



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DIVISION OF COMMUNITY HEALTH**

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

**December 06, 2017**

**MEMBERS PRESENT**

Mike Barnum, MD, Chairman, AMR  
Chief Troy Tuke, Clark County F.D.  
Karen Dalmaso-Hughey, AMR  
Derek Cox, Las Vegas Fire & Rescue  
Steve Johnson, MedicWest  
Shane Splinter, Henderson F.D.  
Jeff Davidson, MD, Medic West

Jim Kindel, Boulder City F.D.  
Steve Carter, AMR  
Jason Driggars, AMR  
Melanie Ondik, Community Ambulance  
Frank Simone, North Las Vegas F.D.  
Jason Andrus, 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.  
David Slattery, MD, Las Vegas Fire & Rescue  
Jarrod Johnson, DO, Mesquite Fire & Rescue

Tressa Naik, MD, Henderson F.D.  
Matt Horbal, Mt Charleston  
Alicia Farrow, Mercy Air  
Chief Kim Moore, Henderson F.D.  
Eric Anderson, MD, MedicWest  
Rick Resnick, Mesquite Fire & Rescue

**SNHD STAFF PRESENT**

Christian Young, M.D., EMSTS Medical Director  
John Hammond, EMSTS Manager  
Gerald Julian, EMS Field Rep

Laura Palmer, EMSTS Supervisor  
Scott Wagner, EMS Field Rep  
Michelle Stanton, Recording Secretary

**PUBLIC ATTENDANCE**

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

Chris Stachyra, Mercy Air  
August Corrales, JTM

**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, December 06, 2017. Chairman Mike Barnum, called the meeting to order at 9:11 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Barnum noted that a quorum was present.

**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: November 01, 2017

Chairman Barnum asked for a motion to approve the November 01, 2017 minutes of the Drug/Device/Protocol Committee meeting. *A motion was made by Member Tuke, seconded by Member Simone and carried unanimously to approve the minutes as written.*

## III. REPORT/DISCUSSION/POSSIBLE ACTION

### A. Review/Discuss Draft Epistaxis Protocol

Chairman Barnum reminded the committee that the Medical Advisory Board has already approved the use of Oxymetazoline for epistaxis and it is back to this committee to create a protocol.

Dr. Davidson expressed concern with the pearl which states “Avoid Afrin in patients who have a blood pressure of greater than 110 diastolic or known coronary artery disease.” He noted that most epistaxis patients will have elevated blood pressure. Dr. Davidson suggested changing the pearl to monitor blood pressure.

Member Cox suggests striking the statement “Topical Hemostatic Agent if available / indicated” because this agent is not available to the crews. Also, he would delete “Notify Destination or Contact Medical Control.”

Chairman Barnum stated that the statements “Active Bleeding Into Posterior Pharynx” and “Leave Gauze in place if present, Head Tilt Forward, Position of Comfort” could also be removed because posterior packing capability is not available in the field.

### B. Review/Discuss The use of Tranexamic Acid (TXA) for Treatment of Trauma Patients

This item was tabled until the next scheduled meeting.

### C. Review/Discuss Sixth Group of Protocols for 2017

#### 1. Seizure

Mr. Corrales reported that during meetings at his facility it was discussed that in the suspected hypertension with pre-eclampsia, not showing signs of seizure, Magnesium Sulfate is the appropriate drug to administer. If there is a seizure with pregnancy and signs of eclampsia then Magnesium Sulfate is given first. If it is questionable, Versed or Valium can be given. When there is a history of seizure with pregnancy then benzos are administered.

Ms. Dalmaso-Hughey proposed adding a box at the top of the protocol to read pregnant >20 weeks or six weeks postpartum, administer 4gms Magnesium Sulfate to address the pre-eclamptic patients.

After a great deal of discussion, it was agreed to add before blood glucose testing risk factors for eclampsia and then refer to the OB Emergency pathway.

#### 2. Stroke (CVA)

Mr. Greenway stated that the RACE Stroke Scale lists instructions on treatment with a score of 1-4 and >5 but does not give instructions on =5; replace the > with ≥.

Mr. Simone stated that in the pearls the statement “Stroke Center or Endovascular Treatment Center is inconsistent with other protocols; change to NIR Capable Facility.

Mr. Calabrese said that telemetry needs to be added to the QI metrics area of the protocol.

#### 3. Tachycardia / Stable

No suggested changes

4. Tachycardia / Unstable  
No suggested changes
5. Target Temperature Management & Post-Resuscitation  
This item was tabled until the next scheduled meeting.
6. Ventilation Management  
No suggested changes
7. Pediatric Tachycardia / Stable  
No suggested changes
8. Pediatric Tachycardia / Unstable  
No suggested changes
9. Pediatric Ventilation Management  
No suggested changes
10. Pediatric Seizure  
Chairman Barnum stated that changes that are made to the adult seizure protocol should also be made to the pediatric seizure protocol for consistency.

D. Review/Discuss the Obstetrical Emergency Protocol

Mr. Simone suggested the following change; at the top of the protocol under “Pregnancy Induced Hypertension” add “Is the Patient Seizing – give Magnesium Sulfate”

E. Review/Discuss Alternate Destinations for Transfer of Mental Health Patients

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.

Mr. Corrales announced that UMC should be able to receive EKGs by Friday, December 8<sup>th</sup>. He will advise clinical staff when that service is available. There was also much discussion about the possibility of telemedicine from the accident sight. Photos could prove helpful in the treatment of burns and other trauma injuries. While many of the committee members agree it could be a useful tool there are many concerns regarding HIPPA compliance, the use of personal devices, etc. No decisions were made regarding this topic.

**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 Simone, seconded by Member Cox and carried unanimously to adjourn at 10:15 am.