



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

February 3, 2021 – 10:00 A.M.

MEMBERS PRESENT

Jessica Leduc, DO, Chairman
Stephen Johnson, MWA
Chief Shawn Tobler, MFR
Frank Simone, NLVFD
Chief Kim Moore, HFD
Derek Cox, LVFR
Karen Dalmaso-Hughey, AMR

Walter West, BCFD (Alt)
Stephen Neel, LO, OV, Moapa
Mike Barnum, MD
Matthew Horbal, MD, MCFPD
Jim McAllister, LVMS
David Obert, DO, CA
Bryce Wilcox, CA

MEMBERS ABSENT

Alicia Farrow, Mercy Air
Samuel Scheller, GEMS
Ryan Fraser, AirMed Response (Alt)

Devon Eisma, RN, OM
Chief Lisa Price, NLVFD (Alt)
Chief Jennifer Wyatt, CCFD

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director

Laura Palmer, EMSTS Supervisor
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

Michael Holtz, MD
David Slattey, MD
Ryan Corbett
Kelvy Levit
Danny Perez

Jeff Davidson, MD
Shane Splinter
Mais Yacoub, MD
Kat Fivelstad

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Jessica Leduc called the Drug/Device/Protocol Committee (DDP) meeting to order at 10:07 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting by teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Leduc asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting. 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 Jessica Leduc

asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Leduc stated the Consent Agenda consists of matters to be considered by the DDP 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.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: December 2, 2020

Chairman Barnum asked for a motion to approve the December 2, 2020 minutes of the DDP meeting. *A motion was made by Frank Simone, seconded by Jim McAllister, and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of the use of Midazolam in Behavioral Emergencies and Pediatric Patients

Dr. Young reported that there have been instances where patients were brought to the E.D. over-sedated with multiple doses of Midazolam. It was indicated in most of the patients with significant behavioral agitation or refractory seizure. Some of the patients needed additional management following transport to the E.D. He noted the use of Midazolam for behavioral patients does not currently include a maximum dose, and that a suggestion was made to align the two doses for both indications.

Dr. Mais Yacoub, a pediatric doctor at UMC, stated she would like to discuss pediatric status epilepticus, which they define as a seizure lasting more than five minutes. UMC is reviewing QI issues related to the prehospital benzodiazapene dosing. After reviewing well over 100 cases they found that approximately 70% of the pediatric patients are not getting adequate dosing by EMS providers, and 60% are not getting adequate dosing in the E.D., which is a significant issue. She noted she is in support of the IV dose but feels the IM dose is low considering the different viability for IM vs IO. Therefore, the dosing for seizures should be re-evaluated.

The DDP agreed to review the issues related to pediatric status epilepticus, both in the field and the E.D., in the QI Directors meeting to review the data before making any revisions to the protocol. Dr. Leduc suggested they invite a Pharm-D for that discussion.

B. Discussion of Pediatric Cardiac Arrest Resuscitation Management - Tabled

C. Discussion of the Additional of Lactated Ringers to the EMS Formulary - Tabled

D. Discussion of the Addition of Treatment Pathways for Atrial Rhythms to Tachycardia

Dr. Young referred the DDP to the Tachycardia (Stable) protocol and noted that currently there is no differentiator in the pathway to address regular or irregular tachycardia. With the absence of Diltiazem, he suggested they keep the wide and narrow complex on the protocol, but then break the narrow complex down into a regular and irregular rhythm to make a concession for A-fib. If unsuccessful with A-fib RVR, the idea is to consider a small fluid bolus, and if not successful, then move to Amiodarone. For someone who doesn't need emergent electrical cardioversion, this is within the constraints of the current formulary to treat a pseudo, unstable rhythm. Giving the patient a large fluid bolus may be deleterious but giving a 500cc fluid bolus may sometimes help by maintaining the blood pressure until they can get to the hospital where they carry Diltiazem. After much discussion, the DDP discussed the 2020 ACLS guidelines related to tachycardia.

A motion was made by Mr. Simone to revise the current Tachycardia (Stable) protocol to include the delineation between regular and irregular rhythms. The motion was seconded by Dr. Holtz and carried unanimously by the DDP. The motion will go to the MAB for final approval.

E. Discussion of the Addition of Phenylephrine as an Alternative Medication for Dopamine

A motion was made by Dr. Slattery to add Phenylephrine as a push dose pressor as an optional item. The motion was seconded by Mr. West and carried unanimously by the DDP. The motion will go to the MAB for final approval.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Young stated the current formulary does not include a list of related protocols. He is currently working with Laura Palmer to include the formatting change. Ms. Palmer stated that when completed, the change will be done administratively as they are not changing any content.

Dr. Leduc stated she would like to clarify in protocol that the crews should contact the hospital that will ultimately be accepting the patient, particularly in the instance of traumatic arrest. Ms. Palmer noted the agenda item will be added to the April MAB agenda.

V. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Chairman Leduc asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, she closed the Second Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chairman Leduc adjourned the meeting at 10:57 a.m.