



AMENDED MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

February 3, 2010--11:00 A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman
David Slattery, MD, LVFR
Larry Johnson, EMT-P, MWA/AMR (Alt.)
Eric Dievendorf, EMT-P, AMR
Nancy Cassell CSN
K. Alexander Malone, MD, NLVFD
Mary Levy, RN, UMC

Allen Marino, MD, MWA
Chief Scott Vivier, HFD
Troy Tuke, RN, CCFD
John Higley, EMT-P, MFR
Jarrod Johnson, DO, MFR
Christian Young, MD, BCFD

MEMBERS ABSENT

Chief Mike Myers, LVFR
Mark Calabrese, EMT-P, MWA

E.P. Homansky, MD, AMR
Eric Anderson, MD, Southern Hills Hospital

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
Rae Pettie, Project Coordinator

John Hammond, EMS Field Representative
Lan Lam, Administrative Assistant

PUBLIC ATTENDANCE

Jo Ellen Hannom, RN, CCFD
Chris Baker, TriState CareFlight
Chief David Petersen, MFR
Derek Cox, EMT-P, LVFR

Julie Gerth, Life Flight
Jill Jensen, EMT-P, LVMS
Jay Fisher, MD, UMC
Charles Reid, TriState CareFlight

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, February 3, 2010. Chairman Richard Henderson, M.D., called the meeting to order at 11:00 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 July 1, 2009

Dr. Henderson asked for a motion to approve the minutes of the July 1, 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 2009 Protocol Rollout

Dr. Marino asked the Committee if there were any errors or concerns from the protocol rollout that should be discussed.

General Patient Care

John Higley stated that he had a concern with the “General Patient Care” protocol under disposition that addresses sexual assault victims. It currently is stated as follows:

5. Sexual assault victims shall be transported as follows:

- a. Victims <13 years of age shall be transported to Sunrise Hospital and Medical Center
- b. Victims 13 years of age and up to 18 years of age shall be transported to either Sunrise Hospital and Medical Center or University Medical Center.
- c. Victims 18 years of age and older shall be transported to University Medical Center.

Mr. Higley’s concern is it requires Mesquite Fire & Rescue to transport sexual assault patients into the Las Vegas valley which is 50 miles away. He stated that Dixie Regional Medical Center in St. George, Utah is capable of handling these patients and only 40 miles away. Julie Gerth confirmed that pediatric sexual assault patients are seen by a pediatrician with the proper equipment within the hospital complex. Mr. Higley asked for an exception to transport this subset of patients to the closest, appropriate facility. This would result in a better utilization of resources for Mesquite Fire & Rescue. Rory Chetelat questioned how the chain of custody would be handled since they would be crossing the state line. Chief Dave Peterson, whom is also a police officer in the state of Nevada, stated that a Mesquite detective will maintain custody throughout the process. He also noted the state where the crime originates will be the prosecuting state.

A motion was made to allow Mesquite Fire & Rescue to transport sexual assault victims to the closest, appropriate facility. The motion was seconded and passed unanimously.

Mr. Chetelat noted that this will be presented for final approval at the next Medical Advisory Board.

Burns

Dr. David Slattery wanted to clarify that all burns that meet burn destination criteria go to UMC Trauma Center with the exception of pediatric non-trauma related burns; these patients are to be delivered to the Pediatric Emergency Department at UMC. The protocol will need to be updated to reflect this criterion.

B. Review of Pediatric Airway Management (Medications and Procedures)

Dr. Marino stated that in speaking with several EMS chiefs, a concern was brought up as to whether or not they should continue to allow intubation of kids as the need for the procedure is decreasing and keeping up the skill requires practice. There is literature on both pros and cons and he’d like input from the Committee. Dr. Slattery stated that although he welcomed the discussion, he recalled a consensus amongst Committee members to make decisions based on evidence provided to the Committee. He suggested sending this to a taskforce for review or providing literature so an informed decision can be made. Dr. Jay Fisher stated that he and Dr. McKee would like to volunteer their time to review the literature on this topic. He stated that this skill set is difficult to acquire and he questions the point in which the risk of saving a life by this procedure is worth taking. Chief Scott Vivier pointed out that in the past seven years, he’s only seen two or three intubations on kids less than 12 years of age and noted that they could have been effectively managed with the bag-valve-mask procedure and transported to the hospital. He also stated that they had 20 pediatric cardiac arrest patients last year which were intubated

but recent literature has made him question whether they should have been intubated. Chief Vivier stated that there are other devices that can be used to provide oxygenation and ventilation that are safer to use. He doesn't believe there are enough cases to get the practice needed to maintain this skill so he isn't comfortable allowing providers to perform it.

Troy Tuke stated that although Dr. Fisher and Dr. McKee are reviewing the literature, someone should review the outcome data. Questions such as how many kids were intubated, how many were successful, how many were missed and why should be answered. He believes that if the decision is made to no longer allow pediatric intubation by providers, evidence needs to be provided to justify this decision.

Dr. Slattery pointed out that he believes providers will still need to maintain direct laryngoscope skills in pediatric patients for aspirated foreign body airway obstruction. Chief Vivier would like it to be an educational item as this is infrequently done.

The Committee decided that a workgroup will be formed consisting of Dr. Jay Fisher, Dr. Michele McKee, Troy Tuke and Chief Scott Vivier. This workgroup will meet and report back to the Committee.

C. Review of Cardiac Protocols

Dr. Marino stated that ACLS has not been keeping up with their literature. After reviewing data from Annals of Emergency Medicine, Dr. Marino stated "there's a lot of evidence that we don't want to be hyperventilating patients, a lot of positive pressure is not there, and we don't want to be interrupting compressions." He suggested creating a workgroup to look into this. Dr. Slattery believed that with a change in paradigm a lot of lives would be saved through minimally interrupted cardiac resuscitation of 200 chest compressions, early epinephrine, and delayed intubation. After considerable discussion, it was decided by the Committee to have Dr. David Slattery and Chief Scott Vivier form a workgroup and report back.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Mr. Tuke stated that Clark County Fire would like to add an optional item of an outbag to Station 28. The purpose is to interface with Metro's Search & Rescue for the Red Rock area. It has three additional pieces of equipment: collapsible hare traction splint, a tourniquet and a pelvic splint. Mr. Chetelat advised Mr. Tuke to send the notice in writing to the OEMSTS.

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 11:39 a.m.