MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

June 23, 2021 – 10:00 A.M.

MEMBERS PRESENT

Chief Jennifer Wyatt, CCFD
Chief Shawn Tobler, MFR
Matthew Horbal, MD, MCFPD
Chief Kim Moore, HFD
Derek Cox, LVFR
Michael Holtz, MD, CCFD
Ryan Fraser, AirMed Response (Alt)
Stephen Neel, MVFD
Frank Simone, NLVFD
Samuel Scheller, GEMS
Jim McAllister, LVMS
Gerry Julian, CA
Shannon Ruiz, PharmD

MEMBERS ABSENT

Jessica Leduc, DO, Chairman
Walter West, BCFD (Alt)
Alicia Farrow, Mercy Air
Glenn Glaser, MWA
Mike Barnum, MD
Karen Dalmaso-Hughey, AMR
Devon Eisma, RN, OM

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Med. Director
Scott Wagner, EMSTS Field Rep.
Laura Palmer, EMSTS Supervisor
Candace Toyama, EMSTS Field Rep.
Michelle Stanton, Recording Secretary

PUBLIC ATTENDANCE

David Slattery, MD
Dale Branks
Paul Stepaniuk
Christi Kindel
Rebecca Carmody
Bryce Wilcox

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee (DDP) convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, June 23, 2021. Dr. Christian Young called the meeting to order at 10:04 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Dr. Young 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. Dr. Young asked if anyone wished to address the Board pertaining to items listed on the Agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Dr. Young 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: April 7, 2021

Dr. Young asked for a motion to approve the April 7, 2021 minutes of the DDP meeting. *A motion was made by Derek Cox, seconded by Jim McAllister, and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Pediatric Cardiac Arrest Resuscitation Management

Dr. Young gave a brief overview of the DDP's last discussion and stated there was a suggestion to forward the discussion to the Education Committee to address any deficits in our current education and/or protocol(s). He stated that Dr. Sandra Horning, a pediatric emergency medicine specialist, reported that Florida revised their protocol to start treatment on scene for this subset of patients. The one criterion that seemed to make a difference was the time to administration of Epinephrine. When given within 7.6 minutes of EMS arrival, the chances of survival, and neurologically intact, went way up. Florida uses the following ABCDE acronym:

A – Arrive
B – BVM
C – Compressions
D – Drill
E – Epinephrine

Mr. Hammond added that the discussion included the importance of providing good education on ventilations and compressions, including scene management and crew safety.

A motion was made by Frank Simone to refer the discussion of pediatric cardiac arrest resuscitation management to the Education Committee for further discussion. The motion was seconded by Jim McAllister and carried unanimously by the Committee.

B. Discussion of Suggested Protocol Changes Based on 2020 American Heart Association Guidelines

Ms. Palmer stated the adult Cardiac Arrest (Non-Traumatic) Protocol was revised to align with the 2020 AHA guidelines. The box relating to witnessed arrest was revised to read, "If witnessed by EMS or CPR in progress and patient is unresponsive with no pulse, begin chest compressions at a rate of 30:2 until an advanced airway is successfully placed." The other revision was separating out hypo/hyperkalemia in the list of H's and T's.

A motion was made by Derek Cox to accept the revisions to the adult Cardiac Arrest (Non-Traumatic) Protocol as written. The motion was seconded by Frank Simone and carried unanimously by the Committee.

C. Discussion of Communication in Termination of Resuscitation (TOR) of Trauma Patients

Ms. Palmer gave an overview of the discussion that took place at the last meeting. Henderson Fire Department has been training their providers to call a trauma center for medical direction, as opposed to calling the closest facility, when they have a traumatic patient that meets TFTC protocol. An ER doctor may not be as comfortable calling TOR in the field for a trauma patient. Additionally, if the doctor says "no" to TOR, the patient has to be transported to the facility that was contacted. The consensus was that trauma patients should be transported to the right destination, which is the trauma center where the patient would have been initially transported.

A motion was made by Chief Kim Moore to revise the Termination of Resuscitation protocol to separate patients who are in medical arrest from patients who are traumatic arrest. For traumatic arrest, the verbiage will be revised to read, "For traumatic arrest, contact the trauma center based on the catchment area for telemetry physician order." The motion was seconded by Chief Tobler and carried unanimously by the Committee.

Mr. Stepaniuk noted that, as a housekeeping change, #6 in the Transport Destinations protocol should also reflect that only medical patients in cardiac arrest or in whom the ability to adequately ventilate cannot be established should be transported to the closest facility.

Chief Neel related that the Moapa Valley Fire District works mainly through a volunteer system, so a paramedic is not on every call. There are instances where they have called for TOR without a paramedic on scene, which is a protocol deviation. Additionally, there is no way to confirm there is no organized rhythm or a PEA <40 without a paramedic on scene. Dr. Slattery noted that Dr. Barnum suggested that they permit an EMS agency medical director to make a TOR decision, whether on scene or via radio. Dr. Young agreed they should add the suggestion as an emerging issue for future discussion.

D. Discussion of Draft Protocol Changes Involving Phenylephrine

Dr. Slattery stated that he and Laura Palmer developed a matrix that includes a list of all the protocols that include the use of pressors, including indications/contraindications. There was an interest to use Phenylephrine, which is a pure alpha agent, in place of Dopamine as an option for agencies that don't want to carry Dopamine. Essentially, any time Dopamine can be used, Phenylephrine can be used, except for shock and bradycardia unresponsive to pacing, atropine, fluids, and no suspected ACS/STEMI. He explained the formulary now includes the specific protocol for the indication for which pressor, but also the mixing instructions. He noted that Nephron makes prefilled Phenylephrine push dose pressors, which makes it a lot easier.

Mr. Hammond clarified that although an agency opts to drop Dopamine from their inventory, they will still be responsible for knowing the protocols in their entirety as it delineates authorized clinical care in Clark County.

A motion was made by Dr. Ruiz to accept the suggested protocol changes as notated in the matrix. The affected protocols are as follows: Adult/Pediatric Allergic Reaction; Bradycardia; Pulmonary Edema/CHF; Sepsis; Adult/Pediatric Shock; and Tachycardia (stable). The motion was seconded by Derek Cox and carried unanimously by the Committee.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Dr. Young shared that the QI Directors Committee discussed the clinical entity Cannibus Hyperemesis Syndrome (CHS). He noted the current antiemetics are listed primarily in the abdominal pain protocol. If someone has severe nausea, technically if they don't have abdominal pain you really couldn't give them a medication for nausea. He stated that his sense is that if you're actively vomiting you probably have some degree of abdominal pain and discomfort. CHS was only recently discovered, and to fully get better, you need to stop using marijuana all together.

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

VI. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 10:58 a.m.