

To: San Mateo County Prehospital Care Providers

From: Nancy Lapolla, MPH, EMS Director 
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Date: March 19, 2018

Subject: Expired Medications including Controlled Substances, Mobile Stroke Unit (MSU)

Medication Shortages

There continues to be a national shortage of medications used in the prehospital setting. Given the grave situation regarding both routine emergency medications and controlled substances both in our county and across the country with no foreseeable solution in sight, I am authorizing the following:

- Expired medications out to 120 days from manufacturer expiration date for **all medications** may be used in the county.
- A fire company, or ambulance, does not need to go out of service if they run out of morphine or versed during this period of crisis.
- Fentanyl, like morphine, is also on back order and thus implementation of Fentanyl may be delayed. We plan on moving forward with the rest of the protocol changes and implement Fentanyl upon receipt. We anticipate the new protocols starting the week of April 9 and teaching is ongoing now.

Mobile Stroke Unit (MSU) and Stroke Care

This is an exciting time for stroke care in our county. Two major studies, the DEFUSE 3 and the DAWN trials were published recently and both studies involved patients from San Mateo County! The recommendation involving clinical practice recommends extending the LKWT up to 24 hours with transport to a center that can perform endovascular therapy (EVT). We are working with our stroke committee to implement the new AHA guidelines and will be updating our Stroke Policy, OPS 29 shortly.

Secondly, Mills-Peninsula has purchased a mobile stroke unit (MSU) and San Mateo County will be part of a pilot study under a multi-center clinical trial based out of the University of Texas, Houston. The MSU will be deployed after training and coordination with Fire and AMR is completed and with a finite radius of response. The unit will be dispatched by PSC as an additional unit when EMD cards identify a possible stroke. The unit will arrive on scene and the patient will be evaluated concurrently by the stroke team. If the stroke team determines the patient could be having a stroke, they shall assume care of the patient. The patient goes into the MSU for a CT scan and further care and treatment. All other units on scene would be released. Regardless of what the CT shows, the MSU will then transport the patient to the hospital.

As we are already a high functioning stroke system, this will be a good way to see if an MSU adds value to stroke care in our county and across the country. Please see the accompanying MSU policy and further details can be obtained from your supervisor.

Please contact the EMS Agency with questions and thank you for the care you provide.

