



Military Advanced Regional Anesthesia & Analgesia  
Spring 2005 Meeting  
Minutes & White Paper Decisions\*

\*MARAA decisions and recommendations to service Anesthesiology Consultants to the Surgeons General can be found under the heading: **Service anesthesiology consultant recommendation.**

## I.

Meeting Date: 8 June 2005, 0900-1200

Meeting Location: Andrews AFB, Maryland

Voting Members in attendance:

1. COL John Chiles – Army<sup>1</sup> [john.chiles@na.amedd.army.mil](mailto:john.chiles@na.amedd.army.mil)
2. LTC Chester Buckenmaier – Army<sup>2</sup> [chester.buckenmaier@na.amedd.army.mil](mailto:chester.buckenmaier@na.amedd.army.mil)
3. LTC Todd Carter – USAF<sup>2</sup> [todd.carter@andrews.af.mil](mailto:todd.carter@andrews.af.mil)
4. MAJ Peter Baek – USAF<sup>2</sup> [peter.baek@andrews.af.mil](mailto:peter.baek@andrews.af.mil)
4. CDR Terry Stambaugh – Navy<sup>2</sup> [tastambaugh@bethesda.med.navy.mil](mailto:tastambaugh@bethesda.med.navy.mil)
5. CDR Dean Giacobbe – Navy<sup>2</sup> [dtgiacobbe@mar.med.navy.mil](mailto:dtgiacobbe@mar.med.navy.mil)

<sup>1</sup>Service Consultant

<sup>2</sup>Service Consultant's Designee

## II. REVIEW OF PREVIOUS MINUTES

The first meeting of MARAA occurred in February 2005 and focused on approval of the Stryker PainPump II™ (Stryker Co., Kalamazoo, MI) for flight on USAF military aircraft. That program has been a success. Other business centered on the need for a patient controlled analgesia (PCA) pump on the battlefield and on air evacuation aircraft.

The Ambit™ (Sorenson Medical Inc., West Jordan, Utah) was discussed as a possible candidate pump for this mission. The Ambit™ was already being used successfully as a peripheral nerve infusion pump in Iraq.

### III. OLD BUSINESS

a. The Members reviewed the new Ambit™ military PCA pump prototype developed by Sorenson Medical for the military. Sorenson Medical provided a letter with the prototype pump describing pump features and military pricing (see Appendix B). The Members agreed that the international orange color and written warnings (Patient Controlled Analgesia (PCA) Narcotics ONLY!) were sufficient to uniquely distinguish this device from other pumps. The pump is sold with an optional key locking fanny pack to secure narcotic solutions. The Members agreed that this should be adequate for narcotic security in field medical situations. Level 4 military medical facilities will continue to follow JCAHO guidelines for PCA devices as directed by local commanders. The Members agreed by unanimous vote that the Ambit™ pump should be adopted (as pictured below) as the new battlefield and air evacuation pump pending successful air worthiness testing of the pump by the USAF. The pump is disposable and therefore not a hand receipt item in the PMI system. LTC Todd Carter will oversee the air worthiness testing process for MARAA.



**Service anesthesiology consultant recommendation:** MARAA recommends each service consultant adopt the military Ambit™ PCA pump as the tri-service PCA device for field anesthesia (pending successful air worthiness testing).

#### IV. NEW BUSINESS

a. The Charter of the Military Advanced Regional Anesthesia & Analgesia organization was reviewed by the Members. Minor changes to the document were made. The document (see Appendix A) was approved by a unanimous vote from the Members.

**Service anesthesiology consultant recommendation:** MARAA has been established as an advisory board for the promotion of regional anesthesia and improved analgesia for military personnel and dependents at home and on the nation's battlefields. Anesthesiology consultants should utilize this tri-service resource to assist in decisions regarding regional anesthesia and analgesia.

b. Selection of a MARAA president for the 2004-2005 fiscal year was voted on by the Members. LTC Chester Buckenmaier was selected president by unanimous vote.

c. A proposal was made by LTC Buckenmaier to affiliate MARAA under the Uniformed Service Society of Anesthesiology (the military component society of the ASA). Concern was expressed by COL Chiles that MARAA, as a military organization, should not be subordinate to a civilian organization (the ASA). The Members agreed to table this issue until the next MARAA meeting at the USSA meeting in New Orleans, Fall, 2005.

