To be pushed out in the next few weeks.

David Hudak conducted a PowerPoint presentation titled *May 2023 Protocols, Medical Supplies & Equipment, Pharmaceuticals & Logistics*, and, with input from Dr. Jameson, provided new and updated information regarding the following topics:

- Pharmaceuticals – Drug Shortages.
- Pharmaceuticals Changes – Glucagon, Lidocaine, Amiodarone, Adenosine, Midazolam.
- Clarification on Intranasal Naloxone (NARCAN) and Leave Behind Kits. Discussion ensued.
- Medical Equipment – Check Sager splints for possible replacement.
- Medical Control Directive Drafts (MCDs).
  - 23-09 – ACLS Recertification Process for Paramedics and Nurses.
  - 23-10 – May 2023 Inservice Training.
  - 23-11 – Hospital Status Change.

### **EMS ACADEMY/EMS TRAINING/CME UPDATE**

Mark Eggers provided information on the following topics:

- CME
  - March: 7 remain restricted/suspended.
  - April: 121 incompletes.
  - May: 1,266 incompletes (as May 15th).
  - Mark is willing to assist anyone in running their own CME reports.
- ACLS
  - The May CME pre-course assessment must be printed out and brought to class.
  - ACLS books for new members are in the cage.
  - Anyone who expires during their recertification period must attend a class.
  - Check on new-hires between now and ACLS - get them in a class.
- PHTLS (next year)
  - Looking for those who missed PHTLS during Covid and Capstone, may only be about 12 members. They will need a makeup class before they can attend the refresher.
- TECC Class
  - Week of June 26.
  - Please email Mark with any new tactical paramedics in your department.
- EMS Academy
  - BLS Week – 124 first-time attempts, 95% first-time pass rate.
  - ALS Week – 37 first-time attempts, 97% first-time pass rate.
- Capstone
  - 24 first-time attempts.
  - 75% first-time pass rate.
  - 100% pass rate since the start of Capstone Prep class.
  - Exam average increased by 1.5 points (84.23 to 85.75).

### **TECHNOLOGY UPDATE**

Craig Hare thanked Steve Fravel for growing the ePCR system since its inception in 2007 and announced that he has now been promoted to Credentialing Coordinator and was appointed to lead the ImageTrend License module. Steve provided new and updated information on the following topics:

- Surface Go
  - Advised that he is working with BTS to get the imaging done and replacing the ones in North County with a new image. Once that's done, he'll start sending out information on the necessary charging systems for the new Surface Goes.
- Citrix Access
  - Sunstar is currently working on a solution to using the remote desktop. Once completed, a training memo to be sent out, noting that the same login and password will be used but with a different interface. Call Steve if any Citrix issues arise before the update.

### **QUALITY ASSURANCE UPDATE**

Chris Jordan referred to a document titled *Quality Assurance Update* and provided statistical information pertaining to the following topics:

- Baldrige Patient Satisfaction Surveys and engagement results for April 2023.
- April QARs.
- Case tracking.

Chris introduced Lt. Dan Zsido of Pinellas County Sheriff's Office Narcotics Division. Lt. Zsido referred to a PowerPoint titled *Naloxone Narcan Awareness Training: Reversing Opioid Overdoses & Saving Lives* and presented a brief overview of Narcan awareness training he makes available at no cost to first responders, social service providers, healthcare practitioners, and community organizations. Mr. Hare indicated that he would like to share Dan's information to the departments as well as to public

outreach.

## **COMMITTEE UPDATES**

### **PCEMS Supply and Equipment Committee – Chief Tony Tedesco**

- In the middle of contract negotiations for a 90-day trial of the EMS vending machines at Stations 45 and 48. Trial to start on July 1.

### **PCEMS Controlled Substances Subcommittee – Chief Tony Tedesco**

- Nothing new to report

### **EMS Training Group – Chief Mark Zipeto**

- Nothing new to report

### **EMS Quality Committee – Jeremy Tinter**

- Nothing new to report.

### **ePCR Committee Update**

- Nothing new to report.

### **Complex Case Management – Dr. Angus Jameson**

- Nothing new to report.

### **First Pass Group – Chief Bill Gorham**

- Nothing new to report.

## **AROUND THE TABLE: POSITIVES, PROJECTS, AND ACCOMPLISHMENTS**

**MEDICAL DIRECTOR:** Dr. Jameson shared that he, Bruce Moeller, Dr. Michael Lozano, and Dr. Johnathon Elkes have had an article accepted for publication in this month's *Pre-Hospital Emergency Care*.

**OLD BUSINESS** – On hold.

### **NEW BUSINESS**

No new business was discussed.

### **ACTION ITEMS**

- Craig Hare requested that all agencies send feedback to him regarding BLS ambulance changes to improve system options.
- David Hudak to send out protocols on Medical Control Directives 9, 10, and 11.
- Chris Jordan to send out Dan Zsido's video and contact information.

### **NEXT MEETING**

The next Leadership Group meeting is scheduled for Tuesday, June 20, 2023, at 9:00 a.m. via Zoom.

### **ADJOURNMENT**

Upon a motion by Lealman and a second by Clearwater, the meeting was adjourned at 11:32 a.m.

*Audio and documentation received for this meeting is on file at the Pinellas County EMS & Fire Administration.*

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**April 18, 2023**

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**CALL TO ORDER AND ROLL CALL**

Chief Terry Tokarz called the meeting to order at 9:01 a.m. Roll call was taken.

**APPROVAL OF MEETING MINUTES**

Upon presentation of the minutes from the March 21, 2023, EMS Leadership Group meeting, held face to face, the minutes were unanimously approved. (Oldsmar/Pinellas Suncoast)

**SYSTEM UPDATE**

Craig Hare presented the following system update on the following topics:

- Budget
  - Meetings underway with fire districts now, hoping to wrap up in mid-May and finalize any contract amendments for next year.
- ImageTrend

- In-house core configuration training scheduled for Monday, Tuesday, and Wednesday of this week. Within a few weeks, plans to have internal committees walk through modules/fields/sections and have power users testing on records. Personnel certifications will be the first module turned on. QAR module to be the second.
- One last meeting scheduled with Physio attorneys before presentation of the Physio LifePack 15-4 Plus to the Board of County Commissioners (BCC) for approval in May.
- Staffing
  - Steve Fravel has been promoted to Credentialing Coordinator, noting duties include CME reimbursements and personnel certifications. Chief Allen Smay requested that an updated EMS & Fire contact list be sent out with all of the staffing changes. Upon query by Chief Smay, Craig to consider having a generic email to handle questions for transitioning positions, like the one created for certifications.
  - John Murphy has transitioned to full-time Special Operations Coordinator, no longer handling credentialing

### **MEDICAL DIRECTOR UPDATE**

Dr. Angus Jameson provided a clinical update on the following topics:

- PCEMSOMD Website
  - Site continues to work well, noting good traffic. Encouraged members to spread the word about subscribing to the website feed to receive important notifications that include Medical Control Directives and protocol updates.
  - Reminder to check out the new Patient Resource page for real time information on patient needs and County resources.
  - A Resources page will be forthcoming containing information regarding patient advocacy and COSSAP and Leave Behind Narcan programs.
  - Clinicians now have access to a link to report directly to the DCF Reporting Portal.
  - See the link to the Narcan survey to log in to provide special event/kit dispersal information.
  - Requested feedback on site improvements.
- Operations
  - Expressed thanks to all for participating in the station visits and working with Shelly to schedule the visits.
  - Plans to schedule the first of many virtual office meetings via Zoom to start next Friday, from 10:00 a.m. to noon. Invited everyone to attend and ask question or give suggestions. Email notification to be sent out.

### **SENIORS IN SERVICE HEALTH BUDDIES PRESENTATION**

Aria Garling, Seniors in Service, conducted a PowerPoint presentation titled *Seniors in Service Health Buddies, Geared up to Serve*, and provided an overview of the organization. She discussed its mission, funding sources, program services, clients and purpose, and volunteer training, noting that Seniors in Service Health Buddies help reduce preventable hospital readmissions for individuals living with chronic conditions through telephone interventions that empower them to self-manage their health, thus reducing over-utilization of emergency services. Volunteers are trained to provide support to help clients live independently and with dignity.

Responding to query by Jim Fogarty, Candi Makee-Stripe, Department of Safety & Emergency Services, presented information on work to bring the program to Pinellas County, her vision to reduce the amount of elder welfare checks in Pinellas County, and using a brochure to make client referrals for important elder needs, noting that Ms. Garling is going to provide 5,000 rack cards for community distribution.

Craig Hare discussed the patient referral process, inclusion criteria, and agency volunteers for the pilot program, noting that the plan is to use a referral process similar to the COSSAP program, give the patient a flyer so they can contact Seniors in Service Health Buddies (SISHB) or we can help on scene by going to the SISHB webpage and do the signup for them. He indicated that we can put together a leadership video of field utilization to be included in regular training. St. Petersburg, Pinellas Suncoast, Dunedin, and Pinellas Park offered to volunteer. Anyone else interested in program participation or needing referral cards may contact Candi Makee-Stripe at [cmakeestripe@pinellas.gov](mailto:cmakeestripe@pinellas.gov) and Aria Garling at [agarling@seniorsinservice.org](mailto:agarling@seniorsinservice.org). More to come.

### **AIR MEDICAL UPDATE**

Craig Hare noted that he sent out the Air Medical update from Julie Bacon.

### **SUNSTAR UPDATE**

Jeremy Tinter presented an operational update and shared statistical information regarding transport volume, year-over-year trends, and orientation staffing, noting that there are currently 11 EMTs and 5 paramedics enrolled in classes; and there were three 600-plus transport days in the past seven days.

