MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

June 3, 2009--10:00 A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman
Troy Tuke, RN, CCFD (Alt.)
Eric Dievendorf, EMT-P, AMR
Jarrod Johnson, DO, MFR
Rebecca Dennon, UMC (Alt.)
Chief Scott Vivier, HFD
Sandy Young, RN, LVFR
David Slattery, MD, LVFR
Eric Anderson, MD, Southern Hills Hospital

MEMBERS ABSENT

Chief Kevin Nicholson, BCFD
Mark Calabrese, EMT-P, MWA
Allen Marino, MD, MWA
Chief Bruce Evans, NLVFD
E.P. Homansky, MD, AMR
Jackie Levy, RN, UMC
John Higley, EMT-P, MFR
Christian Young, MD, BCFD

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, RN, Regional Trauma Coordinator
Trish Beckwith, Field Representative
Lan Lam, Recording Secretary
Rory Chetelat, EMSTS Manager
John Hammond, Field Representative
Rae Pettie, Project Coordinator
Judy Tabat, Administrative Assistant

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA/AMR
Brian Rogers, EMT-P, HFD
Paul Stepaniuk, EMT-P, HFD
Alan Rice, MD, Pediatric Endocrinologist
Nancy Harpin, RN, UMC
Jay Fisher MD, UMC
John Henner, MountainView Hospital
Steve Patraw, Boundtree
Lewis Morrow, Endocrinologist
Gretchen A. Lin, CARES Foundation
Julie Siemers, RN, Mercy Air Service
Mary Ann Dube, St. Rose Siena
Bernadette Olah, St. Rose Dominican

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, June 3, 2009. Chairman Richard Henderson, M.D., called the meeting to order at 10:07 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.

I. CONSENT AGENDA

Chairman Henderson 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.

Minutes Drug/Device/Protocol Committee Meeting May 6, 2009

Dr. Henderson asked for a motion to approve the minutes of the May 6, 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. Discussion of Assignment of Formatting Procedure Protocols

Dr. Joseph Heck stated there was concern on the part of the Office of EMS & Trauma System (OEMSTS) with regard to the recommended changes made to the protocol manual. The goal to review the protocols for appropriateness of treatment has turned into a reformatting and editorial process. Dr. Heck informed the Committee that the OEMSTS tracks issues regarding confusion within the protocols on a continuous basis. In addition, some of the proposed changes to the treatment protocols appear to be anecdotal, as opposed to evidence based. He suggested that one or two articles be submitted to support a change. Dr. Slattery noted that for future reference, any person requesting a change should be held responsible for providing supporting data so it can be included in the minutes so others are able to easily access the information and see the reasons behind the change.

After some discussion, the Committee agreed that the procedure protocols need to be reformatted to mirror the formulary to include indications, contraindications and special considerations. Dr. Heck stated that the Committee will be responsible for assigning the reformatting to someone and bringing it back to the OEMSTS for review prior to submitting it to the Medical Advisory Board for final approval. Dr. Henderson volunteered Henderson Fire Department for the task of reformatting the procedure protocols as discussed above.

B. Review of Revisions to Module A, Module B & Module C of EMS Protocol

The Committee agreed to review the Summary of Changes instead of going through all the Modules.

Burns –

Dr. Heck stated he did not recall discussion regarding the following revisions to the Burns protocol.

11. Place patient on cardiac monitor*, assess CO if possible.*

13. *If patient is hypotensive in the absence of significant burns, consider cyanide antidote in the Poisoning protocol.*

Dr. Heck stated that the cyanide antidote was endorsed for use by firefighter personnel at the scene of an incident. Dr. Henderson noted that it should be available for use by everyone, not only firefighter personnel. Dr. Heck replied that it cannot be made available to everyone because it isn't required to be carried on every transport vehicle. The cyanide antidote was approved for internal use by fire department personnel under the direction of their medical director. He clarified that optional equipment cannot be added to the protocols, only standard equipment. The protocols represent a standard of care and cannot be partially applied. He stated that the added verbiage would be removed from the Burns protocol pending further clarification.

