



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

May 02, 2018

MEMBERS PRESENT

Mike Barnum, MD, Chairman, AMR
Chief Troy Tuke, CCFD
Derek Cox, LVFR
Steve Johnson, MWA

Jim Kindel, BCFD
Larry Johnson, Community Ambulance
David Slattery, MD, LVFR
Shawn Tobler, MFR

MEMBERS ABSENT

Steven Carter, AMR
Kim Moore, HFD
Tressa Naik, MD, HFD
Jeff Davidson, MD, MWA
Jarrod Johnson, DO, MFR
K. Alexander Malone, MD, NLVFD

Daniel Rollins, MD, BCFD
Shane Splinter, HFD
Jill Jensen, JTM
Shane Race, Mercy Air
Frank Simone, NLVFD

SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director
John Hammond, EMSTS Manager
Gerald Julian, EMS Field Rep

Laura Palmer, EMSTS Supervisor
Scott Wagner, EMS Field Rep
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Michael Holtz, UMC
Jim McAllister, LVMS
August Corrales, JTM

Karen Dalmaso-Hughey, AMR
Rebecca Carmody, Community Ambulance

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, May 02, 2018. Chairman Mike Barnum, called the meeting to order at 9:04 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Barnum 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. Chairman Barnum 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

Chairman Barnum 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: April 04, 2018

Chairman Barnum asked for a motion to approve the April 04, 2018 minutes of the Drug/Device/Protocol Committee meeting. *A motion was made by Member Cox, seconded by Member Johnson and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss STEMI Destination Protocol

Member Tuke reported that the ED/EMS Committee have been discussing what will determine a STEMI destination in order to create a STEMI destination protocol. Thus far it has been decided that data be submitted monthly and accreditation be maintained. He stated that at this time he would like these items added to the transport destination protocol and then be included in the STEMI destination protocol when it is complete. Member Tuke volunteered to create a draft STEMI destination protocol to be presented to this committee in the near future.

B. Review/Discuss the use of Ketamine in the Treatment of Chest Pain Patients

Member Tuke stated that due to the Morphine shortage CCFD had been using Ketamine for general pain control. He expressed concern with the possibility that it may be used for chest pain patients. Member Tuke suggested updating the protocols to list Ketamine as a contraindication for chest pain patients.

After an extensive discussion Member Tuke motioned to add limiting the use of Ketamine in suspected ACS patients to the chest pain protocols.

Chairman Barnum asked for a vote to approve adding limiting the use of Ketamine in suspected ACS patents to the chest pain protocols. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

C. Review/Discuss Eighth Group of Protocols

1. Formulary

Member Tobler stated that the Amiodarone lists a dosage amount for adults with cardiac arrest but not a dosage for V-Tach with a pulse.

Chairman Barnum suggested adding the code dose versus the pulsatile dose under the adult dosing or dose adult unstable, adult stable. Member Johnson suggested removing the dosing and replacing it with “see specific protocol.”

Member Cox recommended striking the listed contraindications for both the epinephrine and epinephrine auto injector. He stated that the contraindications that are listed appear to be antiquated. Dr. Slattery proposed adding the word relative before contraindications. Also in the definition section adding contraindication in the provider’s opinion or based on the provider’s assessment the benefits outweigh the risks of use of this agent.

Chairman Barnum asked for a vote to make all the suggested changes to the formulary. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

2. Needle Cricothyroidotomy

This item was tabled until the next scheduled meeting.

3. Prehospital Death Determination

Dr. Young began the discussion with concerns regarding presumptive signs of death and conclusive signs of death. He remarked that some providers may not have ever seen a patient with dependent lividity or rigor mortis and therefore they would not be able to identify those conditions. Dr. Young proposed following the conclusive signs of death with definitions to assist providers with their decision making.

Member Cox asked for QI coordinators to attend a meeting and provide a review of one month’s prehospital death determinations. He suggested the information be broken down into medical and trauma, protocol followed or not followed according to documentation.

After a lengthy discussion it was decided to request information from the QI committee and revisit this protocol at a later date.

4. Target Temperature Management & Post-Resuscitation

Dr. Slattery began by stating that when this protocol was created there were explicit criteria listed that may not be being followed currently. He questioned who is assuring that the criteria are followed as well as the expectations required to be a receiving hospital. He suggested possibly implementing a work group to look into this situation.

Member Tuke suggested bringing this topic to the ED/EMS committee for evaluation. He stated the committee is currently working on a STEMI destination protocol with great success. The ED/EMS committee consists of the community partners who could also assist with this issue.

Chairman Barnum requested this matter be referred to MAB for further input.

5. Termination of Resuscitation

Dr. Young suggested adding additional language to include traumatic cardiac arrest indications.

Mr. Corrales proposed adding the requirements of two contiguous leads and asystole back to the protocol.

Member Cox made the same suggestions for this protocol as the above prehospital death determination protocol.

After a lengthy discussion it was decided to request information from the QI committee and revisit this protocol at a later date.

6. Transport Destinations

There were no suggested changes to this protocol.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Chairman Barnum asked if there were any informational items to be discussed. There were none, and this portion of the meeting was closed.

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. Chairman Barnum asked if anyone wished to address the Committee pertaining to items listed on the Agenda.

Chairman Barnum asked if anyone wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

ADJOURNMENT

There being no further business to come before the Committee, Chairman Barnum called for a motion to adjourn. A motion was made by Member Tuke, seconded by Member Cox and carried unanimously to adjourn at 10:25 am.