Jazmin Soloman provided an American Heart Association Mission Lifeline update and discussed major program changes made this year pertaining to the annual application process and agency metrics, noting that Sunstar did apply for every ALS agency in the county even though agencies are required to submit their own applications. She relayed that six agencies did not qualify for the award because they did not meet the call volume, so Sunstar went through every single run report and applied exclusion criteria, noting that every agency will receive an award, gold, silver, or bronze, depending on what the numbers look like. Please send Jazmin an email to schedule a meeting if you would like to see your agency's data metrics/reports so improvements can be made to hit higher marks for next year. Craig Hare expressed thanks to Jazmin and her staff for their hard work on the Mission Lifeline applications.

### **MEDICAL EQUIPMENT & SUPPLY/LOGISTICS UPDATES**

Derek Schauer indicated that he is looking at a new CO2 device as the Protégé monitors are coming to an end of life in November. He discussed cardiac monitor clip issues related to the existing device, noting he is looking to have a more secure method of connection.

Craig noted that there is a LifePack 15 loaner in the office if anyone would like to check it out.

David Hudak conducted a PowerPoint presentation titled *April 2023 Protocols, Medical Supplies & Equipment, Pharmaceuticals & Logistics*, and, with input by Dr. Jameson and Mark Eggers, provided new and updated information regarding the following topics:

- Medical Control Directives (MCDs)
  - 23-07 - Medical Operations Manual (MOM) Volume 1 and 2 – First Quarter Revision.
  - 23-08 – Discontinuation of Pandemic Plan and Transition of BLS 911 Program to Medical Control Board Resolution 2023-01.
  - Draft 23 ACLS Recertification Process for Paramedics and Nurses.
- Pharmaceuticals – supply and expirations.
- Medical Equipment – spine board replacement; PPE – masks, respirators, and overalls.

### **EMS ACADEMY/EMS TRAINING/CME UPDATE**

Mark Eggers provided information on the following topics:

- CME
  - March is complete.
  - Class makeup information to be sent out once dates are confirmed.
  - 2 clinicians have not completed February CME. February is 98 percent unfinished.

- April CME is 36 percent finished.
- Filming almost complete for May CME.
- ACLS schedule is 99 percent complete.
- IPD starts next week. 4 classes available.
- County Communications Department to give a one-hour presentation on public speaking.
- Second face-to-face essentials class to become an ACLS instructor on April 20.
- Plans to have more available instructors at each site, noting approximately 33 to 35 new ACLS instructors in addition to the 30-plus current faculty to make ACLS run more smoothly.
- Instructors are requested to not take voluntary overtime FD assignments if committed to class instruction. Mandated operations do not apply.
- Consensus to keeping standard scores at 84 percent.
- Apologized for any snafus regarding March CME reporting.
- EMS Academy
  - Academy is going well, noting only one unsuccessful March candidate and two unsuccessful April candidates.
  - May ALS is full.
  - Please email Mark as soon as possible for any needed accommodation, noting limitations with scheduling.
  - Shared good feedback received regarding EMS Academy changes with the Surface Gos, narcotics exchange process, updated PowerPoints, and the return to the Medical Examiner's office.
  - Coordinate with Mark regarding holding makeup CME classes to ensure the instructors have the equipment needed for class. Craig reminded members that a small makeup class is held at own cost. Instructors are covered for full countywide-sponsored classes. The County is willing to accommodate those who missed class because they were on FMLA leave.

### **TECHNOLOGY UPDATE**

Craig Hare indicated that Steve Fravel is working on the ImageTrend project. New and updated information was given on the following topics:

- Be sure to clean up the ZDMCs and keep up with the QA buckets as well.

### **QUALITY ASSURANCE UPDATE**

Chris Jordan referred to a document titled *Quality Assurance Update* and provided statistical information pertaining to the following topics:

- Baldrige Patient Satisfaction Surveys and engagement results for March 2023.
- March QARs.
- Case tracking.

### **COMMITTEE UPDATES**

#### **PCEMS Supply and Equipment Committee – Chief Tony Tedesco**

- Craig Hare shared that Clearwater Stations 45 and 48 are doing a pilot project to try out the EMS vending machines to see if the effort will save time, effort, and cost of supplies. Contact Chief Tedesco for additional information regarding the EMS vending machine project.

#### **PCEMS Controlled Substances Subcommittee – Chief Tony Tedesco – On hold.**

### EMS Training Group – Chief Mark Zipeto

- Continue to have good turnout for the meetings.
- Next meeting is to be scheduled in the face-to-face format. Plans to comprehensively review EKG. Anyone interested may attend.

### EMS Quality Committee – Jeremy Tinter

- Nothing new to report.

### ePCR Committee Update – On hold.

### Complex Case Management – Dr. Angus Jameson

- Nothing new to report.

### First Pass Group – Chief Bill Gorham

- Still working with First Watch engineers regarding the repopulation of reports into First Pass. More to come.

## **AROUND THE TABLE: POSITIVES, PROJECTS, AND ACCOMPLISHMENTS**

**Pinellas Park:** Ryan Mitchell relayed a unique fire call where there was no cyanokit available because the DC and LR were not on site and asked whether the County would be amenable to broadening the allocation of cyanokits. Discussion ensued regarding structure fire response operations, and Craig Hare indicated that if Ryan could provide an incident number, he would further look into the matter offline.

In response to query by Ryan regarding county recognition awards, Craig shared that anyone wishing to give a commendation can send the information to Chris Jordan, [cjordan@pinellas.gov](mailto:cjordan@pinellas.gov).

Ryan commented on balancing the ENVI process with PSTrax, and Craig related that the County is looking into the EMS vending machine pilot project and then compare available technology relative to supply.

**Pinellas Suncoast:** Looking to employ six new hires within the next three months, noting there are two EMTs transitioning to medic school, and two will be starting in August, thanks to negotiations to approve a contract for paramedics.

Chief Jeffrey Davidson briefly discussed the work of the Marine Operations group and invited members to attend an upcoming meeting on Thursday, April 20.

Chief Davidson is working with Stephen Glatstein on a blue QAR recognizing the phenomenal work of the Largo and Sunstar crews, call takers, and dispatchers on a recent call involving a pediatric water rescue, noting that the patient is alive and well.

### **OLD BUSINESS**

No old business was discussed.

### **NEW BUSINESS**

No new business was discussed.

### **ACTION ITEMS**

No action items were discussed.

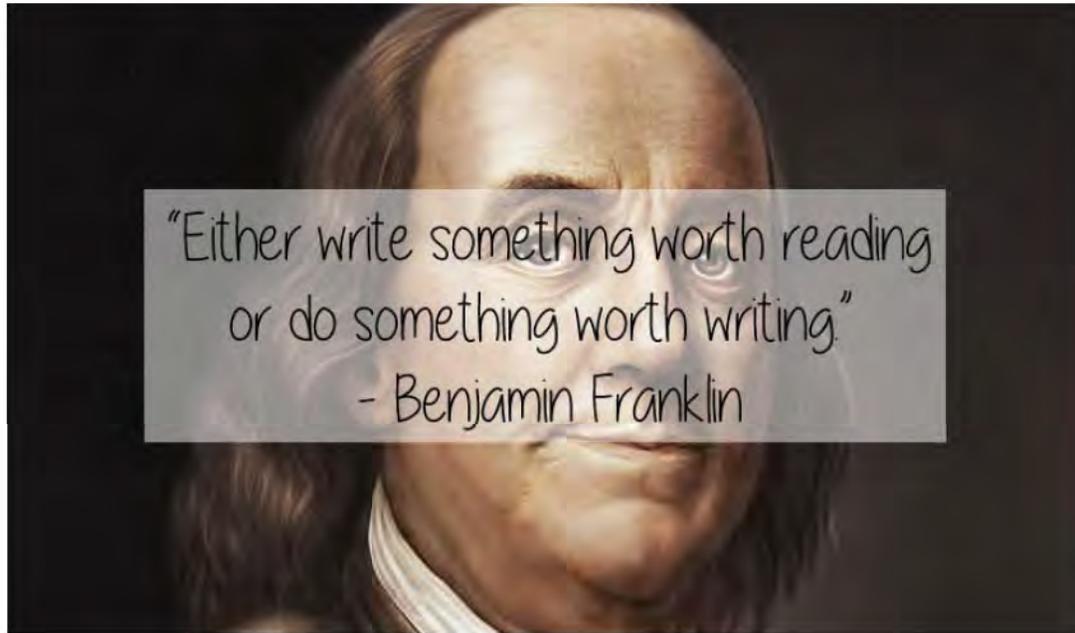
**NEXT MEETING**

The next quarterly Leadership Group meeting is scheduled for Tuesday, May 16, 2023, at 9:00 a.m., via Zoom.

**ADJOURNMENT**

The meeting was adjourned at 11:39 a.m.

*Audio and documentation received for this meeting is on file at the  
Pinellas County EMS & Fire Administration.*



**May  
2023**



**PROTOCOLS, MEDICAL SUPPLIES &  
EQUIPMENT, PHARMACEUTICALS &  
LOGISTICS**

A close-up photograph of a medical syringe and a pair of glasses, with the text "Pharmaceuticals: UPDATE" overlaid in large red letters. The syringe is in the foreground, angled from the bottom left towards the center. The glasses are in the background, slightly out of focus. The text is in a bold, red, sans-serif font with a white outline and a slight drop shadow.

# Pharmaceuticals: UPDATE



## National Drug Shortages Active Shortages by Quarter – 5 Year Trend



**Note:** Each point represents the number of active shortages at the end of each quarter.

University of Utah Drug Information Service

Contact: Erin.Fox@hsc.utah.edu, @foxerinr for more information.

