



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

November 6, 2013 – 10:00 A.M.

MEMBERS PRESENT

Jarrold Johnson, DO, Chairman, MFR
Chief Troy Tuke, Clark County Fire Department
Rick Resnick, EMT-P, MFR
Brandon Hunter, EMT-P, MWA
Frank Simone, EMT-P, NLVFD
Clem Strumillo, EMT-P, Community Amb.
Chief Chuck Gebhart, Boulder City Fire

Eric Anderson, MD, MWA
Eric Dievendorf, EMT-P, AMR
Derek Cox, EMT-P, LVF&R
August Corrales, EMT-P
Dorita Sondereker, Mercy Air
Tony Greenway, EMT-P, AMR

MEMBERS ABSENT

Chief Scott Vivier, Henderson Fire Department

Rebecca Dennon, EMT-P, JTM

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Brandon Bowyer, EMS Field Representative

John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Gerry Julian, EMT-P, Mercy Air
Sheri Jones, EMT-P, AMR
Holden Myers, LVAPEC
Israh Tureaud, LVAPEC
Jason Connel, LVMPD
Jim Roberts, LVMPD

Steve Johnson, EMT-P, MWA
Robert Yoon, AMR
Andy Toenniessen, LVAPEC
Collin Sears, LVF&R
Pete Carlo, LVMPD

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, November 6, 2013. Chairman Jarrod Johnson, D.O. called the meeting to order at 10:04 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Johnson noted that a quorum was present.

I. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public on items listed on the Agenda. All comments are limited to five (5) minutes. Chairman Johnson asked if anyone wished to address the Committee pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

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, October 2, 2013

Chairman Johnson asked for a motion to approve the consent agenda which included the minutes of the October 2, 2013 Drug/Device/Protocol Committee meeting. Motion made by Member Simone, seconded by Member Anderson and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of Operation Protocols

- Chronic Public Inebriate
- Communications
- Documentation
- Do Not Resuscitate
- Inter-Facility Transfer
- Pediatric Patient Destination
- Prehospital Death Determination
- Release of Medical Assistance
- Termination of Resuscitation
- Transport Destinations
- Waiting Room Criteria

Dr. Johnson advised the Committee that most of the Operation Protocols were taken out of the General Patient Care (GPC) protocol and created as separate operations. There was a previous decision made by this Committee to keep them in the narrative format.

Chronic Public Inebriate

There was considerable discussion regarding the proposed changes to the vital signs and it what decided to approve the protocol as written and wait to get feedback from WestCare regarding their admission criteria.

Communications

Approved as written

Documentation

- 2l: Add language if a 12 lead EKG is performed it should be included in the documentation.

There was considerable discussion regarding the reason for the two full sets of vital signs especially on a non transport. Chief Tuke felt that at least one full set is the minimum documentation requirement. Dr. Johnson questioned if the full set of vital signs need to be defined. Dr. Young asked the Committee if they would consider full vital signs for the purpose of this documentation to be blood pressure, heart rate, and respiratory rate with temperate and oxygen saturation as appropriate. Mr. Greenway felt that the vital signs should be Heart rate, blood pressure, respiratory rate and everything else would be case specific. The Committee agreed.

Member Simone made a motion to change the language in section 2n to read "At least a set of vital signs". Member Anderson seconded and it passed unanimously.

Do Not Resuscitate

Housekeeping changes

Inter-Facility Transfer

Dr. Young suggested changing the order to #3, #1, #2, #4, Committee agreed.

Pediatric Patient Destination

Housekeeping changes

Prehospital Death Determination

Housekeeping changes

There was discussion regarding what the definition of "family member" would be since that term means different things to different people. Dr. Johnson felt that the Medics should rely on their education and common sense.

Termination of Resuscitation

No changes

Transport Destinations

No changes

Waiting Room Criteria

- Revised 1st paragraph to read as follows: “Upon arrival in the emergency department, if transfer of care has not occurred in accordance with NRS statutes, any patient, excluding patients placed on a legal psychiatric hold, meeting ALL the following criteria may be placed in the hospital waiting room or other appropriate location:”
- #2: Changed Morphine Sulfate to narcotic and Ondansetron HCl (Zofran) to Anti Emetic
- #4: Strike
- #6: Changed to read: “Is left with a verbal report to hospital personnel

Dr. Johnson asked for a motion to approve the Operation Protocols with the changes discussed. Motion made by Member Corrales, seconded by Member Greenway and passed unanimously.

B. Review of Treatment Protocols

- Adult/Pediatric Tachycardia, Stable
- Adult/Pediatric Tachycardia, Unstable
- Adult/Pediatric Ventilation Management
- Hypothermia/Hyperthermia

Dr. Johnson stated that these protocols were workshopped last month and converted into the algorithmic format for this Committee to review.

