

Draft Minutes of Meeting – Subject to Change Upon Approval by the Medical Advisory Board at Their Next Regularly Scheduled Meeting



**MINUTES**  
**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**  
**DIVISION OF COMMUNITY HEALTH**  
**MEDICAL ADVISORY BOARD (MAB) MEETING**  
**August 01, 2018 – 11:00 A.M.**

**MEMBERS PRESENT**

Jason Driggers, AMR  
Jim Kindel, BCFD  
Chelsea Monge, CA  
Tressa Naik, MD, HFD  
David Slattery, MD, LVFR  
Chief Shawn Tobler, MFR  
Chief Lisa Price, NLVFR  
John Fildes, MD, RTAB Representative

Karen Hughey, AMR  
Troy Tuke, CCFD  
Chief Kim Moore, HFD  
Chief Jon Stevenson, LVFR  
Stephen Johnson, MWA  
Matthew Horbal, MD, MCFD  
K. Alexander Malone, MD, NLVFR

**MEMBERS ABSENT**

Sam Scheller, GEMS  
Logan Sondrup, MD, CA  
Jeff Davidson, MD, MWA  
Jorge Gonzalez, MCFD

Daniel Rollins, MD, BCFD  
Scott Scherr, MD, GEMS  
Jarrod Johnson, DO, MFR

**SNHD STAFF PRESENT**

Christian Young, MD, EMSTS Medical Director  
Laura Palmer, EMSTS Supervisor  
Michelle Loel Stanton, Recording Secretary

John Hammond, EMSTS Manager  
Scott Wagner, EMSTS Field Representative

**PUBLIC ATTENDANCE**

Melanie Robison, AMR  
Cameron Seisan, CA  
Frank Simone, NLVFD

Carl Bottorf, AirMed  
James McAllister, LVMS  
August Corrales, UMC

**CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Medical Advisory Board convened in the Red Rock Trails Conference Room at the Southern Nevada Health District on Wednesday, August 01, 2018. Dr. Tressa Naik called the meeting to order at 11:25 a.m. The Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Dr. Naik 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. Dr. Naik asked if anyone wished to address the Board pertaining to items listed on the Agenda.

Cassie Trummel, Trauma Outreach and Injury Prevention Program Coordinator with UMC addressed the Board. She announced the Pediatric Trauma and Burn Conference that is being held on August 15, 2018 at the Texas Station. Flyers are available electronically as well as hard copy. The deadline for signing up is Tuesday, August 6<sup>th</sup>.

Cameron Seisan, Paramedic with Community Ambulance questioned the Board as to whether the use of xylocaine in cases where patients are allergic to other medications or other medications are not stocked would be acceptable.

Mr. Hammond advised Mr. Seisan that the Board cannot address his concerns during the Public Comment portion of this meeting. Mr. Hammond said that if Mr. Seisan would like to have this item placed on a future agenda to contact the EMS office for further information.

Mr. Seisan said he is a member of an all medical motorcycle club called "Carpe Mortem." He announced that they will be hosting a charity event at Henderson Harley to commemorate the one-year anniversary of the 1 October shootings with all proceeds to benefit Code Green.

## **II. CONSENT AGENDA**

Dr. Naik stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

### **A. Approve Minutes/Medical Advisory Board Meeting: June 06, 2018 and July 11, 2018**

Dr. Naik asked for a motion to approve the June 06 and July 11, 2018 minutes of the Medical Advisory Board. *A motion was made by member Tuke and seconded by member Driggars to approve the minutes as written.*

### **B. Discussion of City of Las Vegas Courtyard Project for Referral to DDP**

Chief Jon Stevenson, Las Vegas Fire & Rescue summarized for the Board the status of the City of Las Vegas Courtyard Project. This is a 24/7 facility meant to connect the homeless population with available services. There was no action necessary on this item.

## **III. CHIEF HEALTH OFFICE REPORT**

No report was given.

## **IV. REPORT/DISCUSSION/POSSIBLE ACTION**

### **A. Committee Report: Drug/Device/Protocol Committee**

Chief Tuke reported that changes were suggested today for the burn and the prehospital death determination protocols. He proposed publishing the updated protocols and sending the burn and prehospital death determination protocols separately after they have been approved.

Ms. Palmer read through the suggested updates to the current protocols. See attachment.