**CRITICAL**



The background is a close-up, slightly blurred image of a calendar. The calendar pages are white with black numbers. A prominent red diagonal line runs across the calendar. A bright yellow rectangular box is centered over the calendar, containing bold blue text.

**CURRENT  
RESUPPLY  
ESTIMATE  
3 – 4 MONTHS**

A large warehouse with high industrial shelving units filled with cardboard boxes. The shelves are arranged in long aisles, and the boxes are stacked high, reaching towards the ceiling. The lighting is bright, and the overall scene is one of a well-organized storage facility.

**ALL REQUISITIONS FOR  
IPRATROPIUM ARE BEING  
REVIEWED TO MAINTAIN  
OPERATIONS SYSTEMWIDE**



# Pharmaceutical Change

# Glucagon



# Glucagon 1 mg per vial

**EXISTING**



## **SUMMARY**

<b>Drug Amount</b>	No Change
<b>Concentration</b>	No Change
<b>Volume of Liquid</b>	No Change
<b>Reason for Change</b>	Ongoing National Drug Shortages

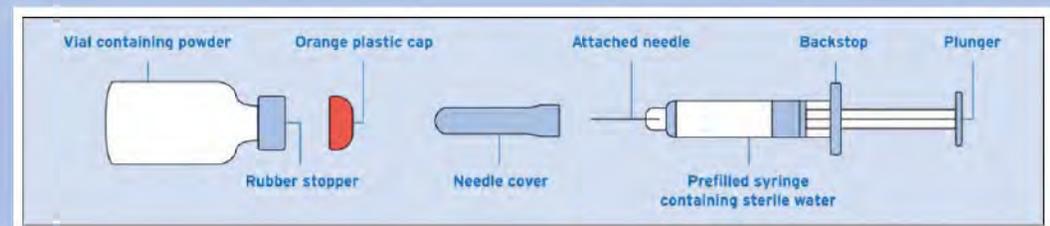
# Glucagon 1 mg per vial

## SUMMARY

Drug Amount	No Change
Concentration	No Change
Volume of Liquid	No Change
Reason for Change	Ongoing National Drug Shortages

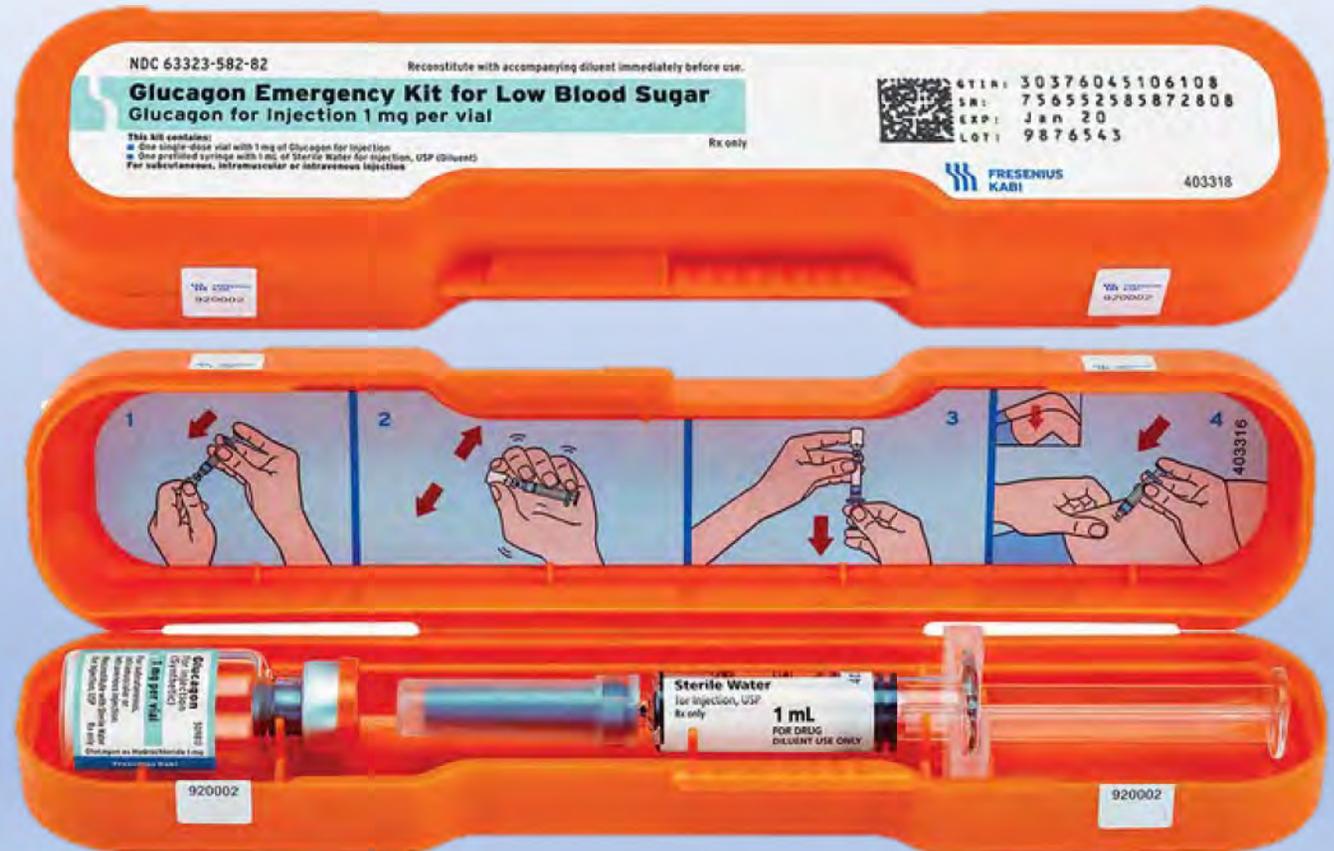
This change will occur as the system inventory of the existing format is expended

New



# Glucagon 1 mg per vial

**The contents are to remain in the individual plastic container with the SEAL INTACT until required for patient care**





# Pharmaceutical Change

## Lidocaine



# Lidocaine – Packaging Change

**Current**



**New**

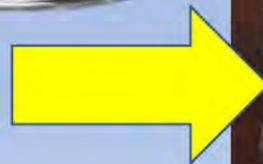


SUMMARY		
No Change	<b>Total Drug Amount</b>	No Change
No Change	<b>Concentration</b>	No Change
No Change	<b>Volume of Liquid</b>	No Change
<b>Appearance</b>	• Vial format	
<b>Reason for Change</b>	Ongoing Drug Shortages	

# Lidocaine – Packaging Change



OR



The Lidocaine when ordered will be shipped as a kit as shown – The kit will include:

- 1 - Lidocaine
- 1 - 10 mL Syringe
- 1 - 18g x 1.5" Blunt Fill Needle



# Pharmaceutical Change

# Amiodarone



# Amiodarone 150 mg/3 mL (50 mg/mL)

**EXISTING**



**NEW**



## SUMMARY

Drug Amount	No Change
Concentration	No Change
Volume of Liquid	No Change
Reason for Change	Ongoing National Drug Shortages

This change will occur when the system inventory of the existing format is expended



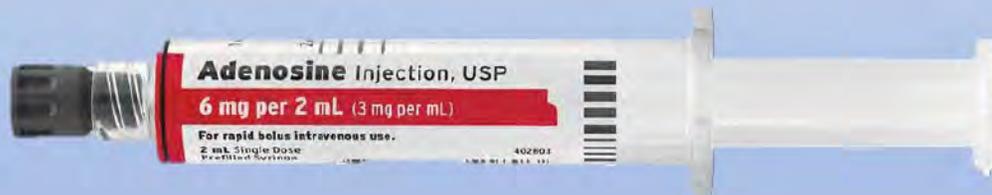
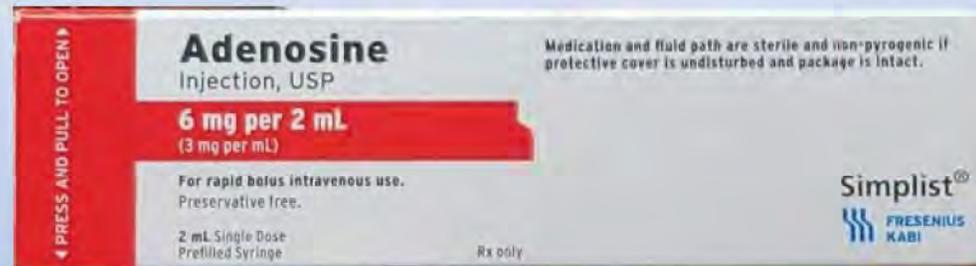
# Pharmaceutical Change

