American College of Emergency Physicians
Section of Tactical Emergency Medicine
Membership Meeting
Monday, October 1, 2018
3:30-5:00 pm
San Diego Convention Center Upper Level 6C
San Diego, CA

Minutes

Section Officers in attendance:
Amado Alejandro Baez, MD, MSc, MPH, FACEP (Chair); Matthew R. Sutter, MD, FACEP (Immediate Past Chair); David Wayne Callaway, MD, FACEP (Chair-Elect); John Wipfler, III, MD, FACEP (Secretary).

Section Members in attendance:
Roy L. Alson, MD, PhD, FACEP; Eric J. Goedecke, DO, FACEP; Gaston Ariel Costa, MD; Jon Krohmer, MD, FACEP; Devlyn Lee Corrigan, DO, FACEP; Gina Piazza, DO, FACEP; Ross Philip Berkeley, MD, FACEP; Adolfo Savia, MD;

Guests in attendance:
William R Smith, MD, FACEP; Michael Henry (Med Student); Nicole Iezzi (Z-Medical- Quik Clot); Trevis Bachmann (Z-Medical- Quik Clot); Angus M Jameson, MD, FACEP; Jeffrey Uribe, MD; Aurora M Lybeck, MD; Dale Michael Mole, DO, FACEP; Eileen M Bulger, MD, FACS; Michael Carr, MD; Javier Herrera, MD; Alexis Diaz, MD; Harry Eugene Sibold, MD, FACEP; Alexander Huttleston (Med Student); Isabel Jeannette Brea, MD, MPH, FACEP

ACEP staff in attendance:
Rick Murray, EMT-P (Staff Liaison); Pat Elmes, EMT-P.

AGENDA

I. Opening Remarks Amado Alejandro Baez, MD, MSc, MPH, FACEP

II. Section meeting sponsor Nicole Lazzi - Z-Medica
Area Vice President – MILTAC - West

III. Presentations Amado Alejandro Baez, MD, MSc, MPH, FACEP
Tactical Emergency Medicine Visionary Leader Award
2018 Award – Lawrence Heiskell, MD
Tactical Case Presentation

IV. Board Liaison Remarks

Gillian R. Schmitz, MD, FACEP

V. Section Officer Elections

VI. New Business

A. Council Report

James Phillips, MD

B. Report on High-Threat Task Force

David Callaway, MD, FACEP
Gina Piazza, DO, FACEP

C. Discussion of TXA, Ketamine

John Wipfler, MD, FACEP

D. Procedures: REBOA

Amado Alejandro Baez, MD, MSc, MPH, FACEP

E. Administrative Procedures: Training of a tactical
And certification standards

F. Other New Business

The Tactical Medicine Section would like to thank Z-Medica for sponsoring the section meeting luncheon.

Major points discussed:

1. Opening remarks – Dr. Baez opened the meeting and welcomed section members and guests.

2. Dr Baez Recognized and expressed special appreciation to the Section meeting sponsor, Z-Medica. Ms. Nicole Lezzi attended the section meeting representing Z-Medica Corporation

3. Presentation by Dr. Lawrence Heiskell - “25 years of Teaching Tactical Medicine”
Dr. Heiskell presented his experiences and interesting challenges of his career in tactical medicine, and as one of the true pioneers in this field, he was able to give a first-hand view of the development of tactical medicine and his personal journey in tactical medicine from the 1989s to present time.

4. Tactical Emergency Medicine Visionary Leader Award –
The section members voted several months before and the leader that was chosen for 2018 is Dr. Lawrence Heiskell. Dr. Heiskell was presented the award by Dr. Baez along with the leadership and members of our section. Congratulations to Dr. Heiskell on receiving this recognition. Dr. Heiskell shared some insight into training of the tactical physician, and offered a number of suggestions regarding how to obtain good training and certification in tactical medicine.

5. The following officers were elected for the 2018-2020 term:
Chairman – Dr. David Callaway
6. Dr. Callaway provided a report on the High-Threat Emergency Care Task Force including a discussion of the various working group projects such as the deployable after-action teams.

7. Section Survey topics discussion:
   a. REBOA, TXA, and Ketamine – Dr. Wipfler and Dr. Baez
      Take home points: REBOA additional studies and research is needed and appears to not be ready for prehospital use at this time; Technically demanding, once inflated, the limited timeline and risks of renal and other ischemia limit its use in tactical medicine.
   b. TXA – tranexamic acid – this medication has been proven to be successful in decreasing hemorrhage and improving casualty survival, in moderate and severe trauma patients, for both penetrating and blunt trauma. Recent studies (Dr. Neeki et al.) have shown an increased survival rate at 28 days (mortality of 8.5% in patients treated with TXA, and 23.2% mortality without TXA). This medicine is well established, has a Level A recommendation, and all tactical medicine providers should strongly consider carrying and using TXA when indicated. Is best utilized starting within the first hour after trauma, but may be started up to 3 hours post-trauma. Initial dose is 1 gram infused over 10 minutes, and if hemorrhage confirmed or suspected then a 2nd dose (1 gram also) is to be started and infused slowly over 8 hours. TXA should NOT be started after 3 hours from mechanism of traumatic injury. Is relatively inexpensive (less than 60 dollars per 1 gram vial). Many other uses for TXA: menorrhagia, nosebleeds, others.
   c. Ketamine – The majority of the section members present at the meeting were familiar with and use of ketamine. Dose is 5 mg/ kg IM for acute agitation / EDS – Excited Delirium Syndrome, many tactical physicians have used this effectively throughout the country. Good medicine, with relatively few unwanted side effects.

8. Medical Administrative Procedures – Training of a Tactical Physician – Dr. Heiskell shared his experience and listed several recommendations regarding the education options and training opportunities for tactical medicine providers.

9. There being no further business the meeting adjourned.