Dr. Slattery suggested an update to the language on the STEMI protocol to read, "Notification to Facility immediately upon recognition of STEMI." He also reported that the DDP Committee voted to *add cardiac* monitor to medical arrest and asystole or AED no shock advised finding for the rural providers under the presumptive signs of death on the prehospital death determination protocol. In the case of traumatic arrest, no organized cardiac rhythm, defined as a PEA of <40. Additionally, it was decided to more clearly define organ damage as "functional separation of organs, brain, heart and lungs from the body."

Dr. Slattery said these changes will be brought forth formally at a later meeting. He also thanked the staff of the EMS office for their hard-work on these protocol changes.

Dr. Naik asked for a motion to approve the suggested protocol changes. A motion was made by member Stephen Johnson and seconded by member Tuke to approve the suggested changes to the protocols.

**B. Committee Report: QI Directors**

Dr. Young remarked that there was nothing new to report and thanked Steve Johnson, MWA for his presentation.

**C. OEMSTS 2<sup>nd</sup> Quarter 2018 Reports**

**1. Transfer of Care**

Transfer of Care Compliance by Facility, Clark County NV

	Total TOC	Noncompliant TOC	Compliant TOC	Compliance Rate (%)
Total	45,811	12,640	33,171	72.4

Transfer of Care Time Completion by Facility, Clark County NV

	Total TOC	TOC not Completed by ED	TOC Completed by ED	Completion Rate (%)
Total	45,811	27,831	17,980	39.4

Transfer of care Time Outlier Report by Facility, Clark County, NV

	Total TOC	TOC	< 0 min	0-1 mins	1-2 mins	2-3 mins	3-4 mins	4-5 mins	≥ 5 hrs
Total	50,779	4,968	0	555	698	1036	1317	1362	0

**2. Internal Disaster 1st Quarter Report**

	April	May	June
2017	5.22	5.89	2.6
2018	2.56	.51	.64

**3. Mental Health Holds 1st Quarter Report**

	Total L2Ks	Inpatient	Emergency Dept.	Awaiting SNAMHS
April	261	115	147	162
May	268	113	125	149
June	277	135	118	134

Chief Jon Stevenson described for the Board the success of the crisis response team. He began by thanking AMR for the staff that has been provided. They are enthusiastic and supportive of the program. He stated the crisis response unit has reported to roughly 600 incidents with approximately 20% of those patients being transported to Desert Parkway or WestCare. Chief Stevenson said he believes this program will show real value to the State and the State may decide to expand the program based on results.

**V. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

**A. ED/EMS Regional Leadership Committee Update**

Chief Tuke reported that the Committee continues to be well attended. Solid data is being provided and based on that data educational decisions have begun to be made.

**B. Airway Management Task Force Update**

Dr. Slattery reported the Task Force chose their leadership and scheduled the next meeting to be held at the Simulation Center on September 18<sup>th</sup> at which time percutaneous cricothyrotomy devices will be demonstrated.

**VI. 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 included on an agenda as an item upon which action may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Dr. Naik asked if anyone wished to address the Board.

Seeing no one, Dr. Naik closed the Public Comment portion of the meeting.

**VII. ADJOURNMENT**

Dr. Naik called for adjournment of this meeting at 11:58 a.m.



**Protocol Changes:**

**Table of Contents** – removed Activated Charcoal as a medication at all levels.

**Acute Coronary Syndrome** – divided into 2 separate protocols

1. Chest Pain (non-traumatic) and Suspected Acute Coronary Syndrome
2. STEMI

**Stroke Protocol** – Added the RACE tool for Large Vessel Occlusion, as well as Endovascular Treatment Centers in Clark County.

**Allergic Reaction** – added Push Dose Pressors for the treatment of anaphylaxis.

**Chest Pain Protocol** – removed, protocol was rewritten as Chest Pain (non-traumatic) and Suspected Acute Coronary Syndrome. Removed Droperidol for nausea as it is contraindicated in possible cardiac patients.

**Bradycardia** – QI Metrics suggestions were moved to the Pearls section

**Cardiac Arrest (Non-traumatic) (Adult CCC CPR)** – Changed Therapeutic Hypothermia and Post Resuscitation Care Protocol name in the upper right corner to reflect new name of protocol. Changed rate of chest compressions to 100-120/min as per AHA standards. Added hypoglycemia as a possible H and T reversible cause.