# Adenosine

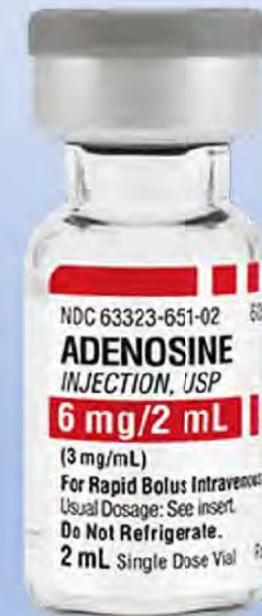


# Adenosine 6 mg/2 mL (3 mg/mL) – Packaging Change

**Existing**



**New**

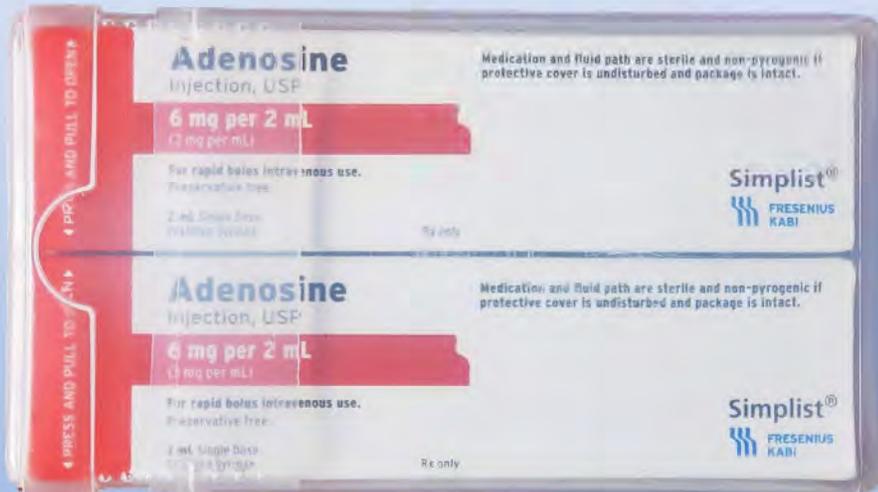


# Adenosine 6 mg/2 mL (3 mg/mL) – Packaging Change

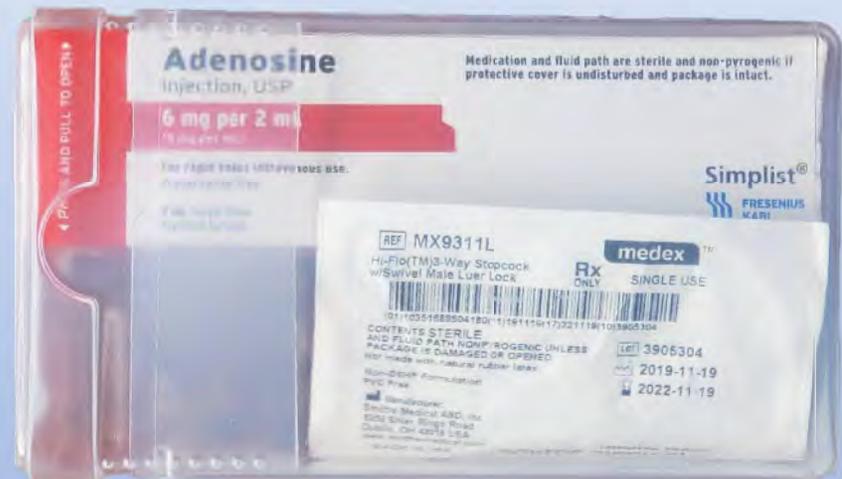
**Kit #1**

**Existing Inventory**

**Kit #2**



**2 – Adenosine 6 mg per 2 mL Prefilled Syringes**



**1 – Adenosine 6 mg per 2 mL Prefilled Syringe  
1 – 3 Way Stopcock**

# Adenosine 6 mg/2 mL (3 mg/mL) – Packaging Change

**Temporary  
Inventory**

## **Kit #1**

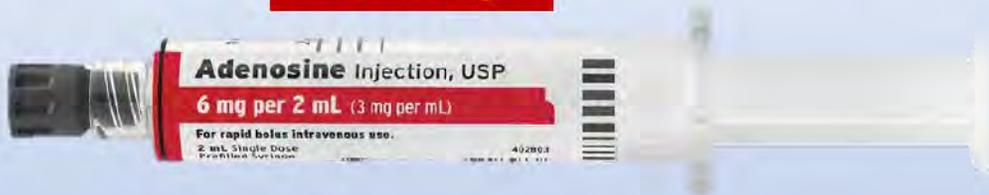
- 2 – Adenosine 6 mg/2 mL Vials**
- 2 – 3 mL Syringes**
- 2 – 18g Blunt Fill Needles**

## **Kit #2**

- 1 – Adenosine 6 mg/2 mL Vial**
- 1 – 3 mL Syringe**
- 1 – 18g x 1.5” Blunt Fill Needle**
- 1 – 3 Way Stopcock**

# Adenosine 6 mg/2 mL (3 mg/mL) – Packaging Change

**Existing**



**New**

## SUMMARY

No Change	<b>Total Drug Amount</b>	No Change
No Change	<b>Concentration</b>	No Change
No Change	<b>Volume of Liquid</b>	No Change
<b>Appearance</b>	• Vial format	
<b>Reason for Change</b>	Ongoing Drug Shortages	



# Pharmaceutical Change

# Midazolam



# Midazolam 5 mg/mL - 1 mL



**EXISTING**

<b>SUMMARY</b>	
<b>Drug Amount</b>	No Change
<b>Concentration</b>	No Change
<b>Volume of Liquid</b>	No Change
<b>Reason for Change</b>	The 5 mg/mL – 1 mL prefilled syringe format has been discontinued by the manufacturer.

This change will occur when the system inventory of the syringe format expires June 2023

**New**



## Midazolam 5 mg/mL – 1 mL



**The new Midazolam vial will be deployed in the same clear container that is used for the Fentanyl vial – This adds an additional layer of protection to the vial packaging/labeling**

# INTRANASAL NALOXONE (NARCAN)





Rx only NDC 55150-345-01

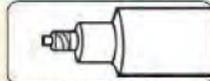
**Naloxone Hydrochloride Injection, USP**  
**2 mg per 2 mL**  
**(1 mg/mL)**

**AUROMEDICS**

For Intravenous, Intramuscular or Subcutaneous Use  
As an Opioid Antagonist

Luer-Lock Prefilled Syringe  
One 2 mL Single-Dose Disposable Prefilled Syringe  
Do not reuse or resterilize.

# THIS

**▲ open**  **Rx Only** NDC 76329-3369-1 STOCK NO. 3369

Luer-Lock Prefilled Syringe

**NALOXONE HYDROCHLORIDE INJ., USP** **2 mg per 2 mL**  
**(1 mg/mL)**

FOR INTRAVENOUS, INTRAMUSCULAR OR SUBCUTANEOUS USE  
AS AN OPIOID ANTAGONIST

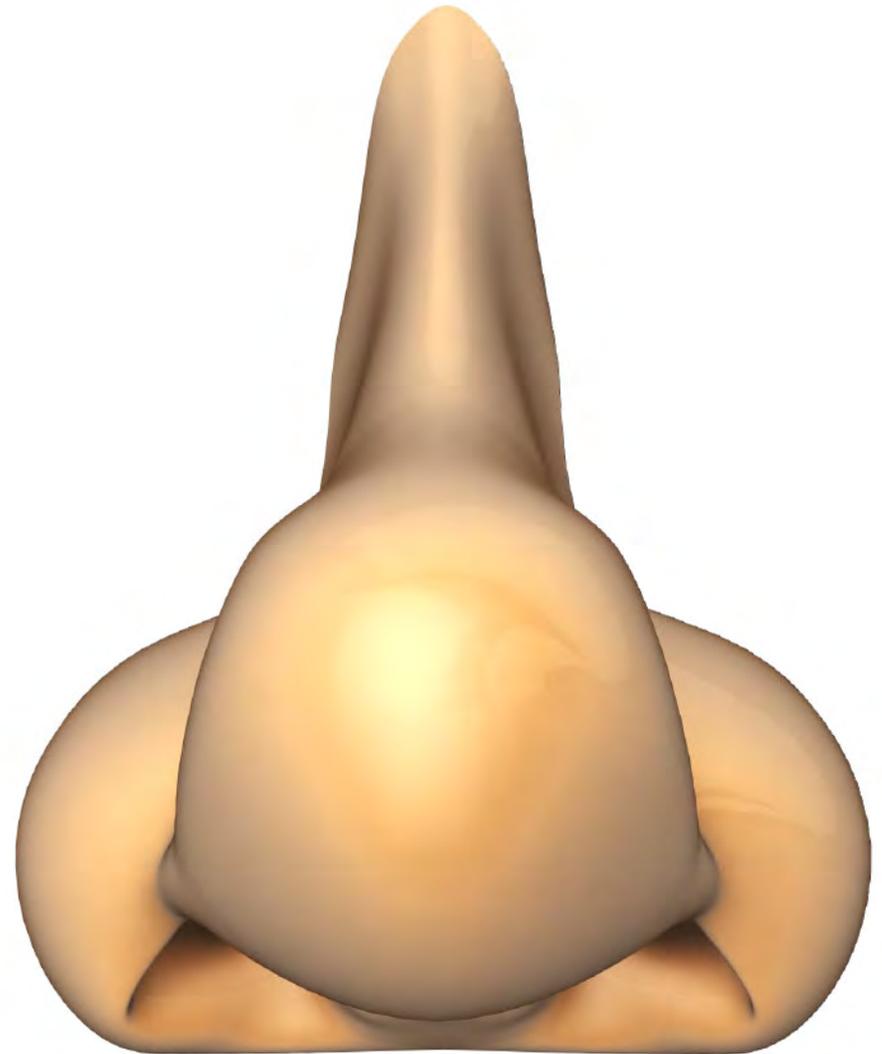
**LUER-JET™ LUER-LOCK PREFILLED SYRINGE**  
2 mL single dose disposable prefilled syringe  
Single use, do not reuse or resterilize.



