



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

April 7, 2021 – 10:00 A.M.

MEMBERS PRESENT

Jessica Leduc, DO, Chairman
Walter West, BCFD (Alt)
Chief Shawn Tobler, MFR
Matthew Horbal, MD, MCFPD
Chief Kim Moore, HFD
Derek Cox, LVFR
Michael Holtz, MD, CCFD

Mike Barnum, MD
Stephen Neel, MVFD
Frank Simone, NLVFD
Karen Dalmaso-Hughey, AMR
Jim McAllister, LVMS
Gerry Julian, CA
Shannon Ruiz, PharmD

MEMBERS ABSENT

Alicia Farrow, Mercy Air
Samuel Scheller, GEMS
Troy Biro, AirMed Response

Devon Eisma, RN, OM
Glenn Glaser, MWA
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

Jeff Davidson, MD
David Slattey, MD
Paul Stepaniuk

Shannon Ruiz, PharmD
Shane Splinter
Todd Ford

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Jessica Leduc called the Drug/Device/Protocol Committee (DDP) meeting to order at 10:10 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: February 3, 2021

Chairman Barnum asked for a motion to approve the February 3, 2021 minutes of the DDP meeting. A motion was made by Jim McAllister, seconded by Chief Moore, and carried unanimously to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of the use of Midazolam and Diazepam in Adult and Pediatric Patients

Dr. Young reported the QI Directors will continue their discussion on the dosing for adult and pediatric seizure patients and report back to the DDP.

B. Discussion of Pediatric Cardiac Arrest Resuscitation Management - Tabled

C. Discussion of the Addition of Lactated Ringers to the EMS Formulary

Dr. Slattery proposed the addition of lactated ringers (LR) be added to the formulary as an equivalent to normal saline (NS). In several critical care situations LRs bring a balanced electrolyte solution with less metabolic acidosis and secondary renal injury. He noted the signals of possible harm are not dramatically different between LR and NS. Dr. Young related that the EDs are getting more comfortable using the LRs as a resuscitation fluid. He denied there are any contraindications to the use of LRs, including patients with renal failure.

Dr. Ruiz, a PharmD, stated there may be a concern for suspected hyperkalemic and dialysis patients. Dr. Davidson added that trauma patients with crush injuries or burns may also be a concern. Dr. Slattery stated the proposal for LRs would be utilized for all fluid replacement. There is zero evidence that giving LRs instead of NS for a hyperkalemic patient in cardiac arrest will change or worsen the outcome. In addition, the proposed dosing creates no significant increase in potassium. Dr. Young stated there are a lot of myths regarding the use of LRs that have been debunked, i.e. it raises lactate. There are a lot of benefits to LRs, and the perceived concerns are not there when you review the data. The goal is to utilize LRs as a crystalloid replacement. Dr. Holtz asked whether the EMS formulary contained any medications that could cause issues with the co-administration of LRs in terms of precipitation or incompatibility. Dr. Ruiz stated she will review the formulary and advise of any issues. She denied any storage issues, such as excessive heat, with LRs.

A motion was made by Dr. Slattery to add lactated ringers to the EMS Formulary as an optional item and forward it to the MAB for final approval. The motion was seconded by Dr. Holtz and carried unanimously by the Committee.

D. Guidelines on the Use of Phenylephrine as an Alternative Medication for Dopamine

Dr. Slattery stated they initially introduced push dose Epi as a pressor option for the crews. It works in most cases; however, there are certain types of shock where it's probably not appropriate, i.e. post-resuscitation with ST elevation, or rapid A-fib with hypotension or shock. After looking at the limitations of Dopamine including cost and infrequency of use, push dose Epi was suggested as an option. A proposal was brought forward to add Phenylephrine to the EMS formulary and give EMS agencies the option to remove Dopamine from their inventory. Dr. Slattery noted that Phenylephrine is a pure alpha agent. The cost through their distributor Henry Schein is \$12 bag for Dopamine, as compared to \$3.07 per vial for Phenylephrine. The only added cost for the Phenylephrine is the NS bag, which is approximately \$6 - \$7 per vial. He stated that Las Vegas Fire & Rescue used Dopamine only 11x last year. They would like to both reduce costs and have a more appropriate alpha agent to use when push dose Epi may not be the best pressor for the patient. The goal is to get the patient to the hospital while maintaining blood pressure so the patient can be transitioned in the hospital ED with a pressor drip. Dr. Ruiz agreed that push dose Phenylephrine would be an excellent option to replace Dopamine for adult patients. She would lean more towards Epi for pediatric patients as they don't usually have cardiac issues. It is fine to have both the alpha and the beta for pediatrics.

The DDP discussed the need to draft a push dose pressor protocol for managing non-traumatic shock. Dr. Ruiz agreed to assist in ensuring the protocol is in line with the current pressor use. The Committee agreed to leave Dopamine on the EMS Formulary in case of future shortage issues.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Young stated the current formulary does not include a list of related protocols. He is currently working with Ms. 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 June 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.