**Cardiac Arrest Non- Traumatic Pediatric** – changed rate of compressions to 100-120/min as per current AHA guidelines.

**Childbirth/Labor-** Changed Positioning for patient with a cord presentation from a knees to chest position to a Trendelenburg position with patient slightly on left side. Added Pearl to confirm via telemetry the final destination of mother and child (whether they will be seen in the ER or go to Labor and Delivery)

**General Adult Assessment** – Under the Waiting Room Placement area, clarified that a patient may be placed in the Waiting Room if they have received a single dose of analgesia and/or anti-emetic medication only.

**Drowning** – Changed “submersion in water” to “submersion in fluid” under History section.

**Epistaxis** – Addition of MAB approved protocol. Addition of Oxymetazoline for formulary

**Hyperkalemia** – on page 1 of protocol, the Alert box specifying that the protocol was only for patients with chronic kidney disease was removed. On page 2 of the protocol, the first Pearl was changed to read, “ patients must have suspected hyperkalemia OR electrographic findings consistent with hyperkalemia (bradycardia with widening QRS complexes) BEFORE initiating treatment.”

**Hyperthermia/Environmental Illness** – protocol renamed Heat-Related Illness. Added a specific section listing the active cooling measures. Added to the Pearls that cold saline is not to be administered unless by physician order.

**Hypothermia/Environmental Illness** – protocol name changed to Cold-Related Illness.

**Obstetrical Emergencies** –

Changed placement of “Pregnant patient exhibiting seizures?” to directly below General Adult Assessment. Organized chart accordingly.

Pearls added “Postpartum Eclampsia/Pre-Eclampsia commonly presents up to 48 hours after childbirth. If symptomatic, treat as Eclampsia/Pre-Eclampsia.”

Pearls added. “May present up to 6 weeks after childbirth, Assess for history or Pre-Eclampsia/Eclampsia during pregnancy or delivery.”

**Overdose/Poisoning** – added scope of practice to administration of hydroxocobalamin. Added “May repeat once in 3-5 minutes “to Sodium Bicarbonate for TCA/ASA Overdose. Removed “If Ingestion occurred within one hour of EMS arrival, and patient is alert, following commands and able to swallow, administer Activated Charcoal 1.0 gm/kg PO; min dose 10 gm: max dose 50 gm”

**Pain Management** – added IM as a route for Ketamine.

**Pulmonary Edema/CHF** –

PEARLS change “Avoid administering Nitroglycerin to any” to “The administration of Nitroglycerin is contraindicated for any...”

QI Metrics deletion “CPAP used appropriately” was deleted

**Seizure** –

Add IO as administration route for Midazolam and Diazepam

Delete “may repeat dose at 0.05 mg/kg” in box prior to “persistent (Status) or recurrent” seizure

Add decision point “Is Pt  $\geq 20$  weeks pregnant or  $\leq 6$  weeks post partum” and “Obstetrical Emergencies Protocol.” As choice at decision point.

**Shock** –

Added ETCO<sub>2</sub> measurement under Dopamine and push dose pressor

Added ETCO<sub>2</sub> measurement under 12 lead ECG

**Pearls addition of ETCO<sub>2</sub> measurement of < 25 mm/hg is indicative of shock**

**Distributive Shock addition of "Consider telemetry of code sepsis to receiving facility"**

**Stroke (CVA) –**

**Change "Endovascular Treatment Center" to "NIR capable facility" on Race Yes side of flowchart**

**Change "Endovascular Treatment Centers" to NIR center, on page 2**

**Addition of Centennial Hills and Sunrise to NIR Center box**

**QI Metrics addition of Telemetry to receiving facility**

**Pediatric Protocols:**

**Pediatric Allergic Reaction – added the use of push dose pressors for anaphylaxis**

**Pediatric Cardiac Arrest (non-traumatic) – Added hypoglycemia as one of the H's & T's**

**Pediatric Drowning – changed Submersion to Submersion in liquid under the History section**

**Pediatric Environmental Illness/Hyperthermia – protocol renamed Pediatric Heat-Related Illness. Added a specific section listing the active cooling measures. Added to the Pearls that cold saline is not to be administered unless by physician order.**

