



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

**DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE**

**June 07, 2017 – 10:00 A.M.**

**MEMBERS PRESENT**

Mike Barnum, MD, Chairman, AMR  
Jason Driggars, AMR  
Derek Cox, Las Vegas Fire & Rescue  
Chief Troy Tuke, Clark County F.D.  
Melanie Ondik, Community Ambulance  
Alicia Farrow, Mercy Air  
Shane Splinter, Henderson F.D.  
Tressa Naik, MD, Henderson F.D.  
K. Alexander Malone, MD, NLVFD

Jim Kindel, Boulder City F.D.  
Frank Simone, North Las Vegas F.D.  
August Corrales, MD, JTM  
David Slattery, MD, Las Vegas Fire & Rescue  
Steve Johnson, MedicWest  
TJ Smith, Henderson F.D.  
Daniel Rollins, MD, Boulder City F.D.  
Chief Kim Moore, Henderson F.D.  
Matthew Horbal, MD, Mt. Charleston FD

**MEMBERS ABSENT**

Chris Calcagni, JTM  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
Steve Carter, AMR

Jeff Davidson, MD, MedicWest  
Rick Resnick, Mesquite Fire & Rescue  
Eric Anderson, MD, MedicWest

**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**

Tony Greenway, Valley Hospital System  
Carl Bottorf, Life Guard  
Naomi Wilson, UHS  
Josephine Covell, UHS  
Amanda Munson, BC Hospital  
Samuel Scheller, GEMS  
Shane Splinter, HFD

Brandon Hunter, AMR  
Glenn Glaser, MWA  
Krystal Coffman, UHS  
Arleen Sheeler, BC Hospital  
Milton Bennett, MWA  
Jim McAllister, LVMS

**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, June 07, 2017. Chairman Mike Barnum, MD, called the meeting to order at 10:11 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.

Chairman Barnum asked if anyone wished to address the committee. 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 Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: May 03, 2017

Chairman Barnum asked for a motion to approve the May 03, 2017 minutes of the Drug/Device/Protocol Committee meeting. A motion was made by Member Moore, seconded by Member Naik and carried unanimously to approve the minutes as written.

## **III. REPORT/DISCUSSION/POSSIBLE ACTION**

### **A. Review/Discuss Second Group of Protocols for 2017**

Dr. Young reminded the committee that any changes to the protocols will not occur immediately but rather at the annual protocol review and revision meeting.

#### **1. Bradycardia**

Dr. Barnum asked if the committee had any opinions on deleting the QI Metrics box on this protocol in order to simplify the protocol. Mr. Hammond stated that this was added when the protocols were reformatted but it can be removed if that is the will of the committee. Dr. Naik stated she believes it to be a pearl rather than a QI Metric. Chief Tuke asked that “place pacer pads on patient if Atropine is given” be added to the protocol.

Dr. Barnum asked if anyone had suggested changes for the Pediatric Bradycardia protocol. None were noted.

#### **2. Burns**

Dr. Barnum asked if the committee were interested in including something about scene safety in the pearls or wherever it seems appropriate to add to the protocol. Mr. Hammond reminded the committee that scene safety is discussed in the general assessment protocol.

#### **3. Cardiac Arrest (Non-Traumatic)**

Dr. Barnum asked the committee if they had suggested changes to the Adult protocol. Mr. Hammond asked if the committee would want to increase the compression rate from 100 to 120 to be in agreement with AHA guidelines. Everyone was in agreement to making the change.

Mr. Simone pointed out that the Pediatric Cardiac Arrest (Non-Traumatic) protocol lists hypoglycemia in the H’s & T’s but it is not listed on the adult protocol. Everyone was in agreement to add hypoglycemia to the H’s & T’s on the adult protocol. Mr. Cox stated that the chest compressions be changed from 100 to 120 as is being changed on the adult protocol.

#### **4. Chest Pain**

Dr. Young advised the committee that the idea is to have two protocols, the first being an EKG protocol which is to focus on the earlier notification to the hospitals of an abnormal EKG. Dr. Young also

suggested removing the current Chest Pain protocol and have only a STEMI and an Acute Coronary Syndrome protocol.

Dr. Slattery stated that this had been discussed at last committee meeting and it was his belief that the Chest Pain protocol was going to be deleted and the Acute Coronary Syndrome protocol's title changed to Non-traumatic chest pain and Suspected Acute Coronary Syndrome.

Mr. Driggars suggested moving non-specific chest pain and suspected aortic dissection information from the current Chest Pain protocol and adding it to the Non-Traumatic Chest Pain protocol. Dr. Young stated a box placed after general adult assessment which will include symptoms suggestive of potential cardiac ideology e.g. chest pain, shortness of breath, upper gastric abdominal pain, etc.

Chairman Barnum asked for a motion to eliminate the current Chest Pain Protocol. A motion was made by member Slattery, seconded by member Naik and carried unanimously.

5. Child Birth / Labor

Mr. Cox and Dr. Slattery both expressed concerns regarding the safety of the transport position listed under "Cord Presentation." Currently it states to position patient on elbows and knees with hips elevated. The suggested change is "Position patient in Trendelenburg and slightly on left side."

Dr. Barnum inquired if the committee would like to add reference to opioid use of the mother for reference with infants that present with low APGARs.

Dr. Young asked if the committee wanted to add a pearl or box recommending the providers confirm with the hospital the delivery destination for both mother and child.

B. Review/Discuss Possible Addition of 12-Lead Protocol

Dr. Young addressed the committee with background for the addition of a 12-Lead Protocol. He stated that EKG is mentioned in many protocols and in adding an EKG quality metric to each protocol made them too extensive and potentially difficult to follow. The addition of a 12-Lead protocol will also address the instances when a patient is not complaining of chest pain but has other high risk symptoms such as epigastric abdominal pain and an EKG should be performed.

Mr. Driggars suggested adding syncope and Dr. Rollins suggested shortness of breath. Ms Palmer advised the committee that this is a procedural protocol and therefore these symptoms lead back to their corresponding protocols.

After much discussion it was decided a 12-Lead protocol requires additional review before any final decision can be made. This item will be agendaized for the next scheduled Drug/Device/Protocol Committee Meeting.

C. Review/Discuss Pressor Usage in Protocols for Consideration of Puch Dose Pressors

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

**IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Chairman Barnum asked if anyone wished to address the Committee. Seeing no one, he closed the Informational Items/Discussion 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. 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.

**VI. 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 Driggars, seconded by Member Tuke and carried unanimously to adjourn at 10:55 am.*