Dr. Henderson recommended that the Committee work towards developing a model for reviewing future additions/deletions to/from the formulary. Information should include the number of patients requiring treatment; the number of patients who will benefit; and the cost benefit ratio.

Lasix –

Dr. Jarrod Johnson noted that references should be provided for the removal of Lasix in an effort to work towards the model Dr. Henderson suggested. Dr. Henderson stated he would provide the supporting literature.

Overdose/Poisoning –

The Committee agreed to remove #15 which states, "If smoke inhalation and hypotensive consider administration of Cyanokit.® Initial adult dose of 5 gm (two 2.5 gm vials) reconstituted in 100 ml NaCl administered over 7.5 minutes per vial (total 15 mins.)," pending further clarification.

Needle Cricothyroidotomy –

Troy Tuke stated that the draft protocol will be put in the format recommended by the Committee and submitted to the OEMSTS.

Triage –

Dr. Heck questioned the draft Triage protocol and all references to it. Chief Vivier explained that the protocol was written to address incidents noted in EMS literature where providers were sued and subsequently lost their jobs because they declared a patient dead during triage, and the declaration of death did not follow the Prehospital Death protocol in question. In one particular incident, the patient survived their injuries and subsequently sued the provider. The issue is that there is no standardized triage protocol for EMS providers to follow that addresses the issue of prehospital death especially in incidents where patients outnumber resources. There will be situations where we will declare someone dead during a triage situation and they will not meet prehospital death determination; we don't want to have to then go to the termination of resuscitation protocol while in a triage situation.

Dr. Heck noted we may be able to accomplish the same goal by adding a single line to the General Patient Care (GPC) protocol that states which triage system to utilize. This would eliminate the need to develop another protocol that may actually add confusion to the triage process. Dr. Slattery suggested the information be included in an alert box to best capture the provider's attention. Ms. Young noted that the providers have all been trained in and utilize the START triage system, but the Hospital Association came forward with another system they'd like to see used. She suggested adding the name of the triage system to the GPC protocol to reduce confusion. It was agreed verbiage will be added to both the GPC and Prehospital Death Determinations protocols to address the triage issue discussed above.

Draft Solu-Cortef Protocols –

John Hammond presented three draft protocols: Allergy/Anaphylaxis, Respiratory Distress with Bronchospasm, and Shock (Non-Traumatic). The revisions included the addition of the use of Solu-Cortef per the direction of the Committee. Dr. Henderson suggested they apply the model previously noted for this addition to the formulary. Dr. Heck stated that since the addition was approved at the previous meeting, they needed a motion to rescind the previous decision.

A motion was made , seconded and passed unanimously to rescind the inclusion of Solu-Cortef in the protocols.

Allergy / Anaphylaxis –

Chief Vivier recommended changing the verbiage in #8 to read, "For generalized allergic reaction with skin type symptoms, administer Benadryl. For reactions including wheezing, add Albuterol." He stated that the current language causes confusion because it's not clear that the moderate treatment is in addition to the mild treatment.

Chief Vivier also recommended the following revision to #10: Replace the SQ route with Epinephrine IM, and for more severe cases, consider IV. Dr. Henderson noted that Henderson Fire Department will bring a revised draft protocol back in the new format for review at the next meeting.

Prehospital Death –

Ms. Young noted the language in #2 which states, "Patients who appear to have expired will not be resuscitated or transported by Clark County EMS personnel if any of the following obvious signs of death are present: a) Body decomposition b) Decapitation c) Transection of thorax (hemicorpectomy) d) Incineration e) Massive blunt, open or penetrating trauma to the head, neck or chest with obvious organ destruction OR if ALL four (4) presumptive signs of death AND AT LEAST one (1) conclusive sign of death are identified" could be misinterpreted. Dr. Slattery stated that 2E is nebulous; Dr. Heck suggested removing 2E and stating, "If you don't have the first 4 (2A, B, C or D) you must have the presumptive and conclusive signs." Chief Vivier recommended they remove #2 altogether and redirecting 2A, B, C & D under conclusive signs of death for a total of six signs of death. Ms. Young agreed to make the necessary revisions and bring it back for review at the next meeting.

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 11:03 a.m.