**Pediatric Environmental Illness/ Hypothermia – protocol name changed to Cold-Related Illness.**

**Pediatric Epistaxis – Addition of MAB approved protocol. Addition of Oxymetazoline for formulary**

**Pediatric Overdose/Poisoning – Added scope of practice to administration of hydroxocobalamin. Added maximum dose of 5g to hydroxocobalamin. Deleted ". Removed "If Ingestion occurred within one hour of EMS arrival, and patient is alert, following commands and able to swallow, administer Activated Charcoal 1.0 gm/kg PO; min dose 10 gm: max dose 50 gm." Addition of EMT scope of practice administration of Narcan/naloxone intranasal route only. Removed "Do not use Activated Charcoal if altered mental status, caustic, hydrocarbon or heavy metal ingestion.**

**Pediatric Pain Management – separated Morphine and Fentanyl into individual boxes to demonstrate that the meds are not to be given together.**

**Pediatric Shock –**

**Movement of NS bolus box to above Blood glucose testing. Adjustments to algorithm below this change.**

**Pearls change "BP of <90." to "<Estimated Minimum Systolic"**

**Pediatric Smoke Inhalation**

**Addition of Peds Cyanokit Instructions and Dosing Chart.**

**Resize of graphics and charts to fit page.**

### **Operational Protocols**

#### **Communications**

**Added wording to notify or meet with receiving facility prior to transfer of care with suspected need for Contact Isolation Preparation.**

#### **Documentation**

**Changed 2 L. to read "File Attachments: The associated monitor file must be uploaded and attached to the PCR if the monitor was used for any of the following purposes:**

- 1) Assessing and/or monitoring the cardiac rhythm;**
- 2) Obtaining a 12-lead electrocardiogram (ECG)**
- 3) Providing electrical therapy; cardioversion, defibrillation, and/or pacing**
- 4) Monitoring End-Tidal Carbon Dioxide (ETCo2) levels and/or waveform of an intubated patient"**

#### **Hostile Mass Casualty Incident**

**Regarding Changed wording from "will" to shall, addition of "as resource permit." In reference to Triage/Treatment with Medical Care Protocols. Deleted fourth bullet point in stand alone box. Replaced Force Protection team with Rescue Task Force.**

#### **Inter-Facility Transport of Patients By Ambulance**

**Removed EMT-I and EMT-P titles.**

#### **Public Intoxication –**

**Added WestCare as an approved facility**

**Added language to allow recording of contact with medical staff or physician via Fire Alarm Office telephone patch.**

#### **Transport Destinations –**

**Changed Remote Outpatient Emergency Department Alternate Destination Criteria diastolic BP range from 60-100 to 60-110**

#### **Trauma Field Triage Criteria –**



**Step 4 Changed "Assess special patient or system considerations, such as;" to "Assess special patients."**

**Added "The patient Must be transported to a Level 1,2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 5-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility."**

#### **Waiting Room Criteria –**

**Changed 1.D. Diastolic BP maximum from 100 to 110.**

**Removed EMT-P as title.**

#### **Procedural Protocols**

##### **Cervical Stabilization**

**Removed C. which read "Backboards are only indicated for extrication and patient movement. Patients are not to be transported on backboards (unless movement off the backboard would delay immediate transport of patients with life-threatening injuries or acute spinal injuries.**

##### **Electrical Therapy/ Synchronized Cardioversion**

**Utilized the adjunctive therapy box from Transcutaneous Pacing for consistency**

##### **Electrical Therapy/ Transcutaneous Pacing**

**Addition of Etomidate/Amidate as a sedation option.**

**Addition of Ketamine dosing for analgesia.**

##### **Traction Splint**

**Deleted word "closed" wording had read "with an isolated closed midshaft femur fracture."**

**Added key procedural consideration E. "Exercise care when applying traction not to reintroduce bone ends into the body."**

##### **Vascular Access**

**Addition of manufacturer contraindications from EZ-IO to Intraosseous section**

##### **Formulary**

**Addition of IM as route. For consistency to applicable protocols**

**Activated Charcoal – deleted as a medication for all levels.**

**Oxymetazoline added as medication for applicable protocols**

**Scope of Practice**

**Removed Activated Charcoal as a medication at all levels.**