



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

April 1, 2009--10:00 A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman
Allen Marino, MD, MWA
John Higley, EMT-P, MFR
Eric Dievendorf, EMT-P, AMR
Jarrod Johnson, DO, MFR

Bruce Evans, EMT-P, NLVFD
Scott Vivier, EMT-P, HFD
Troy Tuke, RN, CCFD
Sandy Young, RN, LVFR

MEMBERS ABSENT

Chief Kevin Nicholson, BCFD
Ron Tucker, EMT-P, MWA
David Slattery, MD, LVFR
Eric Anderson, MD, Southern Hills Hospital

E.P. Homansky, MD, AMR
Tien C. Wang, MD, Sunrise Hospital
Mary Levy, RN, UMC

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Trish Beckwith, Field Representative
Lan Lam, Recording Secretary

Mary Ellen Britt, R.N., Regional Trauma Coord.
Rae Pettie, Project Coordinator
Judy Tabat, Administrative Assistant

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA/AMR
Brian Rogers, EMT-P, HFD
Kady Dabash, EMT-P, MWA
Jeff Johnston, RN, Sunrise Hospital
Mary Ann Dube, RN, St. Rose Siena
Steve Patraw, Boundtree
Joshua Taylor, NCTI
Steve Lyons, CSN

Michelle McKee, MD, UMC
Dan Petcavage, RN, UMC
Jo Ellen Hannom, RN, CCFD
Jennifer Poyer, RN, Desert Springs Hospital
Mike Rovere, NCTI
Alex Lozano, NCTI
Ryan Boyd, CSN
Jeremy Brinker, EMT-I, AMR

I. CONSENT AGENDA

The Drug/Device/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, April 1, 2009. Chairman Richard Henderson, M.D., called the meeting to order at 10:01 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Henderson noted that a quorum was present.

Minutes Drug/Device/Protocol Committee Meeting February 4, 2009

Dr. Henderson asked for a motion to approve the minutes of the February 4, 2009 Drug/Device/Protocol Committee meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of Revisions to Module A

Chronic Public Inebriate – No changes

Do Not Resuscitate (DNR) – John Higley suggested they remove the language from the alert box that specifically states a valid DNR order must be issued by a physician licensed in Nevada. He explained that this is confusing to the field personnel when they are presented with a valid DNR card issued by an out of state physician. Dr. Heck stated that he would research the Nevada Revised Statutes (NRS) language and report back at the next meeting.

Endotracheal Intubation – No changes

Inter-facility Transfer of Patients by Ambulance – No changes

Needle Cricothyroidotomy – Troy Tuke elected to research different surgical airways, draft a protocol and report back to the Committee.

Needle Thoracentesis – Dr. Marino stated the current protocol references the use of a 3” needle. There is literature that proves the needle is too short in length. After some discussion, Sandy Young proposed the Committee table the issue to allow Dr. Slattery to conduct further research and report back at the next meeting.

Prehospital Death Determination – Chief Vivier related that he drafted a Triage protocol to allow EMS personnel to declare a person dead in a triage situation. He felt it was important that the Triage protocol be separate from the Prehospital Death Determination protocol. He agreed to bring the draft protocol back for their review at the next meeting, and also to include language in the Prehospital Death Determination protocol to refer EMS personnel to the Triage protocol when appropriate.

Quality Improvement Review – Dr. Marino reported the QI Committee approved language requiring that a quarterly aggregative summary of the incidents reviewed by the OEMSTS be prepared and reported at both the QI Directors and MAB meetings.

Synchronized Cardioversion – No changes

Termination of Resuscitation – Chief Vivier stated EMS personnel is confused as to whether a trauma center or the nearest facility should be the point of contact after responding to a trauma related call and faced with the issue of termination of resuscitation. Dr. Marino stated the RTAB members felt the call should go through a trauma center. Dr. Henderson questioned whether the agency’s medical director could be the point of contact rather than an emergency physician. This issue was tabled pending Dr. Heck’s review of NRS language. He stated he would bring the issue forward at the next RTAB meeting and report back.