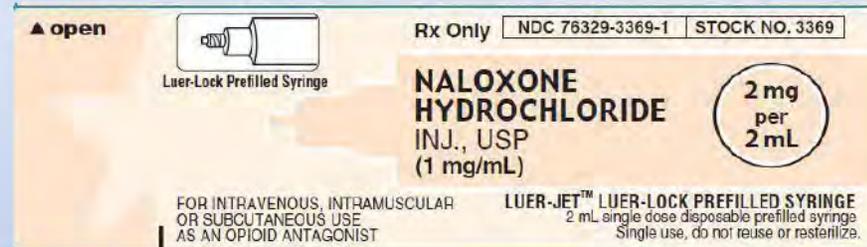
OR  
THIS

In a perfect world, (the perfect nose conditions and a patient sitting up) according to the original studies, 1 mL of fluid is able to be effectively atomized and absorbed across the mucosa of each nostril. Recent studies reduce that quantity to 0.5 mL or less.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9246693/>  
[https://med.umkc.edu/docs/em/in\\_med\\_dosing\\_chart.pdf](https://med.umkc.edu/docs/em/in_med_dosing_chart.pdf)



4 mg/0.1 mL



1 mg/mL

# 4 Times The Drug in 1/10<sup>th</sup> The Amount of Fluid



**Patient is supine –  
Intranasal Drug Administration**

**More Drug Less Fluid?????**

**OR**

**Less Drug and More Fluid?????**



The Mucosal Atomization Device is reserved for the administration of Midazolam/Fentanyl – Use with Naloxone (Narcan) since January 2023 should be almost non-existent

# CS22.7 ALS MEDICAL RESPONSE BAG

(This protocol reflects medical supplies, equipment and medications required in compliance with 64J-01 F.A.C.)

Top Exterior Pocket - Interior Left Net			
Narcan Nasal Spray Device, 4 mg	Nasal Spray	2	
Top Exterior Pocket - Interior Right Net			
Naloxone, 1 mg/mL, 2 mL	PFS	3	
Storage Box, Opaque Plastic, Two-Part		1	Used for the 3 - Naloxone Prefilled Syringes

Controlled Substance Box			
Seahorse 120 Black with Cyberlock (CL-C5N)			
Controlled Substance Content Shield (PCEMS)		1	
Etomidate, 2 mg/mL, 20 mL	Vial	2	
Midazolam, 5 mg/mL, 1 mL	Vial or PFS	4	
Fentanyl 50 mcg/mL, 1 mL, or 2 mL	2 mL Vial or 1 mL PFS	4	Max total amount per box - Vial format - 400 mcg or PFS format - 300 mcg
Top Center Interior Pocket - Lid Zippered Pocket			
Mucosal Atomization Device (MAD)		2	Midazolam and Fentanyl intranasal administration <i>ONLY</i>

**LEAVE BEHIND NARCAN**

TIT DE RESCATE DE EMERGENCIA PARA  
SOBREDOSIS DE NARCAN

**KITS ARE NOT FOR**  
NARCAN OVERDOSE

**OPERATIONAL**  
EMERGENCY



**PURPOSES**  
RESOLVE KIT



NARCAN QUÁ LIỀU LƯỢNG KIT CẤP CỨU KHẨN CẤP



# Medical Equipment Update

# What Does Your Sager Look Like







THE LATEST SYSTEM NEWS! [CLICK HERE](#)

# PROTOCOL UPDATES

PROTOCOLS

PRE-TREATMENT

MEDICAL CONTROL

REFERENCE DOCUMENTS

DOCUMENT LEADERSHIP AND NATIONWIDE KIT (EPC)

CRISIS DEPARTMENT TO FLORIDA

SAFETY ALERTS FULL LISTING OF PCEMS MENTAL HEALTH



## MEDICAL CONTROL DIRECTIVE 2023-09

**DATE:** May 15, 2023

**TO:** Pinellas County EMS Agencies  
Pinellas County Emergency Communications  
Pinellas County Certified EMTs and Paramedics  
Pinellas County Certified Advanced Practice Paramedics, Nurses  
Pinellas County Online Medical Control Physicians  
Pinellas County Ambulance Billing and Financial Services  
ED Nurse Managers

**FROM:** Dr. Angus Jameson, EMS Medical Director

**RE:** 2023 Advanced Cardiac Life Support (ACLS) Recertification Process for Paramedics and Nurses

**COMPLIANCE WINDOW:** May 17, 2023 - May 31, 2023

**EFFECTIVE DATE:** May 17, 2023

### ACLS Recertification Attendance Requirement

- All PCEMS ALS Clinicians must recertify ACLS during the recertification period regardless of their current ACLS expiration date.
  - Expires prior to the beginning of the recertification process
    - Must attend an ACLS class prior to the expiration date **AND**
    - Attend another ACLS class during the regular recertification process
    - This will align with the County's recertification cycle
  - Expires after the start of the recertification process (May 30, 2023) but before September 1, 2023
    - Must attend a regular recertification class prior to the expiration date

### ACLS Pre-course Self-Assessment

- A clinician must complete the pre-course self-assessment prior to attending the face to face testing date.
- The ACLS Pre-course Self-Assessment is accessed at <https://alearning.heart.org/course/423>
  - A minimum passing score of 84% is required for the pre-course self-assessment.

- A paper copy of the pre-course self-assessment results, that reflects the clinician's name and score, **MUST** be brought to the face to face testing date
  - Cell phone pictures/screenshots will NOT be permitted

### ACLS Face-to-Face Training

- All system Paramedics and RNs are required to successfully complete an 8-hour PCEMS taught ACLS Refresher class as required CME.
- Any Paramedic or Nurse who does not attend and successfully complete this refresher class prior to September 1, 2023, will be required to attend a full 16-hour PCEMS taught ACLS Provider class in September 2023 and may be subject to Clinical Restriction pending completion.

### Remediation Opportunities

- In the event a student is unsuccessful on either the written or practical, they will be allowed to retest the failed component one (1) time on the initial day.
  - Instructors will review the written or practical test deficiencies with the student prior to a retest.
- If the student is unsuccessful at two (2) total combined attempts (i.e., two written tests, one written and one practical or two practicals), they will be required to attend the 16-hour full ACLS course.
- System clinicians who do not successfully complete PCEMS ACLS Training by September 30, 2023, may be subject to Clinical Suspension due to state requirement for ACLS certification.

### Attachments:

- None

### Distribution:

- EMSChiefs e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage [www.pcemsomd.com](http://www.pcemsomd.com)



**MEDICAL CONTROL DIRECTIVE**  
**2023-10**

**DATE:** May 15, 2023

**TO:** Pinellas County EMS Agencies  
Pinellas County Emergency Communications  
Pinellas County Certified EMTs and Paramedics  
Pinellas County Certified Advanced Practice Paramedics, Nurses  
Pinellas County Online Medical Control Physicians  
Pinellas County Ambulance Billing and Financial Services  
ED Nurse Managers

**FROM:** Dr. Angus Jameson, EMS Medical Director

**RE:** May 2023 In-service Training

**COMPLIANCE WINDOW:** May 17, 2023 - May 31, 2023

**EFFECTIVE DATE:** May 17, 2023

- An "In-service Training" module separate from regularly scheduled CME has been developed and is assigned to all system clinicians through Vector Solutions for May 2023.
- The In-service includes:
  - ACLS related protocol updates
    - C1 Medical Cardiac Arrest
    - C4 Bradycardia
    - C5 Tachycardia
    - F11 Epinephrine
  - Pharmaceutical updates – Packaging Change
    - Glucagon
    - Lidocaine
    - Midazolam
    - Amiodarone
    - Adenosine
  - Overview of ACLS Recertification Process
  - Leave Behind Narcan (Naloxone) – UPDATE
  - New Free-Standing Emergency Department – Bayfront Crossroads

- All system clinicians are required to complete this training no later than May 31, 2023
- Failure to complete this in-service by May 31, 2023, may result in clinical restriction or suspension

**Attachments:**

- C1 Medical Cardiac Arrest
- C4 Bradycardia
- C5 Tachycardia
- F11 Epinephrine
- Glucagon – New packaging overview
- Lidocaine – New packaging overview
- Midazolam – New packaging overview
- Amiodarone – New packaging overview
- Adenosine – New packaging overview

**Distribution:**

- EMSChiefs e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage [www.pocemsomd.com](http://www.pocemsomd.com)

## C1 MEDICAL CARDIAC ARREST

<b>ADULT ONLY</b> (Ped. Ref. P2)	<b>GOALS OF CARE</b> Provide high quality, evidence based, resuscitation focusing on maximizing perfusion and correction of reversible causes of medical cardiac arrest
-------------------------------------	--

### BLS

- Establish Compression Performance Resuscitation procedure and Pit Crew Model (Ref. CP9 1, CT3)
- Immediately initiate rhythm assessment when AED/defibrillator available and shock if indicated (Ref. CP10, CP11)
- Continue Compression Performance Resuscitation and reassess rhythm every two (2) minutes and defibrillate when indicated
- Document any bystander (non-911 responder) interventions (e.g., CPR, rescue breathing, AED use) that occurred prior to arrival
- Document any occurrence of ROSC and last known patient status at hospital, if transported
- Transport should generally be deferred until after ROSC unless dictated by scene factors

### ALS

- Ensure BLS resuscitation steps are completed
- Secure airway and establish vascular access per Compression Performance Resuscitation procedure (Ref. CP9.1, CT3)
- Defibrillate at 150J as indicated for ventricular fibrillation or pulseless ventricular tachycardia
  - If patient remains in V-fib despite antiarrhythmic drug therapy and at least three (3) defibrillation attempts, perform vector change defibrillation (Ref. CP12, CT5)
- Administer medications as indicated:
  - Asystole/Pulseless Electrical Activity:
    - 1 mg epinephrine (0.1 mg/mL concentration) intravenous/intraosseous every 3-5 minutes. **Maximum 3 doses**
  - Ventricular Fibrillation/Pulseless Ventricular Tachycardia
    - 1 mg epinephrine (0.1 mg/mL concentration) intravenous/intraosseous every 3-5 minutes. **Maximum 3 doses**
    - If refractory, administer amiodarone 300 mg intravenous/intraosseous, then 150 mg intravenous/intraosseous in 3-5 minutes **OR**
    - If suspected Torsade's de Pointes, administer magnesium sulfate 2 grams intravenous/intraosseous
- Monitor the progress of resuscitation using EtCO2 (Ref. CP5)

