

**Northwest Community EMS System
PBPI Meeting Minutes
Tuesday, July 10, 2018**

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 0906 hours.	
New Members & Guests	No new members, No changes/additions.	
Minutes & Agenda	Motion to approve June minutes made by Steve Johnson, seconded by Joe Albert. All in favor, motion granted, minutes approved.	
Old Business Sepsis Screen	<p>Sepsis Screen – CARS is working on a situational tool to help medics recognize sepsis. Sepsis Screen Report reviewed.</p> <p>Aspects of Care - Updated Aspects of Care on the screen from 12/18/17 → 5/31/18. 519 incidents found with sepsis symptoms- Average age 77 years. Only 58.2% ETCO₂ recorded. Connie predicts that medics do not understand importance of it. Sepsis alert called only 13.5% of the time. Point of education for August.</p> <p>Connie needs to know B/Ps between 90 – 100 and B/Ps < 90 to help determine Sepsis and Septic shock protocol .IVs only attempted 55.4% on 233 patients with low B/P. You are never only two (2) minutes away from the hospital. Pre-hospital IV fluid boluses save patients.</p> <p>Team members feel the Paramedics shy away from IOs in the field unless patient is in cardiac arrest with a short ETA to the hospital.</p> <p>Norepinephrine – Norepinephrine was used eight (8) times. Seventy-one (71) patients did have low B/P. Norepinephrine should have been used on all of them. There are concerns from the field about giving Norepinephrine; is it fear of the drug or forgetting about it? Of the seventy-one (71) patients with a B/P of less than ninety (90), how many did get a 500cc fluid bolus? Connie needs to know this for her education in August.</p> <p>According to Dr. Matt Jordan, sepsis is a pretty common call.</p> <p>SOP Sepsis and Septic Shock Draft – Reviewed by Connie.</p> <ol style="list-style-type: none"> 1. Indication Box – 2 or more of qSOFA Box go to Sepsis 2. Sepsis Box < 31 ETOC₂ (think Sick) 3. Septic Shock Box 	<p>Jason will look at this and get back to Connie</p>

	<p>Connie reviewed Draft Sop with the group. Minor changes were made.</p> <p>Treatment BOLDED and explanation put on bottom of page.</p> <p>Connie will revamp the Sepsis SOP page to simplify it for the field medics. Connie will revamp it and send it to the committee for review before she teaches the field in August.</p>	
<p>New Business</p> <p>Cardiac Arrest</p>	<p>Cardiac Arrest – Cardiac Arrest/Naloxone</p> <p>Each agency will do own individual screens. Same screens with same instructions.</p> <p>Matt Jordan will be sending out three (3) points for screeners to roll out of report in Cardiac Arrest patients. Matt sent out to Paramedic Coordinators but will probably fall to the screeners.</p>	<p>Review of Cardiac and Naloxone Screens will take place next month.</p>
<p>System Updates</p>	<ul style="list-style-type: none"> • New Micro Dots ready to come out August 1, 2018. • Disaster Bags ready for Main Line Vehicles. Paramedic Coordinators will pick up bags at NWCH. • MIH approved by IDPH. Connie will move forward with it. • September 1, 2018 GO LIVE with Pilot after education. • All Paramedic students passed national registry written and practicals. • Thirty (30) students are coming in the door in August. They should be contacting their departments now. The students will have off every Wednesday, hopefully to study. • Pre-test scores higher than last year, 86% or higher. • Peer educators will do the Micro Dot check list on each member. • Drug shortages still occurring in various hospitals. 	
<p>From the floor / Closing remarks</p>	<p>None.</p>	
<p>Adjournment</p>	<p>Next Meeting – Wednesday, August 1, 2018</p> <p>Motion to adjourn. All in favor. Motion granted.</p> <p>Meeting adjourned at 10:26am.</p> <p>Minutes respectfully submitted by: Cindy Brennan RN, EMS Coordinator</p>	