d. The Regional Anesthesia Tracking System (RATS), an internet based program to track soldiers managed with continuous peripheral nerve blocks, was discussed. This is an ongoing project funded through the Army Regional Anesthesia & Pain Management Initiative (ARAPMI). Members can review the RATS web site at <http://h65.35.39.162.ip.alltel.net/wramc.html>. Comments regarding the site can be directed to LTC Buckenmaier. Members agreed development of RATS should continue. Progress of RATS will be evaluated at the next MARAA meeting.

e. Extensive discussion was engaged in by all Members regarding training of advanced regional anesthesia for deploying anesthesiologists. All Members agreed that Landstuhl, Germany was a key node in the casualty evacuation system and continued personnel support to maintain a regional anesthesia/acute pain section at Landstuhl is an important goal. Resident anesthesiologist deployment to Landstuhl using ARAPMI training funds will support this effort for 12 months. Senior anesthesiology residents from USAF and Navy programs are invited to participate in this program. ARAPMI through the Walter Reed Army Medical Center (WRAMC) is seeking Global War on Terrorism funding to support regional anesthesia staff anesthesiologist support for Landstuhl. CDR Stambaugh noted the difficulty individual services would have sending staff to Landstuhl with CONUS commands currently under strength. COL Chiles emphasized the importance of maintaining an advanced regional anesthesia presence at Level 3 medical

facilities in Iraq. COL Chiles further suggested identifying anesthesiologists who will deploy in the fall for OIF and possibly inviting them for advanced regional anesthesia training at WRAMC prior to leaving.

**Service anesthesiology consultant recommendation:** Efforts to maintain adequate regional anesthesia staffing at Landstuhl will continue. Currently this has been supported from ARAPMI and WRAMC. Participation by other service anesthesiologist would be appreciated if possible. The ARAPMI and WRAMC will explore the possibility of special training for deploying anesthesiologists in regional anesthesia with service consultant support.

#### **V. NEXT MEETING:**

USSA Meeting 21 Oct. 2005 and the annual ASA meeting, New Orleans, Louisiana. Members/Service Consultants are requested to inform LTC Buckenmaier of their plans to attend or provide names for proxy members ASAP. A meeting agenda will be emailed to voting members a week prior to the meeting.

## Appendix A



# CHARTER OF THE MILITARY ADVANCED REGIONAL ANESTHESIA & ANALGESIA

JUNE 2005

---

### ARTICLE I: NAME AND OBJECT

1. Name. The name of the organization is “Military Advanced Regional Anesthesia & Analgesia (MARAA).”
2. Object. The object of the organization is the promotion of regional anesthesia and improved analgesia for military personnel and dependents at home and on the nation’s battlefields.
3. Purpose. The organization will work to develop consensus recommendations from the Air Force, Army, and Navy anesthesia services for improvements in medical practice and technology that will promote regional anesthesia and analgesia in the care of military beneficiaries. The organization serves as an advisory board to the individual service anesthesia consultants to the surgeons general.

### ARTICLE II: MANAGEMENT

The organization will consist of the anesthesiology consultant of each military service (or their designee) and a second appointee by each service anesthesiology consultant (six member board). Each member of the organization has one vote on issues that require agreement/collaboration between services. All decisions will be made by a simple two

thirds majority. Issues that fail to obtain a two thirds majority consensus will be tabled and re-addressed at the next meeting called by the President of the organization.

### **ARTICLE III: DIRECTORS**

The organization will select a President of the organization from organization members each fiscal year by simple majority vote. The President will be responsible for soliciting meeting issues from members and setting meeting agendas. The President will be responsible for generating organization position ‘white papers’ on decisions made by the organization. The position white papers will provide each service anesthesia consultant with collaborative recommendations for issues considered by the organization. The President can assign the writing of decision papers to committee members. The president will have final editorial authority over any white paper recommendations submitted to the service anesthesiology consultants.

### **ARTICLE IV: MEETINGS**

1. Meetings. The organization will meet twice yearly. One formal meeting will be at the Uniformed Services Society of Anesthesiology meeting during the American Society of Anesthesiology conference. A second meeting will be scheduled during the Spring. Meetings will be coordinated by the organization president. Organization members can send proxies to attend meetings in their place (proxy voting is allowed) if approved by that member’s service anesthesiology consultant. Teleconferencing is an acceptable means of attending a meeting. Meetings will only be held when a quorum of members (or their proxies) are available. A quorum will be defined as a majority of voting members with representation from each service.
2. Special Meetings. The president can call for a special meeting by organization members on issues requiring prompt attention.
3. Conduct of Meetings. Meetings will be presided over by the President or, in the absence of the President, a member of the organization designated by the President.
4. Meeting Agenda. The President will provide members with the meeting agenda one week prior to scheduled meetings. Members may add new items to the agenda during meetings with the President’s request for ‘new business’. Meetings will be concluded with review of old business.