C1 - MEDICAL CARDIAC ARREST

C1 - MEDICAL CARDIAC ARREST

## C1 MEDICAL CARDIAC ARREST

### ALS (cont.)

- Address potential reversible causes:
  - Suspected hyperkalemia - sodium bicarbonate 8.4% (100 mEq) and calcium chloride (1 gram) intravenous/intraosseous (flush intravenous line between meds)
  - Hypoglycemia - dextrose 10% 25 grams intravenous/intraosseous, repeat once in 3-5 min if no effect
  - Opioid overdose - naloxone 2 mg intravenous/intraosseous, repeat every 3-5 min as needed up to 5 mg (excluding previous intranasal doses)
  - Suspected cyanide exposure - Cyanokit intravenous/intraosseous rapid intravenous push (Ref. A5)
  - Suspected tension pneumothorax - Perform needle thoracostomy (Ref. CP7)

### OLMC

- Consult for unusual circumstances or other specific treatment requests (e.g., lidocaine intravenous/intraosseous - First dose 1.5 mg/kg, Second dose 0.75 mg/kg (maximum combined total of 3 mg/kg), additional naloxone, etc.)
- Consult for cessation of resuscitation efforts after **minimum 20 minutes of EMS resuscitation attempts without ANY response** (e.g., no rhythm changes, no increase in EtCO2, etc.)
- Consult Online Medical Control Physician as needed or required (Ref. CS10)

### PEARLS

- Early defibrillation of ventricular fibrillation and pulseless ventricular tachycardia is **CRITICAL**. Two (2) minutes of "priming CPR" is no longer recommended.
- Apogal gasps may be present in the first minutes after sudden cardiac arrest and should not delay initiation of aggressive resuscitation efforts including chest compressions
- Reversible causes of cardiac arrest:

<b>H's</b>	Hypoxia	Hypovolemia	Hypokalemia	Hydrogen Ion (acidosis)
	Hypoglycemia	Hypothermia	Hyperkalemia	

<b>T's</b>	Tension Pneumothorax	Tamponade (cardiac)	Thrombosis (coronary/pulmonary)
	Trauma	Toxins	

- Hyperkalemia should be suspected in patients with renal failure/dialysis or diabetes and those who take potassium sparing diuretics or potassium supplementation medications
- New synthetic opiates may require higher doses of naloxone
- NOTE: Double sequential defibrillation is not authorized in Pinellas County EMS**

## C1 MEDICAL CARDIAC ARREST

### QUALITY MEASURES

- Compressions initiated within 1 minute
- Extraglottic airway utilized
- EtCO2 monitored
- EtCO2 less than 35 if not transported
- OLMC contacted if not transported
- ROSC obtained (tracking only)

### REFERENCES

- <https://naseemso.org/projects/model-ems-clinical-guidelines/>
- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916>
- Pinellas County EMS Medical Quality Management Plan - Medical Operations Manual Vol. 2 Protocol AD18
- 2018 JEMS "Variabilities in the Use of IV Epinephrine in the management of Cardiac Arrest Patients"  
<https://www.jems.com/patient-care/cardiac-resuscitation/variabilities-in-the-use-of-iv-epinephrine-in-the-management-of-cardiac-arrest-patients/>
- <https://warwick.ac.uk/fac/sci/med/research/ctu/trials/critical/paramedic2/>

DRAFT

C1 - MEDICAL CARDIAC ARREST

## C4 BRADYCARDIA

<b>ADULT ONLY</b> (Ped. Ref P6)	<b>GOALS OF CARE</b> Identification and treatment of brady-dysrhythmias
------------------------------------	--

<b>BLS</b>
<ul style="list-style-type: none"> <li>Obtain baseline and repeat vital signs</li> <li>If the patient has evidence of dyspnea, apply supplemental O2</li> <li>Shock position as required</li> </ul>

<b>ALS</b>
<ul style="list-style-type: none"> <li>Establish vascular access</li> <li>Assess cardiac rhythm and treat as follows:</li> </ul>

Stable - Asymptomatic	Stable - Symptomatic (e.g., lightheadedness, weakness, nausea, palpitations, etc.)	Unstable (e.g., chest pain, altered mental status, shortness of breath, hypotension, etc.)
Obtain 12 lead ECG to assess for ischemia or other abnormalities	SBP less than 90 mmHg. Infuse 0.9% sodium chloride to max of 2000 mL (or 20 mL/kg if less than 100 kg) assessing for adverse effects (e.g., pulmonary edema) after each 500 mL  <b>Atropine 1 mg</b> intravenous/intraosseous bolus. Repeat every 3 - 5 mins. Maximum combined dose 3 mg	Initiate transcutaneous pacing (Ref. CP14)  And  May give atropine 1 mg intravenous/intraosseous while preparing to pace, but <b>DO NOT DELAY PACING!</b>
Consider underlying causes	Obtain 12 lead ECG to assess for ischemia or other abnormalities	o Midazolam: <ul style="list-style-type: none"> <li>First Dose:                             <ul style="list-style-type: none"> <li>2.5 mg intravenous/intramuscular <b>OR</b> 5 mg intranasal (2.5 mg per nare)</li> </ul> </li> <li>Second Dose (if required after 3 - 5 min):                             <ul style="list-style-type: none"> <li>2.5 mg intravenous/intramuscular or 5 mg intranasal (2.5 mg per nare)</li> </ul> </li> </ul>

C4 - BRADYCARDIA

C4 - BRADYCARDIA

## C4 BRADYCARDIA

<b>OLMC</b>
<ul style="list-style-type: none"> <li>May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation</li> <li>Norepinephrine drip infusion 1 - 10 mcg/min (Ref. CT8)</li> <li>Epinephrine drip infusion 2 - 5 mcg/min (Ref. CT7)</li> <li>Calcium chloride, 1 gram intravenous slow over at least 5 minutes for suspected calcium channel blocker overdose induced bradycardia</li> <li>Additional sedation</li> <li>Consult Online Medical Control Physician as needed or required (Ref. CS10)</li> </ul>

<b>PEARLS</b>
<ul style="list-style-type: none"> <li>Clinically impactful bradycardias are generally at a rate of less than 50 bpm</li> <li>12 lead ECG should be completed early to rule out an acute myocardial infarction (AMI), but it should not delay treatment if the patient is unstable</li> <li>Generally, do not administer atropine in the presence of acute coronary ischemia or an AMI. An atropine mediated increase in heart rate may worsen ischemia or increase the size of an infarct</li> <li>Atropine may be attempted in Mobitz Type 2 or third-degree AV block with a new wide QRS complex in the absence of an AMI/ischemia</li> <li>Consider a lower dose of midazolam (e.g., ½ dose) in patients greater than 60 years old or less than 60 kg</li> </ul>

<b>QUALITY MEASURES</b>
If Midazolam administered: <ul style="list-style-type: none"> <li>Complete set of vital signs before and after administration</li> <li>EtCO2 documented after each administration</li> <li>Waste documented if name of administering clinician matches crew on PCR</li> <li>Midazolam dose does not exceed max or OLMC contact initiated</li> <li>Benzodiazepines and opiates not mixed</li> </ul>

<b>REFERENCES</b>
<ul style="list-style-type: none"> <li><a href="https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916">https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916</a></li> <li><a href="https://nasemsp.org/projects/model-ems-clinical-guidelines/">https://nasemsp.org/projects/model-ems-clinical-guidelines/</a></li> <li><a href="https://www.ahajournals.org/doi/circ/142/16_suppl_2">https://www.ahajournals.org/doi/circ/142/16_suppl_2</a></li> <li><a href="https://www.ahajournals.org/doi/10.1161/CIR.0000000000000816">https://www.ahajournals.org/doi/10.1161/CIR.0000000000000816</a></li> <li>Pinellas County EMS Medical Quality Management Plan</li> </ul>

## C5 TACHYCARDIA (WIDE/NARROW)

<b>ADULT ONLY</b> <small>(Ped. Ref. P7)</small>	<b>GOALS OF CARE</b>	
	Identification and treatment of tachydysrhythmias	
<b>BLS</b>		
• Shock position as required		
<b>ALS</b>		
<ul style="list-style-type: none"> <li>Identify and treat underlying cause if secondary tachycardia</li> <li>Establish vascular access</li> <li>Determine stability/instability</li> <li>Assess cardiac rhythm and treat as follows:</li> </ul>		
<b>UNSTABLE - WIDE/NARROW</b> <small>(e.g., chest pain, altered mental status, shortness of breath, hypotension, etc.)</small>		
If patient condition permits, pre-medicate with midazolam 2.5 mg - 5 mg via the intravenous, intraosseous, or intranasal route. May repeat one time in five (5) minutes, if needed		
Regular - Narrow or Wide	100j, 120j, 150j, 170j	Synchronized cardioversion
Irregular - Narrow	120j, 150j, 170j	Synchronized cardioversion
Irregular - Wide or Polymorphic	150j	Unsynchronized defibrillation
<b>STABLE - WIDE</b>		
Regular - Monomorphic	Consult OLMC for antiarrhythmic choice	
Irregular	Amiodarone 150 mg infusion over minimum of ten (10) minutes. Repeat once if tachycardia re-occurs	
Irregular - Torsades	Magnesium sulfate 2 grams intravenous over a minimum of ten (10) minutes	
<b>STABLE - NARROW</b>		
Regular	1. Modified Valsalva Maneuver (Ref. CP30)	
	2. Adenosine 6 mg rapid intravenous push	
	3. Adenosine 12 mg rapid intravenous push	
	4. If no change, consult OLMC	
Regular - History of atrial fibrillation	Diltiazem 0.25 mg/kg slow intravenous push <b>Max single 25 mg dose</b>	
Irregular	Diltiazem 0.25 mg/kg slow intravenous push <b>Max single 25 mg dose</b>	