Environmental Illness/Hyperthermia (Adult/Pediatric)

No changes

Environmental Illness/Hypothermia (Adult/Pediatric)

Insert arrow to connect Unresponsive to Pulse Present on both adult and pediatric protocol

Dr. Johnson asked for a motion to approve the Environmental Illness/Hyperthermia (Adult/Pediatric) and Environmental Illness/Hypothermia (Adult/Pediatric) with the stated changes. Motion made by Member Anderson, seconded by Member Tuke and passed unanimously.

Tachycardia/Unstable (Adult/Pediatric)

Adult:

Under Narrow Complex –add “Yes” branch points

Pediatric:

Under Wide Complex/Synchronized Cardioversion – remove duplicate Consider Sedation

Tachycardia/Stable (Adult/Pediatric)

Pediatric:

- Under Wide Complex/Torsades de Pointes/Magnesium Sulfate – change dose to 24mg/kg
- Under Wide Complex/Regular Monomorphic VT/Amiodarone – change dose to 5mg/kg

Dr. Johnson asked for a motion to approve the Tachycardia Protocols with the stated changes. Motion made by Member Corrales, seconded by Member Simone and passed unanimously.

Ventilation Management (Adult/Pediatric)

Dr. Young stated that the content has changed from the Advanced Airway Management protocol by adding a failed airway protocol branch point. The thought here is to have a successive algorithm to go to and he proceeded to read through the protocol. He added that this will need to go to the Medical Advisory Board for

approval and felt they will be in agreement. He stated that the Pediatric Ventilation Management is the same except for CPAP and asked the Committee for their thoughts.

- Add “Consider” to CPAP (Adult)
- Change Blind Insertion to Extraglottic and refer to the Extraglottic Procedure (Adult/Pediatric)
- Refer to Intubation Procedure in “Place ETT” (Adult/Pediatric)
- Remove “Consider Sedation” (Adult/Pediatric) since it would be included in the Extraglottic and Intubation Procedures.

C. Report from Drug/Device/Protocol Algorithm Workshop for the Development of the Cardiac Arrest Protocol

Dr. Johnson stated that the Workshop was held prior to this Committee meeting and the primary focus was to create the Cardiac Arrest Protocol. Those ideas will be placed in algorithmic format and be brought back to this Committee next month.

D. Discussion of a Failed Airway Protocol

Dr. Young stated this discussion was included earlier as part of Ventilation Management protocol.

Dr. Johnson asked for a motion that the Committee is in agreement to develop a Failed Airway Protocol. *Motion made by Member Tuke, seconded by Member Anderson and passed unanimously.*

E. Discussion of Educational Pearls

Dr. Young stated that Educational pearls were an idea that would compliment these protocols as they came to fruition. He felt that now that they are coming to the end of translating the current narrative format of the treatment protocols to the algorithmic format it would be time to charge the Education Committee to create these educational pearls. Dr. Johnson stated that it has taken a lot to keep the protocol to one page and added that the initial design was to have the protocol on the left side when the manual is open and the educational pearls on the right hand side.

Dr. Young stated that page real estate is an issue and suggested maybe even a couple lines at the bottom of a protocol. He added that not every protocol would need to have education pearls

Mr. Simone felt that the alerts could be taken out of the protocol and put in a pearl type format.

Dr. Young asked the Committee if there was a consensus to bring this to the MAB to charge the Education Committee with the educational pearls. The Committee agreed.

Mr. Corrales stated that the experience level between providers can be significant at times. He felt that if they start out with a brief page and have it available for review and comment to the key educators of every agency for their input and then proceed from there.

Dr. Young felt that they could do a lot of this offline and stated that there is a drop box account where an FTO could be part of the process without delegating it to them.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee’s jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Johnson asked if anyone wished to address the Committee.

Pete Carlo from Las Vegas Metropolitan Police Department advised the Committee that they have changed their protocol in regards to C-Spine clearance. He added that a position statement was put out by the National Association of EMS Physicians (NAEMSP) and the American College of Surgeons Committee on Trauma regarding emergency medical services spinal precautions and the use of a backboard. He added that the use of backboards in a tactical or search and rescue setting may not be beneficial to the patient where a cervical collar and strapping them to a stokes

stretcher would be more appropriate. He referred to two incidents where there was conflict between the medics of the search and rescue team and Clark County medics regarding the two different sets of protocols and asked that the agencies advise their medics of this protocol change and that they might receive patients that are not c-spined and just have on a cervical collar.

Chairman Johnson asked if anyone else wished to address the Committee. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, a motion was made by Member Dievendorf, seconded by Member Simone and unanimously carried to adjourn the meeting at 11:44 a.m.