



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

August 02, 2017

MEMBERS PRESENT

Steve Carter, AMR
Chief Troy Tuke, Clark County F.D.
Tressa Naik, MD, Henderson F.D.
Jason Driggars, AMR
Steve Johnson, MedicWest
Mark Calabrese, Clark County F.D.
Matt Horbal, Mt Charleston

Jim Kindel, Boulder City F.D.
Chief Kim Moore, Henderson F.D.
Alex Malone, MD North Las Vegas F.D.
David Slattery, MD, Las Vegas Fire & Rescue
Frank Simone, North Las Vegas F.D.
August Corrales, JTM

MEMBERS ABSENT

Jill Jensen, JTM
Jarrod Johnson, DO, Mesquite Fire & Rescue
Daniel Rollins, MD
Shane Splinter, Henderson F.D.
Alicia Farrow, Mercy Air
Ryan Bezemer, Community Ambulance

Jeff Davidson, MD, MedicWest
Rick Resnick, Mesquite Fire & Rescue
Eric Anderson, MD, MedicWest
Derek Cox, Las Vegas Fire & Rescue
Melanie Ondik, Community Ambulance
Mike Barnum, MD, Chairman, AMR

SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Gerald Julian, EMS Field Rep

John Hammond, EMSTS Manager
Scott Wagner, EMS Field Rep
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Kathy Millhiser, HCA
Daniel Llamas, HCA
Travis Marshall, UMC
Carl Bottorf, AMR
Rebecca Carmody, HCA

Dorita Sondereker, RN Sunrise
Amy Feldman, HCA
Jennifer Kocis, Sunrise
Samuel Scheller, GEMS

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, August 02, 2017. Vice Chairman Chief Troy Tuke, called the meeting to order at 10:14 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Vice Chairman Tuke noted that a quorum was present.

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Vice Chairman Tuke asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Vice Chairman Tuke stated the Consent Agenda consisted of matters to be considered by the Drug/Device/Protocol Committee that can be enacted by one motion. Any item may be discussed separately per Committee member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: July 05, 2017

Vice Chairman Tuke asked for a motion to approve the July 05, 2017 minutes of the Drug/Device/Protocol Committee meeting. *A motion was made by Member Slattery, seconded by Member Naik and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Third Group of Protocols for 2017

Dr. Young reminded the committee that comments and suggestions can be emailed to him at any time for later discussion.

1. Drowning

Mr. Johnson suggested that submersion in water be changed to submersion in fluid as not all drownings occur in water.

2. General Adult Assessment

Mr. Johnson expressed concern with the statement in the disposition area “did NOT receive any parenteral medication during EMS transport except a single dose of Morphine Sulfate and/or Ondansetron.” He stated that not all agencies are currently carrying morphine and that they could also be carrying fentanyl, dilaudid and ketamine for pain management. Mr. Johnson suggested changing morphine to analgesics.

Dr. Young reminded the committee that the protocol was developed to have criteria to offload patients when a bed was not available. Mr. Hammond stated that according to NRS the hospitals must provide a bed within 30 minutes.

3. General Adult Trauma Assessment

4. General Pediatric Assessment

5. General Pediatric Trauma Assessment

6. Hyperkalemia (Suspected)

Dr. Slattery suggested changing the statement “Patients must have suspected hyperkalemia AND electrocardiographic findings consistent with hyperkalemia AND hemodynamic instability BEFORE initiating treatment.” To read, “Patients must have suspected hyperkalemia or electrocardiographic findings consistent with hyperkalemia.” Dr Slattery also suggested removing crush syndrome and chronic renal failure from the history, removal of the alert box, and removal of hemodynamic instability BEFORE initiating treatment.

7. Pediatric Drowning

Vice Chairman Tuke asked for a motion to accept the changes to these protocols. *A motion was made by Member Simone, seconded by Member Driggars and carried unanimously to approve the suggested changes to the protocols.*

B. Review/Discuss of the use of Neosynephrine in the Treatment of Epistaxis

This item was tabled for the next scheduled Drug/Device/Protocol Committee Meeting.

C. Review/Discuss Draft Protocol for Use of Push Dose Pressors

Dr. Slattery presented the committee with a draft protocol for the use of push dose pressors. The purpose of this protocol is to simplify pressor administration for septic shock patients and to establish epinephrine as an alternative to dopamine. Systolic blood pressure will reflect the two times age plus 70 for pediatric dosing in order to keep the protocol consistent with what is listed for epinephrine.

Vice Chairman Tuke asked for a motion to accept the draft protocol for push dose pressors. *A motion was made by Member Carter, seconded by Member Naik and carried unanimously to approve the draft protocol for use of push dose pressors.*

D. Review/Discuss Case Evaluations of Transports Under Remote Outpatient Emergency Department Alternate Destination Criteria

Dr. Young informed the group that off-site emergency departments and micro hospitals, are being built throughout the valley and with that a destination criteria was created. The first facility to start receiving EMS patients was ER at the Lakes which has received approximately 12 patients. After a review of those patient transports they were determined to be appropriate to the facility. During the last DDP meeting representatives from Dignity Health requested some of the normal vital sign stipulations be removed from the protocol which will enable the Dignity Health facilities to receive 9-1-1 transports. Dr. Young suggests making no changes to protocol at this time and to review the transports on a quarterly basis to see if changes are necessary.

Dr. Naik expressed concern with making any changes to protocol at this time. Dr. Naik and Mr. Hammond both agree with Dr. Young that data should be collected and reviewed before making any changes to the current protocol.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Member Corrales informed the committee that a patient was transported to UMC Trauma that resulted in closure due to infestation. He stated that he will be meeting with EMS liaisons to discuss a contact isolation and communication protocol for proposal to the committee.

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Vice Chairman Tuke asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Vice Chairman Tuke called for a motion to adjourn. *A motion was made by Member Simone, seconded by Member Johnson and carried unanimously to adjourn at 10:59 am.*