C5 - TACHYCARDIA (WIDE/NARROW)

C5 - TACHYCARDIA (WIDE/NARROW)

## C5 TACHYCARDIA (WIDE/NARROW)

<b>OLMC</b>
<ul style="list-style-type: none"> <li>Stable Wide Regular Monomorphic Tachycardia             <ul style="list-style-type: none"> <li>Adenosine 6 mg rapid intravenous push</li> <li>Adenosine 12 mg rapid intravenous push</li> <li>Amiodarone 150 mg infusion over minimum of ten (10) minutes</li> </ul> </li> <li>May transmit ECG to OLMC Physician or request review of rhythm strip via Corsium system when using Tempus Pro if additional assistance needed with interpretation</li> <li>Additional sedation</li> <li>Withholding full dose of diltiazem if patient converts after partial dose</li> <li>Consult Online Medical Control Physician as needed or required (Ref. CS10)</li> </ul>
<b>PEARLS</b>
<ul style="list-style-type: none"> <li>Primary tachycardia rates are generally over 150/minute</li> <li>Secondary tachycardia rates are usually, but not always lower</li> <li>Ventricular rates less than 150/minute usually do not cause signs or symptoms</li> <li><b>DO NOT</b> delay immediate cardioversion for the acquisition of the 12 Lead ECG or sedation if the patient is unstable</li> <li>Keys to management             <ul style="list-style-type: none"> <li>Determine if pulses are present</li> <li>If pulses are present, is the patient stable, borderline unstable or obviously unstable</li> <li>Provide treatment based on the patient's condition and rhythm. It may be best to monitor the patient versus treat the patient if they are minimally symptomatic</li> <li>Stable wide monomorphic regular tachycardias may represent several different underlying rhythms making antiarrhythmic selection complicated</li> </ul> </li> </ul>
<b>QUALITY MEASURES</b>
<p><u>If Midazolam administered:</u></p> <ul style="list-style-type: none"> <li>Complete set of vital signs before and after each administration</li> <li>EtCO2 documented after each administration</li> <li>Waste documented if name of administering clinician matches crew on PCR</li> <li>Midazolam dose does not exceed max or OLMC contact initiated</li> <li>Benzodiazepines and opiates not mixed</li> </ul>

## C5 TACHYCARDIA (WIDE/NARROW)

### REFERENCES

- Posen A, Bucua A, Patel R. QCSing. Strategy Effectiveness of Diltiazem in Atrial Fibrillation With Rapid Ventricular Response. *Ann Emerg Med*. 2023 Mar;81(3):288-296. doi: 10.1016/j.annemergmed.2022.08.462. Epub 2022 Nov 17. PMID: 36402632.
- <https://www.ahajournals.org/doi/10.1161/CIR.0000000000000916>
- [https://www.youtube.com/watch?v=8DIRiQA\\_QsA](https://www.youtube.com/watch?v=8DIRiQA_QsA)
- <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2815%2961485-4/fulltext>
- <https://www.cprseattle.com/blog/slow-down-youre-going-too-fast-svt-and-the-modified-valsalva-maneuver>
- <https://nasemso.org/projects/model-ems-clinical-guidelines/>
- Pinellas County EMS Medical Quality Management Plan - Medical Operations Manual Vol. 2 Protocol AD18

DRAFT

## F11 EPINEPHRINE

<b>Trade Name</b>	Adrenaline, EpiPen, Adrenaclick, Twinject	
<b>Class(es)</b>	Alpha and beta adrenergic agonist; cardiac stimulant; vasopressor	
<b>Action(s)</b>	Stimulates alpha and beta adrenergic receptors (sympathomimetic)	
<b>Authorized Indication(s)</b>	Restore cardiac rhythm in cardiac arrest; anaphylactic reactions; acute asthma attack; temporary relief of bronchospasm, mucosal congestion	
<b>Contraindication(s)</b>	Hypersensitivity to drug; hemorrhagic, traumatic shock, arrhythmias	
<b>Precaution(s)</b>	Older adults; hypertension; diabetes mellitus	
<b>Pharmacokinetics</b>	<b>Onset:</b> 3 - 5 minutes	<b>Duration:</b> N/A
<b>Authorized Routes of Administration</b>	Intravenous, Intramuscular, Intraosseous	
<b>Technique for Administration</b>	<ul style="list-style-type: none"> <li>• Protect from exposure to light at all times</li> <li>• DO NOT remove vial from carton until ready to use</li> </ul>	
<b>PEARLS</b>	N/A	
<b>Y-Site Compatibility</b>	N/A	
<b>Interactions</b>	May increase hypotension in circulatory collapse or hypotension caused by phenothiazines. Additive toxicities with other sympathomimetics	
<b>Reference</b>	<a href="https://dailymed.nlm.nih.gov/dailymed/">https://dailymed.nlm.nih.gov/dailymed/</a>	

F11 - EPINEPHRINE



**MEDICAL CONTROL DIRECTIVE**  
**2023-11**

**DATE:** May 15, 2023

**TO:** Pinellas County EMS Agencies  
Pinellas County Emergency Communications  
Pinellas County Certified EMTs and Paramedics  
Pinellas County Certified Advanced Practice Paramedics, Nurses  
Pinellas County Online Medical Control Physicians  
Pinellas County Ambulance Billing and Financial Services  
ED Nurse Managers

**FROM:** Dr. Angus Jameson, EMS Medical Director

**RE:** Hospital Status Change

**COMPLIANCE WINDOW:** May 17, 2023 – May 31, 2023

**EFFECTIVE DATE:** June 19, 2023

- ▶ We have been notified of the following hospital status change that is effective June 19, 2023:
  - Bayfront Health St. Petersburg has opened a new Free-Standing Emergency Department, Bayfront Health St. Petersburg Emergency Room & Medical Pavilion – Crossroads is located at 1800 – 66 St. N. St. Petersburg, FL 33710
- The Hospital Status website will be updated to reflect this change.

**Attachments:**

- None

**Distribution:**

- EMSChat, e-mail distribution group
- Vector Solutions
- Pinellas County EMS Office of the Medical Director Webpage [www.psemsomd.com](http://www.psemsomd.com)

# QUESTIONS

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May 2023  
EMS  
Leadership  
Group

# CME Status

- ▶ March CME
  - ▶ 7 remain restricted/suspended
- ▶ April CME
  - ▶ 121 incomplete
- ▶ May CME
  - ▶ 1266 incomplete

# ACLS Recertification

- ▶ ACLS Precourse assessment in May CME
  - ▶ Must bring a printed copy with their name and score!
- ▶ Books are in the cage
- ▶ MCD regarding ACLS
- ▶ Please watch for anyone who expires during the recert period.
- ▶ Be watchful with any new hires.

# PHTLS Next Year!

- ▶ Looking for those who missed during Covid and Capstoned.
- ▶ May only be about 12 members.
- ▶ They will need a regular class before they can attend the refresher.

# TECC Class

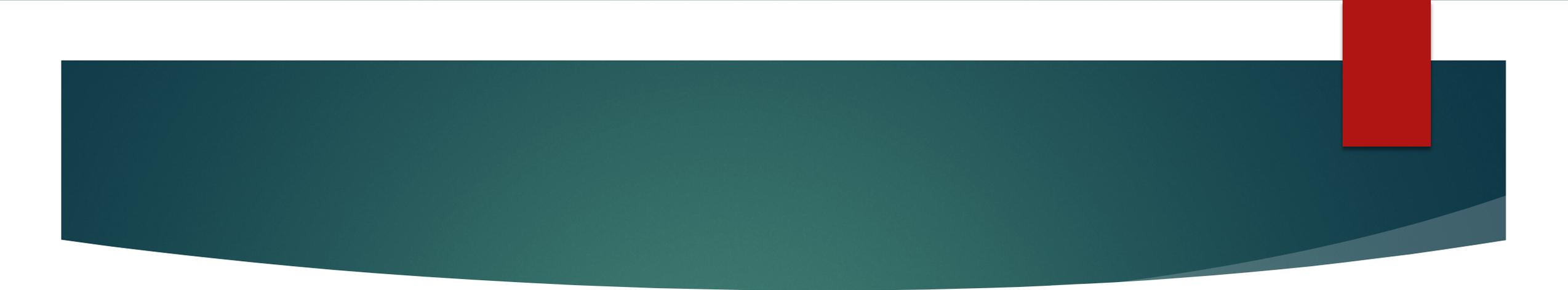
- ▶ Week of June 26
  - ▶ CAMLS
  - ▶ TECC
  - ▶ Night Drill
- ▶ Any new personnel, let me know ASAP.