### **ARTICLE V: ORGANIZATION SEAL**

The organization seal is represented at the head of this document.



**SOREN SON MEDICAL, INC.**

[www.sorensonmedical.com](http://www.sorensonmedical.com)

**E-mailed: March 4, 2005**

March 4, 2005

Thomas Orsini  
President & COO

LtCol.Todd Carter, MC, SFS  
Chief of Anesthesiology, 89<sup>th</sup> MDG  
334 Red Magnolia Ct.  
Millersville, MD 21108

LtCol.Carter:

This letter is in response to your e-mail of February 21, 2005 where you requested Sorenson Medical, Inc. provides you a "non-binding . . . (yet) very close" *Cost Proposal* for the ambIT™ PCA ambulatory infusion pump and accessories; ambIT Pump System.

- Sorenson recommends that the Military purchase the ambIT PCA electronic ambulatory infusion pump for air transport due to the austere environment in which it will be used.
- Sorenson will modify the ambIT PCA pump as requested by the MARAA Committee during our meeting of January 25, 2005. Please reference the below design modifications. Enclosed is the ambIT PCA Specification Sheet.
- The US Military ambIT PCA pump would be sold as an ambIT Pump System with the below listed components.

*The ambIT Pump System GSA Pricing per unit (which includes the below listed components) is \$305 / unit.*

Company URL: [www.sorensonmedical.com](http://www.sorensonmedical.com) or [service@sorensonmedical.com](mailto:service@sorensonmedical.com)

This ambIT Pump System GSA Price is based on the below Pricing Assumptions. A pricing adjustment, up or down, may be necessary should these assumptions change or should components be added or eliminated.

**Pricing Assumptions:**

1. Minimum order quantity for 1 year is 4,000 units.
2. The current ambIT PCA pump, as described in the enclosed ambIT PCA Specification Sheet, plus the design changes listed below will meet the needs of the Military.
3. UPS Testing already done by Sorenson Medical on simulated shipping, shock and vibration will satisfy the Air Worthiness Test requirements. Sorenson Medical will not be responsible for any additional test costs. Reference enclosed Test Summary – UPS ambIT Pump Testing.

Note: If Sorenson must be responsible for the cost of an Air Worthiness Test, the ambIT Pump System GSA Pricing of \$305/unit will be increased by the total cost of the test divided by the total number of units purchased. (As an example; if the Air Worthiness Test costs \$30,000 and 4,000 units are purchased during the first year, the ambIT Pump System cost would increase by \$7.50 / unit to \$312.50/unit).

4. No significant design changes will be required to the ambIT PCA pump for it to pass the Air Worthiness Test.

**ambIT Pump System Components:**

<u>Components</u>	<u>Quantity</u>
ambIT PCA Pump (Reference Description Below)	1
ambIT Cassette (Reference Description Below)	1
420 mL Reservoir Bag	1
Reservoir Bag Label	1
AA Alkaline Batteries	2
White Lunch Pail Case	1
Shipping Box (5 nits/box)	1 per 5 pumps

**ambIT PCA Pump Modifications** (as requested by the MARAA Committee):

1. Very distinctive pump color; to be determined; perhaps International Orange.
2. Eliminate the remote bolus button port on the side of the ambIT PCA pump.
3. Time hold-down delay in the Run/Pause button operation. The pump will not go into the Pause mode of operation unless the Run/Pause button is held down for 3 – 10 seconds. Specific time to be determined.

The ambIT cassette will have a male luer and may include a 1.2 micron air eliminating filter. Price for the ambIT cassette will be the same with or without this filter.

**Additional Accessories:**

GSA Pricing per unit for a Key Locking Fanny Pack will be \$ 15.85 / unit.

GSA Price per unit for additional ambIT cassettes will be \$ 9.80 / unit.

Sorenson is fully committed to working with the MARAA Committee and make the ambIT PCA pump the military air transport pump to improve the care for our wounded solders, airmen and sailors.

LtCol. Carter, I hope this letter provided you the information you requested. Please feel free to call me with any comments, questions that you may have or should you need additional information. I look forward to speaking with you in the near future,

I can be reached at (801) 913 7080 (cell).

Sincerely,



Thomas Orsini  
President and COO  
Sorenson Medical, Inc.