



AGENDA
CATRAC Mission Lifeline – Protocol Subgroup

October 13, 2010
 0800-0930

LOCATION: AHA – 10900-B Stonelake Blvd. Suite 320. Austin

PRESIDING: Traci Forister and Pat Ramming

RECORDER: Loni Denne

MEMBERS PRESENT: Dr. Jesudass, Susan Youngblood, Dr. Ken Mitchell, Jennifer Langlois, Dr. Etheridge, Louis Gonzales, Dr. Paul Hinchey, Dr. Frank Zidar, Joe Flores, Traci Forister, Idalia Mendez, Pat Ramming, Loni Denne, Melissa Juarez, Lisa Ranney

MEMBERS TELECONFERENCING: Dr. Michael Lenis

Guests:

TOPIC	DISCUSSION	ACTION	OPEN/CLOSED
Non-PCI Guideline (0800-0815)	Review of minor changes – layout Do we need to move heparin and plavix up into the green zone?	Move heparin up in red area Add prasugrel dosage, 60 mg p.o., with contraindications as option to plavix Flores- Add continue while awaiting or during transport Heparin 70u/5000 max or lovenox Due to medical record concerns keep guidelines to one page Reformat Plan A	
Lytic Guideline (0815-0845)	Review Plan B – page 1 (draft) Review Plan B – drug sheet (draft)	Dr. E- Bacterial endocarditis instead of acute subacute bacterial endocarditis Langlois- Current use of anticoagulants- add to professional education Dr. M- Capitalize Absolute and Relative contraindications Dr. Z- Need to educate and empower non-PCI hospital physicians to give lytics without consulting a cardiologist Dr. Z- Behind are there contraindication to fibrinolysis change to see page 1 Prasugrel- no for lytic Change ASA to chewable Langlois- All non-PCI hospitals have lovenox and TNKase What do we do with the drip on plan B? Dr. Z and Dr. L leave it as is.	

TOPIC	DISCUSSION	ACTION	OPEN/ CLOSED
		Dr. H- Take wording out at bottom of page 1 plan B- go to page 2	
<i>Multiple STEMI</i> (0845-0915)	Plan to manage multiple STEMI patients arriving at the same time	<p>Dr. H- 310 STEMI 8 within 2 hour window and all had D2B times of less than 45 minutes</p> <p>Dr. M- We have walk ins and transfer patients also</p> <p>Ramming- what classifies as diversion</p> <p>Dr. M- recent case and we didn't have a plan, we have implemented a plan in the last 2 weeks</p> <p>Forister and Hinchey- no diversion</p> <p>Hospital needs to come up with a plan</p> <p>Transfer question- One Call patient is triage, not diversion</p> <p>Dr. Z- STEMI transfer</p> <p>911 call/EMS being brought to hospital- need earliest encode from EMS- can dispatch call the hospital? Yes</p> <p>ATC/EMS can have dispatch give hospital provide earlier alert</p> <p>Dr. M- STEMI is a different situation than trauma</p> <p>Dr. Z- each PCI hospital should provide their double hit strategy, share and learn from each other: future agenda item.</p> <p>What will EMS do if they can't transfer the patient with the drip.</p>	
<i>Next meeting</i>	<p>Large Group – Wed Oct 20th</p> <p>Protocol Sub-Group - ?</p>	November 10 th training room A and B	
Next Steps (0925-0930)			