



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

April 04, 2018

MEMBERS PRESENT

Mike Barnum, MD, Chairman, AMR
Steve Johnson, MWA
Shawn Tobler, Mesquite F.R.
Alexander Malone, MD, NLVFD
Brandon Hunter, MWA
Daniel Rollins, MD, BCFD
Larry Johnson, Community Ambulance
Chief Kim Moore, Henderson FD
Derek Cox, LVFR

Jeff Davidson, MD, MWA
Jarrod Johnson, DO, Mesquite F.R.
Frank Simone, NLVFD
Steven Carter, AMR
Jim Kindel, BCFD
Chief Troy Tuke, CCFD
Shane Splinter, Henderson FD
Tressa Naik, MD, Henderson FD

MEMBERS ABSENT

David Slattery, MD, LVFR
Shane Race, Mercy Air

Jill Jensen, JTM

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

Karen Hughey, AMR
August Corrales, JTM
Rebecca Carmody, Community Ambulance
Steve Krebs, UMC
Samuel Scheller, GEMS

Mark Calabrese, CCFD
Jim McAllister, LVMS
Michael Holtz, MD, UMC
Derek Cox, LVFR

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, April 04, 2018. Chairman Mike Barnum, called the meeting to order at 10:08 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: February 07, 2018

Chairman Barnum asked for a motion to approve the February 07, 2018 minutes of the Drug/Device/Protocol Committee meeting. *A motion was made by Member Naik, seconded by Member Johnson and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review/Discuss Hostile Mass Casualty Incident Draft Protocol

Mr. Wagner noted that there were some minor changes in language since the Committee reviewed the protocol last time.

Chairman Barnum asked the Committee for comments and/or discussion regarding the draft protocol. Hearing none he asked for a vote to approve the Hostile Mass Casualty Incident Draft Protocol. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

B. Review/Discuss the use of Narcan by EMTs

Ms. Palmer reported to the Committee that Narcan was added to the national scope of practice for emergency responders in 2017. To meet national standards, the EMS office is bringing to the Committee the idea of introducing intranasal Narcan for use by EMTs.

Mr. Hammond suggested the dose to be administered be changed from 2mg to 4mg. The reasons for the change are that Narcan's preloaded nasal formulation is 4mg and with the prevalence of Fentanyl in the community the 2mg dosage is less effective.

Chairman Barnum asked for a vote to approve the use of Narcan by EMTs with the change from 2mg to 4mg dosage. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

C. Review/Discuss the Development of a Protocol for the use of Tranexamic Acid (TXA) for Treatment of Trauma Patients

Dr. Young addressed the Committee. He noted that this topic was brought to his attention by concerned providers who stated that some neighboring systems have TXA in their formulary and we do not. He stated that TXA is primarily used when administering massive transfusion when coagulopathy is a concern and it has been effective. After researching the use of TXA around the country it is primarily used by CCT and air medical crews. Dr. Young said that he believes it would be useful for transports from locations like Mt. Charleston or Dumont Dunes. He stated it is more important to get the in-town patients to a trauma center than take the time to administer IV medications.

Dr. Malone stated he believes there could be issues using TXA in our system. The first is it is a time dependent drug. It has been noted that any application of greater than three hours from the time of the traumatic event is detrimental to the patient. The second issue is its use needs to be supported by the entire trauma system. He remarked that anecdotally it is not often being used in the Western region by Air Methods.

Mr. Hammond reminded the Committee that the EMS office does not regulate nurses within Clark County and that it is already within their scope of practice to administer TXA. This means that it is already allowable for use in the air medical arena.

Ms. Palmer informed the Committee that she has a trauma meeting in two weeks and she will agendize this item for feedback from that Committee.

D. Review/Discuss Trauma Field Triage Criteria

Steve Johnson apologized for reopening this topic, however, after conducting refresher training with his crews there was confusion with some of the wording in the protocol. In step 4 of the protocol the word “considerations” is used which is leading them to believe they can transport patients to non-trauma centers. Mr. Johnson suggested changing the wording after letter “F” to read, “The patient must be transported to a Level 1, 2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility.” Also, in step 4 line one remove the phrase, “or system considerations, such as.”