Tracheostomy Tube Replacement – No changes

Transcutaneous Pacing – No changes

Vagal Maneuvers – No changes

B. Discussion of Revisions to Module B

General Patient Care –

Chief Vivier reiterated that he would bring the draft Triage protocol and revised language to section “C. Patient Approach” in this protocol for their review at the next meeting.

In an effort to eliminate confusion, Dr. Henderson suggested they remove the second sentence in the second alert box under “Initial Assessment” that states, “The patient’s need to continue on to the nearest trauma or pediatric center should be made after adequate ventilation has been established.”

Dr. Michelle McKee pointed out that “femoral” was not included in the list of pulses to assess under “Circulation.” The Committee agreed to change the language to read, “Assess pulse.”

Chief Vivier related that his crews have reported difficulty in dealing with hospital staff when calling to report on a patient that is not a cardiac or critical patient. He proposed that they strike #4 under “Communications.” Dr. Heck agreed, and suggested adding language to G.1. to state that telemetry contact shall be established for all Code 3 transports. Dr. Marino suggested addressing this issue at the next nurse manager’s meeting prior to making a final recommendation to the MAB.

Ms. Young pointed out that if the RTAB is amenable to EMS personnel contacting the nearest facility for traumatic arrest patients, they will need to remove the word “medical” from H.5. and H.8 to include all patients.

Abdominal Pain, Back Pain Flank Pain (Non-traumatic) – Dr. Henderson noted that the initial intent of this protocol was to treat patients with acute back pain. He stated that his crews receive numerous calls from patients suffering from chronic back pain and he doesn’t feel comfortable giving IV narcotics to this subset of patients. After some discussion, it was agreed that this issue should be covered in education because the protocol states, “consider,” not “administer” Morphine.

Dr. McKee felt the maximum dose for the pediatric fluid bolus was too high at 80 ml/kg. Chief Vivier noted that the PALS/PEPP National Standard is 60 ml/kg. The Committee agreed to globally change the maximum dose for the pediatric fluid bolus to 60 ml/kg.

Allergy/Anaphylaxis – Dr. Marino expressed concern about giving IV epinephrine for severe allergic reaction. After much discussion, Dr. Marino and Troy Tuke agreed to work together on revising the protocol to bring back for discussion at the next meeting.

Altered Mental Status – Mr. Higley questioned why BLS providers are not allowed to use a glucometer. Dr. Henderson agreed and asked Mr. Higley to make the appropriate revisions to present at the next meeting.

There was no objection to Chief Vivier’s suggestion to remove the requirement for a physician’s order for the first dose of pediatric Versed.

Dr. Henderson suggested changing the pediatric Glucagon dose to 12.5% for all patients <15 kg, and adjust accordingly based on weight.

Behavioral Emergencies – Chief Vivier asked whether the Committee should consider raising the maximum dose of Versed for behavioral emergencies. He stated that 0.1 mg/kg is sub-therapeutic for someone suffering from excited delirium. Dr. Heck asked if these patients are receiving the repeat dose. Chief Vivier explained the issue with the second dose is that you have to wait five minutes before dispensing. Jo Ellen Hannom suggested the removal of “Maximum single dose: 5 mg,” since most people require 8 mg based on weight. Dr. Heck agreed to remove all maximum single doses and allow for repeat doses.

Burns – Chief Evans suggested adding smoke inhalation to the list of criteria for burn center destination. He agreed to revise the protocol and bring it back for further discussion.

Obstetrical/Gynecological Emergencies – Ms. Young stated that Dr. Slattery will remove the educational component and bring the revised draft protocol to the next meeting.

Overdose/Poisoning – Chief Evans agreed to revise the protocol to include a cyanide antidote and dosing and bring it back to the next meeting.

Pulmonary Edema / CHF (Adult) – Chief Evans commented that there is currently a national movement to utilize CPAP and nitroglycerin and remove Lasix. Dr. Henderson agreed that Lasix should be removed from the formulary.

Respiratory Distress with Bronchospasm – No changes

Trauma – This protocol will be reviewed by the RTAB.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

V. ADJOURNMENT

As there was no further business, Dr. Henderson called for a motion to adjourn. The motion was made, seconded and passed unanimously to adjourn at 11:04 a.m.