Medical Directive

Directive Number	**18-03**
Publish Date	**31 May 2018**
Effective Date	**Per Organization Timeline**
Subject	**Phase out and discontinue the use of the ITD over time.**
Update to Clinical Operating Guidelines v 03.08.17	

Credentialed System Responder	**Action**
Credentialed EMT	**Action**
Credentialed EMT-Intermediate	**Action**
Credentialed EMT-Paramedic	**Action**
Credentialed EMD	**Information**

Over the past several months the Medical Directors and OMD staff have discussed, the role of and continued use of, the Impedance Threshold Device (ITD). We have not established a clear benefit for the continued use of the device over the past several years other than for a ventilation timing prompt. The OMD has been advised that our System supply is at a low stocking margin for the ITDs and a decision needs to be made to continue to invest in it as a very expensive timing light or, acquire and use an alternative more economical device.

In March 2018 the OMD was advised by o_two Medical Technologies that they have reengineered their timing lights including the manufacture process to resolve issues discovered by the ATC EMS System in May of 2015. At that time, a Medical Advisory was issued to discontinue the use of the o_two timing lights and; the ITD was continued as our primary ventilation timing light during CPR.

A Medical Advisory issued on July 18, 2017 advised that the ITD is discontinued for use on patients < 37 kg and, at that time, Position 3 was designated to count and deliver ventilations for Pediatric patients > 5 days old and < 37 kg at a faster rate than the ITD flashed.

At this time, the Medical Director has agreed that we will phase out our System use of the ITD over time. The following steps are to be taken to facilitate this:

1. On 5/9/18 the SEMC approved the reintegration and use of the o_two Ventilation Timing Lights for Adults (≥ 37 kg) and Pediatric Patients (> 5 days and < 37 kg).
2. System Supply has been sent the SEMC approval document to begin the acquisition process for the ventilation timing lights. Subsequently, the EMS Department has advised they will not stock individual timing lights. However, will begin stocking Adult and Child BVMs with the lights already attached.
3. Any Organization that chooses to deploy individual timing lights may do so; they will need to contact their own supplier and make individual purchasing/delivery arrangements.
4. The EMS Department will discontinue purchasing ITDs for System use.

5. In order to effectively phase out the ITD; each System Organization will need to develop and implement their own specific plan to migrate from using the ITD to the exclusive use of the ventilation timing lights. Each individual organization should notify the OMD when their transition to the timing lights is complete.
6. The Medical Director has agreed that the ITDs will remain an approved clinical device until they are no longer any available for use in the System **or**, **5/31/19** whichever occurs sooner.
7. All MELs will need to be updated to reflect: ITD **or** Adult and Child BVMs with ventilation timing lights; while the current supply of ITDs are exhausted.
8. Future COGs will be modified to incorporate this change.
9. **Should the circumstance arise where an ITD is not immediately available for Adult CPR; the Pit Crew Processes will continue without it. The ventilation timing light (or counting if needed) should be used to deliver ventilations at 10 – 12 breaths per minute during the conversion period only.**
10. The expectation is, all Pit Crew CPR patients will be ventilated using a ventilation timing light only once the conversion is complete.
11. **The exception is:** New Born to ≤ 5 days since their ventilation rates are 30 bpm (10 faster than the Pedi. timing light).

Thanks for all you do. Questions relating specifically to the COGs can be sent to cogs@austintexas.gov

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