



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

November 01, 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
Shane Splinter, Henderson F.D.
Matt Horbal, Mt Charleston
David Slattery, MD, Las Vegas Fire & Rescue
Karen Dalmaso-Hughey, AMR

Jim Kindel, Boulder City F.D.
Chief Kim Moore, Henderson F.D.
Jayson Andrus, Mesquite Fire & Rescue
Derek Cox, Las Vegas Fire & Rescue
Frank Simone, North Las Vegas F.D.
Jason Andrus, Mesquite Fire & Rescue
Melanie Ondik, Community Ambulance
Eric Anderson, MD, MedicWest
Jarrod Johnson, DO, Mesquite Fire & Rescue

MEMBERS ABSENT

Alex Malone, MD North Las Vegas F.D.
Jill Jensen, JTM
Shane Race, Mercy Air
Daniel Rollins, MD, Boulder City F.D.

Steve Carter, AMR
Jeff Davidson, MD, MedicWest
Alicia Farrow, Mercy Air

SNHD STAFF PRESENT

Christian Young, M.D., EMSTS Medical Director
Scott Wagner, EMS Field Rep
Michelle Stanton, Recording Secretary

Laura Palmer, EMSTS Supervisor
Gerald Julian, EMS Field Rep

PUBLIC ATTENDANCE

Tony Greenway, VHS
Jennifer Kocis, Sunrise
Chris Racine, LVFR

Dr. Steven Krebs, UMC Pediatrics
August Corrales, JTM
Jim McAllister, Las Vegas Motor Speedway

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, November 01, 2017. Chairman Mike Barnum, called the meeting to order at 10:11 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Barnum noted that a quorum was present.

Member Naik arrived at 10:40 a.m.

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.

Tony Greenway of the Valley Health Systems announced to the Committee that as of November 13, 2017 Centennial Hills Hospital will have opened a new neurological lab which will enable them to provide neurological interventional radiology services. Mr. Greenway confirmed to the Committee that the hospital will have 24/7 coverage provided through Desert Radiology. Mr. Greenway requested Centennial Hills Hospital be added to the stroke protocol.

Dr. Young stated that if a letter has been submitted and services can be confirmed then the hospital will be added when the next revisions are made to the protocols; however, the information will be provided to the transporting agencies right away.

There being no further Public Comment Chairman Barnum 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: September 06, 2017

Chairman Barnum asked for a motion to approve the September 06, 2017 minutes of the Drug/Device/Protocol Committee meeting. A motion was made by Member Cox, seconded by Member Simone and carried unanimously to approve the minutes as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Fifth Group of Protocols for 2017

1. Pulmonary Edema/CHF

Chairman Barnum questioned the pearl which states, "Avoid administering Nitroglycerin to any patient who has used Viagra or Levitra in the past 24 hours, avoid administer Nitroglycerin to any patient who has used Cialis in the past 48 hours." He stated it is his understanding that nitrates are contraindicated in patients using those medications because they can cause a precipitous drop in blood pressure.

The Committee agreed that the pearl should be changed to say nitrates are contraindicated in patients who are using erectile dysfunction medications.

Member Cox suggested removing "CPAP used appropriately" under the QI metrics because it is listed in the CPAP procedure and having it in both places can be confusing to providers.

The committee agreed to strike that statement from the QI metrics on this protocol.

2. Respiratory Distress

Chairman Barnum asked if there were any suggested changes for the Respiratory Distress protocol. None were made.

3. Seizure

Chairman Barnum expressed concern with eclampsia being listed in the differentials without specific direction as to how far along in the pregnancy the patient is, is the patient actively seizing, does the patient have a history of seizure, what medication is appropriate to the situation, among other concerns.

After much discussion by the Committee members, Member Cox agreed to do further research and bring this matter back before the Committee during the next scheduled meeting.

4. Shock

Chairman Barnum asked for comments or concerns regarding the Shock Protocol.

Dr. Young questioned whether the Dopamine was going to remain in the protocol with the addition of push dose pressor. Dr. Slattery reminded the Committee that it was decided at the last Medical Advisory

Board meeting to leave Dopamine on the protocol because it is still being used by providers in the community and the protocol can be reviewed again in the future.

Chairman Barnum suggested adding a pearl stating to consider telemetry to the receiving hospital in possible code sepsis patients. Dr. Slattery said he would be in support of this change. Dr. Anderson stated that the hospitals have a tremendous amount of resources at the ready to identify sepsis patients on arrival and he is not sure that prehospital notification would add anything to the patient's treatment.

5. Smoke Inhalation

See comments under Pediatric Smoke Inhalation.

6. Pediatric Respiratory Distress

See comments under Pediatric Smoke Inhalation.

7. Pediatric Seizure

After a considerable amount of discussion this item was tabled until the next scheduled meeting.

8. Pediatric Shock

Dr. Krebs expressed concern with the protocol showing emphasis on blood glucose testing rather than fluid resuscitation and suggested reorganizing the algorithm to address the fluids prior to glycemia. He also suggested the addition of the push dose epi to be consistent with the adult protocol. Dr. Krebs also stated that the shock and seizure protocols have some inconsistency's that should be corrected.

It was decided that Member Slattery will consult with other pediatric doctors, evaluate and rework the protocol and bring it forth at the next scheduled meeting.

9. Pediatric Smoke Inhalation

Member Slattery advised the Committee that Las Vegas Fire & Rescue have had pediatric smoke inhalation patients where the use of a Cyanokit was necessary and the providers found the dosing formulary to be complicated. He stated that with the help of the PharmD at UMC a simpler dosing chart was created. Member Slattery introduced Chris Racine, EMS Educator for Las Vegas Fire & Rescue who gave a demonstration on the use of the Cyanokit with the Broselow Color chart. Member Slattery then thanked the members for their time and patience in allowing for the demonstration.

B. Review/Discuss the Obstetrical Emergency Protocol

This item was tabled until the next scheduled meeting.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Chairman Barnum asked if there were any informational items to be discussed. There were none, and this portion of the meeting was closed.

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 Tuke, seconded by Member Naik and carried unanimously to adjourn at 11:09 am.