MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

March 3, 2010--10:00 A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman
David Slattery, MD, LVFR
Mary Levy, RN, UMC
Eric Dievendorf, EMT-P, AMR
Derek Cox, EMT-P, LVFR (Alt)
K. Alexander Malone, MD, NLVFD
Allen Marino, MD, MWA
Chief Scott Vivier, HFD
Troy Tuke, RN, CCFD
John Higley, EMT-P, MFR
Jarrod Johnson, DO, MFR

MEMBERS ABSENT

Chief Mike Myers, LVFR
Mark Calabrese, EMT-P, MWA
Kevin Nicholson, BCFD
E.P. Homansky, MD, AMR
Eric Anderson, MD, Southern Hills Hospital

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Chief David Petersen, MFR
Jo Ellen Hannom, RN, CCFD
Larry Johnson, EMT-P, MWA & AMR
Tim Orenic, EMT-P, LVFR
Steve Patraw, Bound Tree
Brian Rogers, EMT-P, HFD
Steve Johnson, EMT-P, MWA

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, March 3, 2010. Chairman Richard Henderson, M.D., called the meeting to order at 10:02 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 February 3, 2010

Dr. Henderson asked for a motion to approve the minutes of the February 3, 2010 Drug/Device/Protocol Committee meeting. John Higley noted that the motion he made at the prior meeting was misstated. He asked that it be corrected to read, "A motion was made to allow an exception for Mesquite Fire & Rescue to

transport sexual assault victims to the closest, appropriate facility." A motion to accept the minutes with the revision was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of 2010 Protocol Rollout

General Patient Care

Dr. Joseph Heck noted that due to the fact Mesquite Fire & Rescue was granted an exception to transport sexual assault victims to the closest, appropriate facility, the Office of EMS & Trauma System (OEMSTS) is looking at whether the same should apply for Laughlin, which also lies outside the 50-mile radius. The OEMSTS is currently collecting information on transports out of Laughlin, information from Metro, and whether or not Bullhead has the ability to care for this subset of patients.

Narcan

Chairman Henderson expressed concern with regard to giving an initial dose of 2mg for Narcan. His recommendation was to start with 0.4 mg and titrate up to 2mg. The issue being the resultant negative effect on drug users and people on chronic pain medications. After considerable discussion, it was decided that each agency should be responsible for providing an educational component to instruct their providers on the appropriate administration of Narcan.

Burns

Dr. Slattery related that there appears to be confusion with the burn criteria because the crews are struggling to determine whether a patient meets trauma or burn criteria. Dr. Heck replied that when classifying patient criteria, trauma supersedes burn. If you're a trauma patient, you go the trauma center. If you're a burn patient, then you're either going to adult trauma or peds ED. Dr. Heck contended that it is an educational issue and recommended leaving the protocol as written. If the confusion persists, the protocol can be revisited in the future.

Foreward

Dr. Henderson stated that he'd like to allow crews to administer Solu-Cortef to patients with Chronic Adrenal Hyperplasia (CAH) who carry medication but needs someone to administer it. Dr. Heck stated that the foreward includes the verbiage in bold, "To maintain the life of a specific patient, it may be necessary, in rare instances, for the physician providing on-line medical consultation, as part of the EMS consultation system, to direct a pre-hospital provider in rendering care that is not explicitly listed within these protocols, to include administering a patient's own medications which are not part of the approved formulary**.**" Mary Levy pointed out that you are required to call for physician approval. Chief Vivier related an incident where crews responded to a call where a child needed Solu-Cortef. The crew called a pediatric emergency room physician at the hospital and was denied the ability to administer the medication. When they arrived at that facility with the patient, the physician immediately administered the Solu-Cortef. Chief Vivier asked if it would be possible to remove the requirement for physician approval.

A motion was made to add "telemetry contact not required for the use of Solu-Cortef in the treatment of CAH." The motion was seconded, and passed unanimously.

OBGYN

Derek Cox notified the Committee of recent discussions about labor and delivery in regards to hospital capability when handling acute delivery patients. He wondered if there was any interest in identifying the appropriate facilities or if this subset of patients should be brought to the emergency room. After considerable discussion, Dr. Heck suggested the OEMSTS compile data regarding hospital capabilities and report back to the Committee for review at which point an informed decision on whether to pursue this any further can be made.

Magnesium Sulfate

Mary Levy stated that providers have been questioning the proper way to administer Magnesium. From the research she's done, the proper way to administer is dilute 50% Magnesium down to 20% and give an IV push. The protocol advises to administer it slow over five minutes and does not address diluting. She asked for guidance from the Committee on the proper procedure. After some discussion, Dr. Slattery volunteered to do some research on this topic and will report back to the Committee.

Glucose

Brian Rogers noted D-25 needs to be taken off the formulary as it was decided to use D-50 for the variations of dilutions.

Vascular Access

John Higley asked the Committee if it was possible to remove the section of the protocol which directs providers to attempt a peripheral IV for 90 seconds. He wanted to leave it at the discretion of the provider to determine if an IV is attainable and if not, go straight to IO. Dr. Henderson suggested using the phrase "cannot be immediately established." The Committee agreed to change the verbiage to, "This procedure may be performed on any patient that requires IV drugs or IV fluids and who is unconscious and unresponsive and a peripheral line cannot be immediately established," in the next protocol rollout.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Chief Scott Vivier updated the Committee on the two workgroups that were established at the last meeting: The Pediatric Airway Management Workgroup is gathering data and will provide a report to the Committee at the next meeting; The Cardiac Workgroup is reviewing a draft protocol that addresses continuous cardiac compressions and pre-hospital hypothermia and will present the Committee with a draft at the next meeting.

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 10:51 a.m.