MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

August 01, 2018

MEMBERS PRESENT

Steven Carter, AMR
Troy Tuke, CCFD
Shane Splinter, HFD
Derek Cox, LVFR
Jason Driggars, MWA
Shawn Tobler, MFR
Matt Horbal, M.D., MCFD
Jim Kindel, BCFD
Kim Moore, HFD
Tressa Naik, M.D., HFD
David Slattery, M.D., LVFR
Steve Johnson, MWA
Frank Simone, NLVFD

MEMBERS ABSENT

Mike Barnum, M.D., AMR
Larry Johnson, Community Ambulance
Shane Race, Mercy Air
K. Alexander Malone, M.D., NLVFD
Daniel Rollins, M.D., BCFD
Jill Jensen, JTM
Jarrod Johnson, D.O., MFR

SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Michelle Stanton, Recording Secretary
John Hammond, EMSTS, Manager
Scott Wagner, EMSTS, Field Representative

PUBLIC ATTENDANCE

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 01, 2018. Vice-Chairman Troy Tuke called the meeting to order at 10:05 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 11, 2018

Vice-Chairman Tuke asked for a motion to approve the July 11, 2018 minutes of the Drug/Device/Protocol Committee meeting. *A motion was made by Member Corrales, seconded by Member Cox and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Possible Changes to the Burns Protocol

Mr. Corrales referred the Committee members to the document listing suggested changes to the burns protocol. He reported that inhalation injury without burns or immediate respiratory problems are to go to the appropriate facility. It is not necessary to transport these patients to a level 1 trauma center. He also stated that the proposed changes are in alignment with the American Burn Associations (ABA) 2017 guidelines.

Mr. Corrales listed the following suggested changes to the PEARLS:
Patients meeting the following criteria…Trauma Center:

#1 Second and/or Third-Degree Burns >10% TBSA
#8 Burns with concomitant trauma
#9 Patients who require special social, emotional or rehabilitation interventions.
Dr. Naik asked for #3 to have more specific language such as "2nd degree or greater" burns that involve face, etc.

In the adult burn protocols PEARLS the following changes are proposed.
Non-Electrical burns 2mL x (body weight in kgs) x (%BSA burned) and for electrical burns 4mL x (body weight in kgs) x (%BSA burned).

For pediatric patients up to age 14, Non-Electrical burns 3mL x (body weight in kgs) x (%BSA burned) and for electrical burns, 4mL x (body weight in kgs) x (%BSA burned). Also, for pediatrics < 30 kgs, LR with D10 KVO.

Mr. Corrales added that vascular access and when to perform aggressive vascular access is more clearly defined. With a BSA >20% including second and/or third degree burns vascular access should be administered and continue fluid challenges. The recommended fluid is lactated ringers which are not currently carried within the system. Mr. Corrales explained that lactated ringers will have a better chance of keeping veins open and delivering electrolytes to damaged tissue which assist with the healing process.

Dr. Young expressed concern in making all the suggested changes due to cost, education, training, supply chain etc. when transport times in the Clark County area are typically less than 20 minutes.

The following changes and/or additions were approved by the entire Committee:
#1 Second or third-degree burns >10% TBSA – to be added to the protocols
#2 and #3 change to read "Any second and/or third-degree burns"
Adopt the modified burn resuscitation formula (see handout)
Add the PEARLS for indications for early intubation in a separate box (see handout)

B. Review/Discuss Protocol Development for Use of IOs in Conscious but Critically Ill Patients

Dr. Slattery began by thanking Laura Palmer and Scott Wagner for their assistance in putting this draft protocol together. He stated that Henderson F.D. created a protocol for this procedure approximately four years ago and they have implement the procedure successfully. He said that the placement of the IO is not what is painful for the patient but rather it is the infusion of fluids. In order to implement this protocol cardiac lidocaine would need to be added to the formulary.

Vice-Chairman Tuke asked for a motion to add the vascular access draft as written to the protocols. All were in favor and none were opposed.

C. Review/Discuss the Following Protocols

1. Prehospital Death Determination

Dr. Slattery started by saying he would like to add a monitor requirement or a no shock advised requirement from an AED for medical cardiac patients to the protocol. He also suggested adding no organized rhythm which is defined as a PEA<40 for traumatic cardiac patients. Dr. Slattery stated that both of these additions would be consistent with national guidelines. Dr. Slattery also proposed removing pulselessness from the presumptive signs of death because it is difficult to define, and providers may be checking for a pulse using different methods. He then invited Dr. Fildes to address the Committee regarding this issue.

Dr. Fildes began by informing the Committee that he came to the meeting prepared with the 2013 guideline for this topic. He said that he is here to share data and has no opinions to offer. He also stated he was Medical Director for Trauma Programs at the American College of Surgeons (ACS) when the guidelines were released. The addition of a monitor fits within the recommendations because it answers the question of absence of organized electro-cardiologic activity.

Mr. Tobler requested adding language to #3 under conclusive signs of death to include: "Functional separation from the body of the heart, brain, or lungs."

The following changes and/or additions were approved by the entire Committee:
Remove #3 under conclusive signs of death and add the language "Functional separation from the body of the heart, brain, or lungs."

Under Presumptive signs of death add 5a "Asystole on the monitor or no shock advised prompt from an AED for non-traumatic arrest patients." Also add 5b "No organized cardiac rhythm or a PEA <40 for traumatic arrest patients"

2. Termination of Resuscitation

It was decided to table this item until the next scheduled meeting for further discussion.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Vice-Chairman Tuke asked if there were any informational items to be discussed. Seeing no one he closed this portion of the meeting.

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.

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 Cox, seconded by Member Simone and carried unanimously to adjourn at 11:20 am.