# EMS Academy

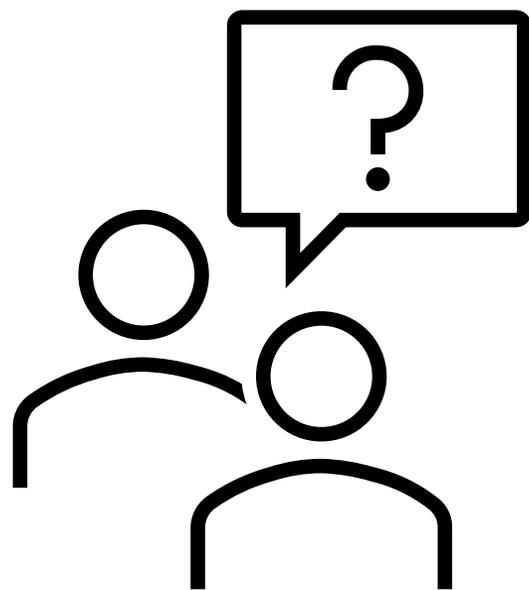
- ▶ BLS Week - 124 First-time attempts
  - ▶ 95% First-time pass rate
- ▶ ALS Week – 37 First-time attempts
  - ▶ 97% First-time pass rate

# Capstone

- ▶ 24 First-time attempts
  - ▶ 75% First-time pass rate (All exams)
  - ▶ 89% Second-time pass rate (8 in 9)
  - ▶ 100% overall pass rate this year
- ▶ 100% pass rate since the start of Capstone Prep class
  - ▶ Exam average increased by 1.5 points (84.23 to 85.75)



Thank you!



Questions?

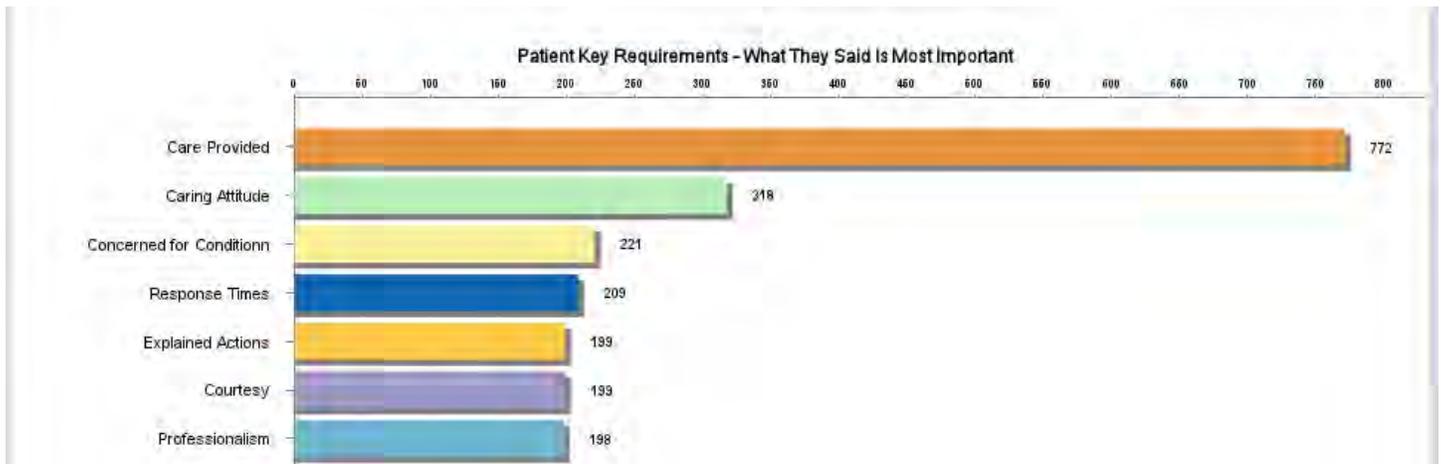
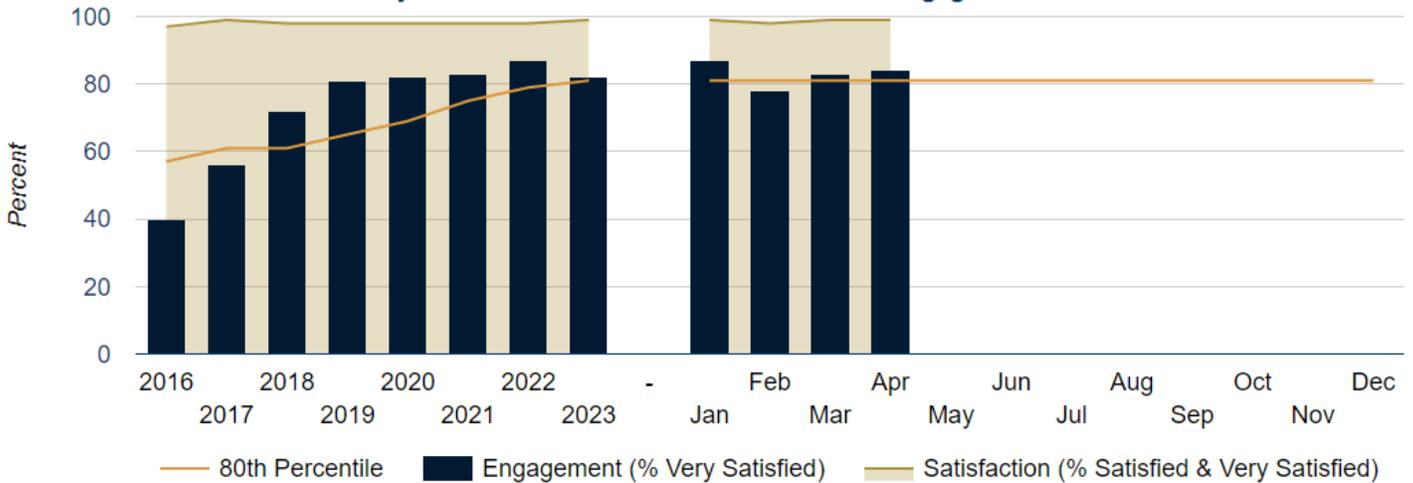
SEE YOU NEXT YEAR!

**QUALITY ASSURANCE UPDATE**

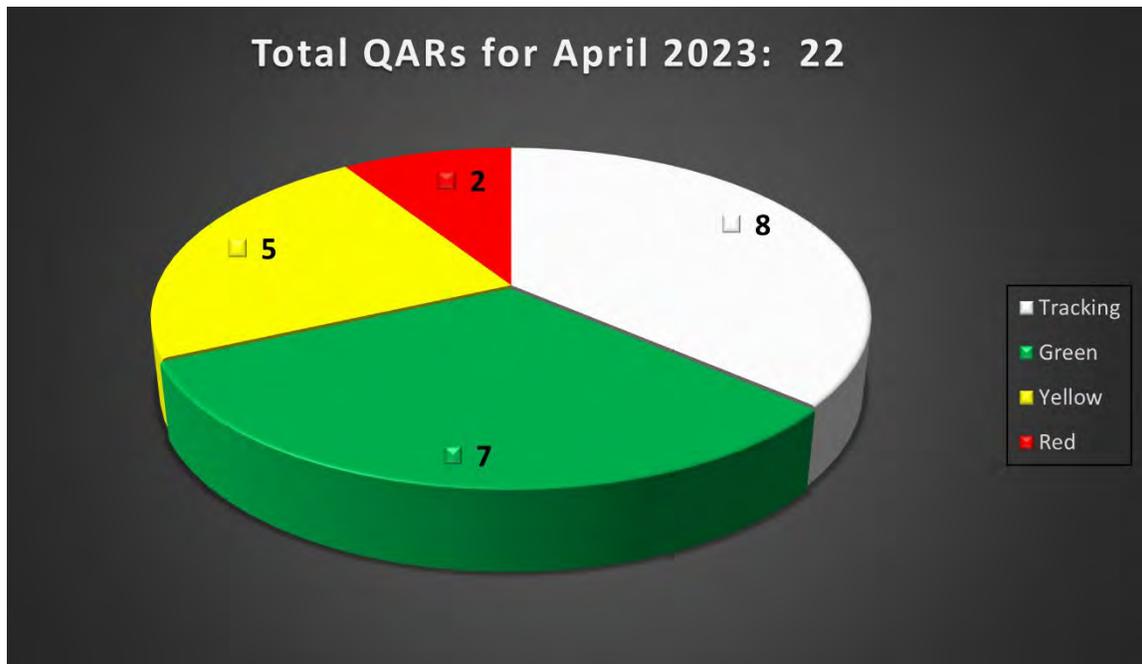
**Baldrige – Patient Satisfaction Surveys:**

- ❖ 2023 YTD: There have been 849 Customer Satisfaction Surveys completed.
- ❖ Overall YTD Engagement/Top Box – % represents customers who selected “Very Satisfied” = **81.98**
- ❖ Overall YTD Satisfaction – % represents customers who selected “Very Satisfied” or “Satisfied” = **98.81**
  - April 2023 – “Very Satisfied” Score was **84** and a “Very Satisfied” or “Satisfied” Score of **99**.
  - Gold bar = **80<sup>th</sup> Percentile** is needed to meet/exceed the gold bar.

**Overall Pinellas County EMS - % 911 EMS Patient Satisfaction & Engagement Results**



April 2023 QARs: Total YTD QAR count of 154



**Green:** 7

- (1) Loss of control- CSB custody issues, better than prior month but still need expanded awareness by clinicians.
- (2) Medication Errors

**Yellow:** 5

- Clinicians Failure to Complete February CME, (1) Suspension for violation of 6.4.4
- Unreported MVC
- Review of TA transport

**Red:** 2

- 1 Clinician misconduct
- Hospital receiving capability issue

**Blue:** 0

- The more detailed the submissions the better!

**Tracking:** 8

- (4) Billing Complaints
- currently up to (4) incidents of "Metal found in IV start kit Luer Lock"
- OMD case reviews, High acuity

- Introduction of Dan Zsido