MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

June 6, 2012 – 09:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Richard Henderson, MD, Henderson Fire Department
Tricia Klein, EMT-P, LVAPEC (Alt)
Chief Troy Tuke, Clark County Fire Department
Eric Dievendorf, EMT-P, AMR
Frank Simone, EMT-P, North Las Vegas Fire (Alt)
David Slattery, MD, Las Vegas Fire & Rescue
Eric Anderson, MD, MedicWest Ambulance
Jessy Rogers, EMT-P, Henderson Fire Dept (Alt)
August Corrales, EMT-P, CSN
Gina Schuster, EMT-P, Community Ambulance

MEMBERS ABSENT

Scott Scherr, MD, Sunrise Hospital
K. Alexander Malone, MD, North Las Vegas Fire
Michele McKee, MD, UMC
Chief Scott Vivier, Henderson Fire Department

SNHD STAFF PRESENT

John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary
Kelly Buchanan, MD, EMS Fellow
Michelle Nath, EMS Project Coordinator

PUBLIC ATTENDANCE

Richard Main, EMT-P, NCTI
Gerry Julian, EMT-P, Mercy Air
Chris Baker, TriState CareFlight
Rick Resnick, EMT-P, MFR
Will Ziegahn, LVAPEC Student
Dakota Atkins, LVAPEC Student
Jason McCoy, LVAPEC Student
Andrei Menchikov, LVAPEC Student
Tom Limov, LVAPEC Student
Scott Koss, LVAPEC Student
Lloyd Williams, LVAPEC Student
Sam Scheller, EMT-P, Guardian Elite
Scott Morris, EMT-I, NLVFD
Steve Patraw, Boundtree
Steve Johnson, EMT-P, MWA
Christian Fernandez, LVAPEC Student
Joclyn Fornero, LVAPEC Student
Owen McKeany, LVAPEC Student
Alex Millar, LVAPEC Student
Ryan Walters, LVAPEC Student
Darienn Trotter, LVAPEC Student
Jon Oliveri, LVAPEC Student

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Classrooms # 1 and # 2 at American Medical Response – Las Vegas on Wednesday, June 6, 2012. Chairman Jarrod Johnson, D.O. called the meeting to order at 9:15 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Johnson noted that a quorum was present.

I. PUBLIC COMMENT

None

II. CONSENT AGENDA

Chairman Johnson 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, April 4, 2012

Dr. Johnson asked for a motion to approve the minutes of the April 4, 2012 Drug/Device/Protocol Committee meeting. A motion to accept the minutes was made, seconded and passed unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Protocol Algorithm Workshop

Tabled

B. Review of Selected Protocols

- Abdominal/Flank Pain, Nausea & Vomiting
- Pediatric Abdominal Pain, Nausea & Vomiting
- Bradycardia
- Pediatric Bradycardia
- Severe Allergic Reaction
- Mild Allergic Reaction
- Pediatric Severe Allergic Reaction
- Pediatric Mild Allergic Reaction
- Chest Pain
- Behavioral Emergency
- Pediatric Behavioral Emergency

Dr. Johnson asked everyone to refer to the yellow handout and stated that they were the protocols that have been worked on over the last couple of months at the DDP Workshop and put in an algorithmic format. He added that the hope would be to review and approve these so they can move to the Medical Advisory Board (MAB) being held later today.

Global Changes
All tiered medications will now be in the format as T1, T2, and T3

All medications will be listed as the generic form

Airway Management: Name changed to Ventilation Management

Housekeeping Changes
Remove B/I/P Legend on every protocol

Abdominal/Flank Pain, Nausea & Vomiting
A Motion was made to approve the Abdominal Pain, Nausea & Vomiting Protocol with the tiered medication format change. The motion was seconded and passed unanimously.

Pediatric Abdominal Pain, Nausea & Vomiting
Ms. Schuster brought up the fact that the medics are unable to give Zofran 0.15mg/kg ODT to pediatrics because they would need to quarter the pill. Dr. Buchanan stated she will put in a caveat to round to the nearest ½ dose.

Dr. Henderson questioned why the term bilious was used in witnessed vomiting. Dr. Buchanan stated that this was the decision of the pediatrician during the workshop. Dr. Johnson added that her point was distinguishing between post tussis emesis versus true emesis. Dr. Slattery suggested witnessed vomiting and to add an

educational component to distinguish between the two. The Committee agreed to the change with the caveat that Dr. McKee is notified of the change and approves.

A Motion was made to approve the Pediatric Abdominal Pain, Nausea & Vomiting Protocol with the added changes and caveat. The motion was seconded and passed unanimously.

Bradycardia
There was considerable discussion regarding this protocol and it was agreed by the Committee to bring it back for further review before submitting it to the MAB for approval.

Pediatric Bradycardia
Mr. Dievendorf stated that blood glucose testing is not a basic level standard of care. Dr. Buchanan stated that she will change it to intermediate but questioned why it wasn't a basic skill set since it was a national standard. Mr. Corrales stated that the distinction is venous puncture glucose versus capillary glucose. Capillary glucose is non invasive and an untrained diabetic would do this on themselves. He added that if they go with the State definition for that blood glucose level that is done at the venous puncture level and beyond the EMT Basic's scope of practice.

Dr. Slattery suggested that they move forward since the consensus of this Committee is to enable the EMT Basic to do this and deal with the regulatory impact of that when the Health District is here to make that decision.

Dr. Buchanan also questioned the term "cardiac monitor" as listed in the protocols. She added that hooking up a 3 lead EKG is a paramedic skill even at the national level so when cardiac monitor is listed, does it mean monitor vital signs or you actually want the patient on the 3 lead EKG because it changes the level of the call.