Chairman Barnum asked for a vote to approve the changes to the protocol as suggested by member Johnson. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

E. Review/Discuss Seventh Group of Protocols

1. Cervical Stabilization

Member Cox and Mr. Calabrese suggest removing letter C under contraindications as they feel it is not a true contraindication.

Chairman Barnum asked for a vote to approve the suggested protocol change. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

2. Continuous Positive Airway Pressure (CPAP)

No suggested changes

3. Electrical Therapy/Defibrillation Hostile Mass Casualty Incident

No suggested changes

4. Electrical Therapy/Synchronized Cardioversion

Chairman Barnum remarked that for consistency between protocols replace the current adjunctive therapy box with the updated adjunctive therapy box which is included in the Electrical Therapy/Transcutaneous Pacing protocol.

Chairman Barnum asked for a vote to approve the suggested protocol change. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

5. Electrical Therapy/Transcutaneous Pacing

Steve Johnson proposed adding Ketamine to adjunctive therapy box, analgesia section, under Hydromorphone.

Chairman Barnum proposed adding Etomidate 0.15/kg IV after the Midazolam dosing in the adjunctive therapy box.

Chairman Barnum asked for a vote to approve the suggested protocol change. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

6. Endotracheal Intubation

Mr. Cox suggested replacing the phrase “initial, en route, and at transfer of care” with the word continuous.

Chairman Barnum asked for a vote to approve the suggested protocol change. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

7. Extraglottic Airway Device
No suggested changes
8. First Response Evaluate/Release
No suggested changes

9. Hemorrhage Control Tourniquet
No suggested changes

10. Medication Administration
No suggested changes

11. Needle Cricothyroidotomy
This item was tabled until the meeting scheduled for May 02, 2018

12. Needle Thoracentesis
No suggested changes

13. Tracheostomy Tube Replacement
No suggested changes

14. Traction Splint
Mr. Cox suggested removing the word closed from the phrase “isolated closed midshaft femur fracture.”

Mr. Hammond suggested changing the phrase to, “Exercise care when applying tractions not to reintroduce the bone ends back into the body.”

Chairman Barnum asked for a vote to approve the suggested protocol change. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

15. Vagal Maneuvers
No suggested changes

16. Vascular Access
Mr. Simone suggested an addition of language to the contraindications text box that list placement in, or distal to a fractured bone. He proposed adding “previous significant orthopedic procedure at the site, prosthetic limb or joint.” This language is taken directly from the Easy IO package insert. Mr. Simone also suggests adding “infection at the area.”

Chairman Barnum asked for a vote to approve the suggested protocol change. A vote was taken with all members signifying their agreement with an aye vote, none were opposed and none abstained.

17. Prehospital Death Determination
This item was tabled until the meeting scheduled for May 02, 2018

18. Target Temperature Management & Post-Resuscitation
This item was tabled until the meeting scheduled for May 02, 2018

19. Termination of Resuscitation
This item was tabled until the meeting scheduled for May 02, 2018

20. Transport Destinations
This item was tabled until the meeting scheduled for May 02, 2018

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.

Mr. Hammond notified the Committee that funding has been received to hire a Regional Trauma Coordinator. If anyone knows of an experienced nurse interested in the position they can apply at the SNHD website.

Mike Holtz, UMC stated that he worked as a flight physician on the east coast and has some experience with the use of TXA. TXA is used for all trauma patients penetrating or blunt trauma, systolic blood pressure less than 90 or heart rate greater than 110 at any time during the EMS encounter. Mr. Holtz stated that never observed any adverse reactions, administration issues and it is in his opinion a safe drug to use for these trauma patients.

Mr. Hammond reminded the Committee to follow procedures when reporting medication shortages. There must be an attempt to obtain the medication from at least three suppliers. A letter will be provided to the agency that can be presented in the event of an inspection. Once the medication has been received you will then inform Mr. Hammond and the letter will then be rescinded. If the medication was needed for a patient and there is not supply a protocol deviation form must be submitted.

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 Johnson, seconded by Member Cox and carried unanimously to adjourn at 11:01 am.