MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

AIRWAY MANAGEMENT TASK FORCE

December 7, 2011--10:30 A.M.

MEMBERS PRESENT

K. Alexander Malone, MD, Chairman, NLVFD
Michele McKee, MD, UMC Hospital
Larry Johnson, EMT-P, American Medical Response
Ken Taylor, EMT-P, Las Vegas Fire & Rescue (Alt)
Chief Troy Tuke, Clark County Fire Department
Chief Scott Vivier, Henderson Fire Department
Bryan Bledsoe, DO, MedicWest Ambulance
Ian Smith, EMT-P, North Las Vegas Fire Dept

MEMBERS ABSENT

Richard Henderson, MD, Henderson Fire Department
Derek Cox, Las Vegas Fire & Rescue
Scott Scherr, MD, Sunrise Hospital
Nancy Cassell, EMS Professor, CSN

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
John Hammond, EMSTS Field Rep
Judy Tabat, Recording Secretary
Mary Ellen Britt, Regional Trauma Coordinator
Trish Beckwith, EMSTS Field Rep
Kelly Buchanan, MD, EMS Fellow

PUBLIC ATTENDANCE

Eric Dievendorf, American Medical Response
Richard Main, NCTI
Brian Rogers, EMT-P, HFD
Chris Baker, RN, TriState CareFlight
Christian Young, MD, Boulder City Fire Dept
Trish Klein, NCTI
Steve Johnson, MedicWest Ambulance
Sarah Morrison, EMT-P, LVMS
Jason Meilleur, EMT-P, Lifeguard Int'l

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Airway Management Task Force convened in the Clemens Conference Room at the Ravenholt Public Health Center at 11:04 a.m. on Wednesday, December 7, 2011. The meeting was called to order by Chairman Alex Malone, MD. He stated that the Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Chairman Malone noted that a quorum was present.

I. PUBLIC COMMENT

None

II. CONSENT AGENDA

Chairman Malone stated the Consent Agenda consisted of matters to be considered by the Airway Management Task Force that can be enacted by one motion. Any item may be discussed separately per Task Force member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Airway Management Task Force Meeting April 6, 2011

Chairman Malone asked for a motion to approve the minutes of the April 6, 2011 Airway Management Task Force meeting. A motion to accept the minutes was made, seconded and passed unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion on 2012 Calendar and Agenda

Dr. Malone opened the discussion by stating that there was a general consensus to go back and re-identify the role of this Task Force. In previous meetings, it was identified that there are several areas of potential progress with respect to airway management in the prehospital environment and also several areas of current controversy. He added that in previous meetings, Chief Tuke identified the need to take the time and continue with the research and then present recommendations to the Medical Advisory Board (MAB) as a whole plan.

Dr. Bledsoe felt they could narrow it down to 6 statements:

- Should the Health District mandate the type of extraglottic airway used and if not are there airways that should not be used.
- Should pediatrics be intubated and if so who
- Nasotracheal intubation, yes or no
- RSI
- Recommendations for mandated requirements of a surgical airway

Dr. Malone agreed and stated that this Task Force is very dependent on EMS Operations participation by giving us their perspectives and their agencies perspectives.

B. Discussion on Prehospital Nasotracheal Intubation

Dr. Malone reported that he had asked the main contact person responsible for data collection in each agency to bring a tally of all nasotracheal intubation attempts and/or placements for the past 12 months. The majority of the responses were very low frequency to none which Dr. Malone responded by stating that nasotracheal intubation (NTI) in terms of airway management in the prehospital environment is controversial and some of attributes that guide the controversy are: frequency, training, complications, cost of training/equipment, and success rates. He then referred to several articles regarding prehospital blind nasotracheal intubation (BNTI) ranging from 1986 until 2010 which showed the sample studies that were available. He added that the study numbers were very low which reflect what is seen in our valley and across all settings showing that NTI has a low rate of success which raises questions about the safety and efficacy of the procedure. After weighing both sides, Dr. Malone felt that NTI is a perishable skill and felt that there is something better around the corner.

Dr. Bledsoe commented that in terms of routine NTI he agreed it is a problem but would not fault a paramedic especially like a helicopter crew that is out on one of those horrendous multi vehicle accidents where an extraglottic airway won't work.

Chief Vivier advised the Task Force that he and Dr. Henderson, who could not attend this meeting, discussed NTI and that because of the low frequency use and variable success rate suggested that it should not be a required skill that you train on but agreed that if it was done it would be looked at as a protocol deviation and not a punitive offence if a paramedic was using their best ALS treatment and guidelines. Henderson Fire hadn't reported a high rate of complication so the few times it had been attempted it, it was successful around 50% of the time and the 50% of time that it wasn't successful did not result in any negative outcome.

Chief Tuke questioned that out of all the things a medic can do to try and get an airway why are they going after a NTI in the back of an ambulance. He asked that he go on record to say that the best way to handle this is to figure out what options this Task Force is comfortable with, whether NTI is removed or left on the side as an option as discussed which he stated he would support. He added that there needs to be a whole plan in place so providers have the tools they need to take care of their airway.

Mr. Hammond questioned if this Task Force is going to report to the Drug/Device/Protocol (DDP) Committee which is going to be reviewing protocols starting in January 1, or report directly to the MAB. Dr. Malone stated that his understanding of what's been asked is to identify areas for practice improvement, enhancement, or controversy, come together as a panel of "experts", and incorporate the decisions into the grander picture of airway management and then submit that to the MAB as recommendations.

Dr. Bledsoe stated that there's nothing changing any quicker right now in EMS than airway and agreed with the idea of developing an airway continuum but questioned how you maintain or demonstrate competency. He felt airway management is more global and it needs to be defined and developed.

Dr. Young stated that in looking at the protocols that are in place, each one is defined as its own entity with no connection and therefore no progression. He referred to a protocol from North Carolina which was set up like a flow chart to evaluate a difficult airway. He felt that everyone is doing a good job of keeping their crews trained, but as a system, in order to progress forward a good start would be to find a way to augment those protocols. Dr. Malone agreed and felt that the adoption of an airway management algorithm in the EMS protocols is an excellent idea.

Chief Vivier felt that the system as a whole has already limited the use of NTI by our providers using good clinical judgment. He added that the suggestion of a protocol that does define when it could and should be used is probably safe and effective because it would be defined as a very low use item but reminded the Task Force that it would put training and cost back on which would have been a benefit to eliminate. In turn, Neosynephrine is pretty inexpensive, it's not an added cost to the system and the training that generally goes along with it hasn't certainly been a burden.

Dr. Malone thanked everybody for their input and stated that this Task Force will meet again in 2 months.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business, Chairman Malone called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:35 a.m.