

Region 5 Trauma Clinical Leadership Committee Call

Tuesday, June 11, 2019

Participants: Catherine Billen, Dr. Traci Bilski, Lynne Drawdy, Chief Gaius Hall, Dr. Todd Husty, Matt Meyers, Dr. John McPherson, Susan Ono

Background: Dr. McPherson asked group if they had reviewed May minutes and thanked Catherine for preparing these. He reminded the group that the Clinical Leadership Committee was convened to identify and review EMS and trauma care that is controversial or needs to be standardized throughout the region.

Initial issues included:

- Use of TXA and best practices in management of trauma patients (adult and pediatric) before they arrive at a trauma center
- Spinal immobilization

TXA

The group discussed utilization of TXA in a pre-hospital setting. Dr. Husty provided literature and discussed the use of TXA in Seminole County. He stated that the protocols he has seen are simple and consistent and training is key. Dr. Bilski stated that the only patients she has seen with TXA are those brought in by the flight crews in Osceola. Dr. McPherson stated that Brevard County minimized the use for a number of years. Dr. Husty thinks debate about adult TXA is personal preference.

The group discussed use in pediatric populations. Pediatric trauma centers now use TXA for trauma related injuries. Hemorrhagic patients have seen a positive change in vital signs. Other uses include the need to stop bleeding, require blood, or undergo certain surgical procedures. Dr. Plumbley researched and found nothing that indicates it is harmful. Further, literature states that anyone of adult size can be treated as an adult. They have added a TXA protocol without an age range based on size.

Discussion arose regarding the amount of fluids being given. Suggestion was made that protocols should include mixing fluids over 10 minutes as a small amount is believed to be inconsequential. Susan shared their protocol where fluids are administered via IV push over 10 minutes or diluted in saline which is in line with Dr. Husty's protocol. Dr. Husty mentioned that during the EMS Chief meeting this topic was discussed using dial-a-flows to ensure all fluids go into 100 cc of saline. This frees up personnel to properly take care of patients.

Dr. McPherson sent out protocols available online from other states. He checked with the EMS medical directors' website; very few had TXA protocols and the ones that did were very consistent. He would like to hear Dr. Plumbley's thoughts regarding its use in the pediatric population. Dr. McPherson would like to put together a standardized document for use throughout the region. Dr. Husty stated that not all surgeons would agree but that's not unusual. At some point a decision would have to be made as far as when too much caution is too much. The use of TXA in adults is standard yet not all agree. Dr. McPherson suggested getting buy in from each trauma center medical director and their expectations. He further recommends a best practice protocol that includes literature review for Executive Committee

approval, which would then go out to all EMS medical directors. Dr. Husty suggested one for the adult population and another for pediatrics. Chief Hall stated they have a lot of protocols they work off, but his main concern is ensuring all understand the reasons to overcome local practice. Dr. McPherson will work on getting Lake, Martin, and other counties to attend or review minutes. He stated that Dr. Springer is interested in participating.

Spinal Immobilization

Dr. Zuver presented best practice literature on spinal mobilization from the National Association of EMS Physicians. Dr. McPherson was surprised at how little information was included and isn't sure it will be of much help. He asked what is the biggest controversy in spinal mobilization? All agreed that over-immobilizing every trauma patient has become an issue. More than ten years ago, the Florida Association stated that not all trauma patients need to be immobilized; this statement alone allows for deviation. The question then is, who should and who shouldn't be immobilized and how is that determination made? Training in this area is imperative.

The group further discussed the immobilization of cooperative vs. uncooperative patients. At times, immobilization can hurt a patient because it can compromise the airway especially in the elderly population. Most trauma patients need restriction not immobilization. Dr. McPherson asked if those present were using strict protocols to immobilize or following criteria? Most agreed that we are indeed over immobilizing and need to find evidence to support this. Chief Hall shared the trepidation that exists in using it for every trauma patient, even when not indicated, because they are afraid they will be yelled at. All agreed training was important. Dr. Husty stated their hospitals have a zero-tolerance policy regarding yelling at EMS personnel as it impacts care if you are doing things out of fear. He suggested asking when that last happened? If hospitals are allowing this, they should be called out. Dr. McPherson stated hospitals are asking that patients not be immobilized if not necessary, but then he hears from paramedics that they will get chewed out if they don't. Chief Hall agreed that the culture is slowly changing as some hospitals aren't calling them out. Again, the easiest way to get the field staff to change is through training so they feel competent and comfortable in making decisions within the criteria. Dr. McPherson agreed and suggested periodic review of protocols, particularly those with challenges. Dr. McPherson will request protocols from the medical directors and collate these to determine differences and draft consensus.

Other topics for discussion:

Permissive hypertension and the use of anti-coagulants with head trauma. Dr. Husty stated this has become a controversial topic due to the increase in airtime. EMS studies do not make sense in this regard. They have tried to back away at the urging of ORMC, initially over a decade ago. This is a good issue as there are no written protocols and this is being handled through training.

Dr. Husty discussed the matter with Central Florida Regional. He mentioned the topic is indeed very controversial as it lends to a vast amount of opinions. He firmly believes it's a topic worth tackling. Dr. Husty agrees that all free-standing ER's can handle and even transport immediately if needed. Susan motioned to standardize protocols for elderly patients to reduce delay in anti-coagulants. ORMC, Lakeland, and Osceola were all presented with information on the topic. Susan agreed to share additional information.

Dr. McPherson asked Susan to present literature and asked committee members to identify any other controversial issues or topics and send via email.

Actions:

Dr. McPherson and Dr. Husty will gather literature regarding use of TXA in field and will forward to Lynne for distribution.

Susan will email Dr. Plumbley to share his thoughts on the use of TXA in the pediatric population.

Susan will follow-up with Dr. Plumbley on pediatric guidelines.

Dr. McPherson will give update on June 25 at the Executive Committee.

Dr. Husty moved to adjourn. Adjourned at 9:10 am.