



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

April 06, 2016 – 10:00 A.M.

MEMBERS PRESENT

Bryan Bledsoe, DO, Chairman, MWA
Tressa Naik, MD, Henderson Fire Dept
August Corrales, JTM
Jarrod Johnson, DO, MFR
Jim Kindel, Boulder City Fire Dept.
Troy Tuke, Clark County Fire Department
Frank Simone, NLVFD
Kim Moore, Henderson Fire Dept

Mike Barnum, MD, Vice Chairman, AMR
Steven Carter, AMR
Brandon Hunter, MWA
David Slattery, M.D., LVF&R
Derek Cox, LVF&R
Devon Eisma, Mercy Air
Ryan Bezemer, Community Ambulance

MEMBERS ABSENT

K. Alexander Malone, MD, NLVFD

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Judy Tabat, Recording Secretary

John Hammond, EMSTS Manager
Gerry Julian, EMS Field Rep

PUBLIC ATTENDANCE

Stephen Johnson, MWA
Chief Rick Resnick, MFR
Syd Selitzky, Henderson Fire
Tyler Chairsell, LVFR

Jim McAllister, LVMS
Eric Anderson, MD, MW
M. Monica Manig, HFD
Tim Gundersen, CSN

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Red Rock Conference Room at The Southern Nevada Health District on Wednesday, February 03, 2016. Chairman Bryan Bledsoe, D.O. called the meeting to order at 10:01 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Bledsoe 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 Bledsoe 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 Bledsoe 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.

Minutes Drug/Device/Protocol Committee Meeting, February 03, 2016

Chairman Bledsoe asked for a motion to approve the consent agenda which included the minutes of the February 03, 2016 Drug/Device/Protocol Committee meeting. Motion made by Member Corrales, seconded by Member Simone and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

DDP Workshop Report

- Review of the AHA Changes that Pertain to EMS
- Discussion on a Cardiac Arrest Protocol for Pregnant Patients
- Review the Use of Pain Medications in the System with an Emphasis on Expanding the Use of Ketamine

Chairman Bledsoe stated that at the last DDP Committee meeting they were tasked to form a workshop to evaluate the SNHD protocols for potential American Heart Association (AHA) changes. He referred to the Committee's handouts which included the protocol updates that were developed since the DDP Workshop that was held on March 2, 2016.

Target Temperature Management & Post-Resuscitation Care

Chairman Bledsoe stated that this protocol previously named Therapeutic Hypothermia & Post-Resuscitation Care is the adoption of the new term and appears in line with AHA standards by limiting the cold saline to 250 ml/hr up to 1 liter. Dr. Slattery added that at the workshop they had consensus on the importance of post resuscitation care in the post ROSC patient in the prehospital environment, that bundle of care is still very important. The 4 things the group felt were important to continue to focus on in that bundle were: Screening EKG's as soon as you get ROSC is the first step, followed by surveillance and mindfulness of ventilation, hyperventilating patients. The third consideration is mindfulness of blood pressure control and then targeted temperature management.

Dr. Bledsoe stated that his only concern is that he would hate to see crews get dinged on QI when they have a 10 minute transport and they didn't start the chilled saline at 250ml per hour but felt that this something they could handle at a company level.

Dr. Slattery stated that it is certainly not the intent to ding the crews and felt that most of their hospitals and agencies don't have that level of scrutiny on these calls. He added that he felt it was important to not lose the ground that they have had over the last few years in terms of our prehospital providers feeling that switch from cardiovascular resuscitation to brain resuscitation and part of that is target temperature management even though they know it's not going to reach the target temperature, it is starting the process and I think it is important for our people to part of that bundle.

Chairman Bledsoe asked for a motion to approve the Target Temperature Management & Post-Resuscitation Care Protocol as written. Motion made by Member Naik to approve as written. Seconded by Member Slattery and carried unanimously.

Cardiac Arrest (Non-Traumatic) (Adult CCC CPR)

Chairman Bledsoe stated that the Cardiac Arrest Protocol was revised to include additional pearls for the cardiac arrest patients who are pregnant. He added that this also comes from an addendum to the 2015 AHA guidelines and that is management of the pregnant cardiac arrest patient. He stated that this is adopting the guidelines that were jointly developed by the American College of Obstetricians and Gynecologists along with AHA to distract a uterus off the inferior vena cava to help with the efficacy of CPR.

