



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### DIVISION OF COMMUNITY HEALTH

#### DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

September 06, 2017

#### MEMBERS PRESENT

Mike Barnum, MD, Chairman, AMR  
Chief Troy Tuke, Clark County F.D.  
Tressa Naik, MD, Henderson F.D.  
Jason Driggars, AMR  
Steve Johnson, MedicWest  
Mark Calabrese, Clark County F.D.  
Matt Horbal, Mt Charleston  
Melanie Ondik, Community Ambulance  
Shane Splinter, Henderson F.D.

Jim Kindel, Boulder City F.D.  
Chief Kim Moore, Henderson F.D.  
Jayson Andrus, Mesquite Fire & Rescue  
Steve Carter, AMR  
Frank Simone, North Las Vegas F.D.  
August Corrales, JTM  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
Derek Cox, Las Vegas Fire & Rescue

#### MEMBERS ABSENT

Alex Malone, MD North Las Vegas F.D.  
Jill Jensen, JTM  
Shane Race, Mercy Air  
Daniel Rollins, MD  
Ryan Bezemer, Community Ambulance

David Slattery, MD, Las Vegas Fire & Rescue  
Jeff Davidson, MD, MedicWest  
Rick Resnick, Mesquite Fire & Rescue  
Eric Anderson, MD, MedicWest  
Alicia Farrow, Mercy Air

#### SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director  
Laura Palmer, EMSTS Supervisor  
Gerald Julian, EMS Field Rep

John Hammond, EMSTS Manager  
Scott Wagner, EMS Field Rep  
Judy Tabat, Recording Secretary

#### PUBLIC ATTENDANCE

Tony Greenway, VHS

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

The Drug/Device/Protocol Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, September 06, 2017. Chairman Mike Barnum, called the meeting to order at 9:05 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Barnum 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 Barnum 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 Barnum 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.

Approve Minutes for the Drug/Device/Protocol Committee Meeting: August 02, 2017

Chairman Barnum asked for a motion to approve the August 02, 2017 minutes of the Drug/Device/Protocol Committee meeting. A motion was made by Member Naik, seconded by Member Steve Johnson and carried unanimously to approve the minutes as written.

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

### **A. Review/Discuss Fourth Group of Protocols for 2017**

Dr. Young reminded the committee that comments and suggestions can be emailed to him at any time for later discussion.

#### **1. Hyperthermia – Environmental Illness**

Mr. Carter suggested adding that iced saline should not be administered to patients without doctor's orders. Chief Moore added that an example of active cooling measures e.g. ice packs under the arms and groin area.

#### **2. Hypothermia – Environmental Illness**

Dr. Barnum stated he found the titles of Hyperthermia vs Hypothermia to be a little confusing and would suggest changing the titles to Heat Related Illness and Cold Related Illness for both the adult and pediatric protocols. Dr. Young stated he would like to put the active coolant measures in a separate box on the pearls page to keep the protocols consistent.

#### **3. Obstetrical Emergency**

Dr. Johnson suggests changing the title of this protocol to "Preeclampsia / Eclampsia" in order to clarify the purpose of the protocol. Dr. Naik stated that magnesium can be given to pregnant patients that are off their medication and experiencing seizures. Dr. Young stated there is no gestational age listed in the protocol and that it should be added. Dr. Barnum stated that this protocol needs a lot of updating and asked for a volunteer. August Corrales agreed to consult with OB staff at UMC for input regarding gestational age, Ketamine dosing, dosing intervals of magnesium and Benzodiazepines and seizures and then report back to this committee.

#### **4. Overdose – Poisoning**

Chief Moore voiced concerns that some providers may attempt administration of activated charcoal on a patient that is unable to swallow on their own. Dr. Young stated adding "if patient is alert, following commands, and able to swallow". Also, he suggests adding "May repeat once in 3 to 5 minutes" to the sodium bicarbonate dosing.

#### **5. Pain Management**

Dr. Barnum suggests bringing before the Medical Advisory Board an addition of IM administration for Ketamine along with the possibility of repeating the dose if necessary. Dr. Barnum said that he is getting some negative feedback on the use of Ketamine for behavioral issues. Some ER physicians believe that Ketamine is being given to psychotic patients which is increasing their psychotic behaviors. This is something he suggests tacking in order to share the Ketamine usage information with these physicians.

#### **6. Pediatric Environmental Illness Hyperthermia**

See changes to adult protocol

#### **7. Pediatric Environmental Illness Hypothermia**

See changes to adult protocol

8. Pediatric Overdose – Poisoning

See changes to adult protocol for administration of activated charcoal. The addition of “5gm maximum” will be added to hydroxocobalamin administration for the purpose of keeping the protocols consistent.

9. Pediatric Pain Management

Dr. Naik suggests adding “Consider administration of Zofran early for nausea.”

B. Review/Discuss of the use of Neosynephrine in the Treatment of Epistaxis

Steve Johnson advised the committee that this topic is being initiated by Dr. Davidson. He would like to create an epistaxis protocol and that it state the use of Oxymetazoline instead of Neosynephrine. The Oxymetazoline is not only less expensive than Neosynephrine but it is also latex and gluten free and has no pregnancy precautions. Mr. Driggars suggests this be included in the facial trauma protocol and Dr. Young suggests hemorrhage control. Mr. Simone agrees that adding this to the hemorrhage control would be appropriate, remove the tourniquet and administer the medication. Dr. Barnum called for a motion to add Oxymetazoline to the formulary and move to the Medical Advisory Board for approval. A motion was made by Member Naik, seconded by Member Simone and carried unanimously to add Oxymetazoline to the formulary and present to the Medical Advisory Board for final approval.

**IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

Mr. Cox stated that Las Vegas Fire & Rescue would like to invite a representative from WestCare to either a Drug/Device/Protocol or Medical Advisory Board meeting to address transport issues the crews are experiencing at these facilities. Patients are being accepted via telemetry but when the crews arrive they are being told the patient does not meet internal criteria. Ms. Palmer stated the appropriate meeting would with the Medical Advisory Board.

Dr. Young asked the Committee if they had any opinions regarding adding Tranexamic Acid (TXA) to our system for treatment in trauma patients. Steve Johnson stated MedicWest provided critical care paramedics (CCT) with a power-point presentation on this topic and he would be happy to share it with the Committee members. Mr. Driggars stated that AMR’s CCT program is currently using TXA in southern Utah. He stated it is inexpensive and effective and that it could be an asset to outlying facilities e.g. Mesquite. Dr. Young asked Mr. Corrales to get feedback from the UMC trauma staff about their thoughts on bringing TXA to our local system.

**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 Barnum 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.

**VI. ADJOURNMENT**

There being no further business to come before the Committee, Chairman Barnum called for a motion to adjourn. A motion was made by Member Steve Johnson, seconded by Member Naik and carried unanimously to adjourn at 10:12 am.