Frank Simone stated that the 3 lead monitor is something that is being discussed at his organization. If you place a patient on the monitor they are using the terminology "needs constant monitoring" which is an ALS level call.

Dr. Buchanan stated that for clarification to keep the language the same for all the protocols, cardiac monitoring means a 3 lead EKG, otherwise she'll will use the term monitor vital signs.

A Motion was made to approve the Pediatric Bradycardia Protocol as written. The motion was seconded and passed unanimously.

Severe Allergic Reaction / Mild Allergic Reaction
Dr. Buchanan stated that there are 2 new drugs Famotidine and Solumedrol on the Severe Allergic Reaction protocol that are not currently in the formulary. Dr. Slattery stated that from a procedural standpoint, any new medication cannot be put on a protocol without being vetted through the process that is in place for adding new drugs. Ms. Klein stated that the thought process behind the Solumedrol was that even though it takes awhile to act, it will benefit the patient in the long run. Dr. Slattery stated that it doesn't mean it can't be added later but it still needs to go through the process. It was agreed to remove Famotidine and Solumedrol from this protocol.
The committee agreed to strike Cardiac Monitor under Mild Allergic Reaction since the vital signs are already included in the General Adult Assessment Protocol.
Dr. Slattery questioned using "rash" versus uticaria or hives. After a brief discussion it was agreed to strike "rash with" under the Mild Allergic Reaction.
There was discussion about combining the Mild Allergic Reaction with the Severe Allergic Reaction and just have an Allergic Reaction Protocol. Ms. Klein stated that was considered but felt it might be too busy. It was suggested to remove the B/I/P legend to free up some space.

A motion was made to combine the Severe Allergic Reaction and Mild Allergic Reaction Protocols and call it the Allergic Reaction Protocol and include all changes discussed. The motion was seconded and passes unanimously.

Pediatric Severe Allergic Reaction / Pediatric Mild Allergic Reaction
The Committee agreed to keep the pediatric allergic reaction protocols consistent with the adult.

A motion was made to combine the Pediatric Severe Allergic Reaction and Pediatric Mild Allergic Reaction Protocols and call it the Pediatric Allergic Reaction Protocol with the changes discussed. The motion was seconded and passes unanimously.

Chest Pain

A Motion was made to approve the Chest Pain Protocol as written. The motion was seconded and passed unanimously.

Behavioral Emergency

Dr. Buchanan stated that again there are 2 new drugs Zyprexa and Geodon on the protocol that are not currently in the formulary and not on the tiered list. Ms. Klein suggested adding Ketamine since it is already approved as a backup tiered drug and remove Zyprexa and Geodon. Dr. Slattery agreed stating that Ketamine would be for the violent patient in the back of the ambulance to get them restrained. It lasts for about 15 to 20 minutes and does not cause airway problems. He suggested it as a 2nd tier medication keeping Benzodiazepine as T1 and Droperidol and Ketamine as T2.

Dr. Henderson pointed out a typo to the box under the threatened to harm others that it should read 4 point restraint instead of 2 point restraint.

Dr. Anderson stated that anybody that has had an intervention to calm them down should be monitored and suggested cardiac monitoring be added. The Committee agreed.

A motion was made to approve the Behavioral Emergency Protocol with the added changes. The motion was seconded and passed unanimously.

Pediatric Behavioral Emergency

Dr. Henderson stated that he would like to see an alert box stating that that this protocol is for patients under 12 years of age.

Dr. Buchanan stated she will add it for extra clarification.

A motion was made to approve the Pediatric Behavioral Emergency Protocol with the added change. The motion was seconded and passed unanimously.

Dr. Buchanan referred to an additional handout of protocols in the algorithm format that have been through the workshop and are ready to be approved by this Committee.

Pain Management

Change the Fentanyl dose from 1.5mcg/kg IV/IM; max single dose 150mcg to 1.0mcg/kg IV/IM; max single dose 100mcg.

Change the Hydromorphone 0.0125mg/kg IV/IM; max single dose 2mg to 0.01mg/kg IV/IM; max single dose 1mg.

Remove “the 1st for pain scale >7/10” to “as needed”.

A motion was made to approve the Pain Management Protocol with changes. The motion was seconded and passed unanimously.

Pediatric Pain Management

Dr. Buchanan stated that on the pediatric side, the dosage changes were the same as on the adult. There are no repeat doses for pediatrics and only one approved medication for nausea and vomiting.

A motion was made to approve the Pediatric Pain Management Protocol with the Fentanyl and Hydromorphone changes. The motion was seconded and passed unanimously.

CVA Stroke

Dr. Henderson suggested removing Family/Friend contact and replacing it with witness. The Committee agreed.

A motion was made to approve the CVA (Stroke) Protocol with the added change. The motion was seconded and passed unanimously.

C. Individual Agency Drug Shortage Update

Dr. Buchanan stated that the agreement was to have 2 or 3 tiers of drugs approved as alternatives medications during this shortage and an agency would make that decision to go to the next tier once they are at a critical level. In order for the Health District to notify everybody so that all agencies will know where everybody is at, she has compiled a spreadsheet of the 4 major classes of drugs that were agreed upon to state what each agency is using. She added that she had sent out an email to every agency and is still waiting on a few to respond and as soon as she gets that she will send out that spreadsheet to post in their ready rooms.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

V. PUBLIC COMMENT

None

VI. ADJOURNMENT

As there was no further business, Dr. Johnson called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:00 a.m.