Chairman Bledsoe asked for a motion to approve revised Cardiac Arrest (Non-Traumatic) (Adult CCC CPR) Protocol as written. Motion made by Member Johnson to approve as written. Seconded by Member Corrales and carried unanimously.

Pain Management

Dr. Bledsoe noted that the primary change here is the option of Ketamine 0.2mg/kg of a sub-dissociative dose for the treatment of pain in the field. He noted that after speaking with Dr. Naik he agreed that 0.15mg/kg is a better dose and suggested that they maybe look at an option of .15 to 0.3mg/kg range for Ketamine. He voiced concern over the fact that if you look at the equivalency of hydromorphone to morphine, 10mg of morphine is approx equal to 2mg of hydromorphone yet we are giving 10mg of morphine routinely and 1mg of hydromorphone. He spoke with some of his colleagues from the Fremont group, and from UMC, and stated there had been complaints about patients coming in quite obtunded.

Dr. Slattery stated there was some discussion with regard to Ketamine use in elderly patients getting obtunded at a higher dose and felt that making the dose 0.15mg/kg with a repeat dose if necessary would be fine.

Dr. Anderson expressed concern with the math of 0.15mg/kg dose and felt 0.2mg/kg dose would be easier. Mr. Cox agreed adding that if they are asking them to make sound decisions and calculate a dosing, .2 is much easier for them to do that while the guy is screaming rather than have to break something out and do .15 x whatever they think their weight is. Dr. Slattery stated he was fine with a 0.2mg/kg dose but added that they then stay conservative with no repeat dose.

Ms. Selitzky questioned if there was any concern regarding mixing these medications because all these agencies carry different medications. A patient sometimes receives secondary doses of pain medications and with providers carrying different medications, is there concern for EMS crews to be aware of mixing drugs.

Dr. Slattery stated that was a really good point and felt that they want to emphasize the importance of sticking with one agent as much as possible in the education as this rolls out understanding that not all agencies are going to be carrying the same medications. There is going to be some situations but the education is pick one stick with that until they get good experience with it and they get experience and feel comfortable with it.

Dr. Bledsoe asked if the Committee had any other concerns. Dr. Slattery suggested moving Fentanyl above Ketamine. He felt that for the most part it is going to be more appropriate to be giving either Morphine or Fentanyl and then have Ketamine listed as 3rd.

There was some confusion whether the "Contact Medical Control for additional doses" that was listed under Ondansetron or Droperidol also includes Fentanyl and Hydromorphone since those 2 drugs also had a radio icons next to them. Dr. Slattery stated that they should be consistent with all the narcotics and suggested the use of nasal cannula capnography to monitor these patients if you are giving a repeat dose as an additional tool to look for respiratory depression. After considerable discussion it was decided to remove the radio icons from Fentanyl and Hydromorphone and recommend the use of capnography on all patients receiving pain medication.

Mr. Simone felt that language needs to be added to the pearls to address the fact that we are a multi-agency system using different analgesics. Mr. Eisma felt that the capnography takes out a lot of the subjectivity because what works for one person may not work for the next. Dr. Bledsoe agreed and added that the dosing in the formulary needs to be changed for Ketamine. He would also like to specify the Adult sub-dissociative dose 0.2mg/kg for pain control versus the 4.0mg/kg for sedation.

Dr. Young suggested reformatting the protocol to lateralize the 4 choices of pain medications to make it easier for the medics. The Committee agreed.

Mr. Eisma questioned if they are going to specify that once they go down one line, and it doesn't work they can't go to something else.

Dr. Bledsoe stated that the only caveat is if you are starting down the narcotic pathway, stay with narcotics.

Mr. Eisma stated that he would hate for them to get stuck and now they are on Ketamine and there is no repeat dose, I would rather them be a little bit snowed than have them screaming.

Mr. Cox stated that there are no repeat doses for Ketamine so if you stay in that and our preference is not to mix they are pretty much sticking with that. Whether that is an educational pearl or built into the algorithm that is how it should read.

Dr. Slattery stated that from an educational standpoint it is important that they emphasize picking one option and going with it, maxing that dose out. He stated that he doesn't want to restrict crossing over for severe pain but since they are encouraging capnography use, he is very comfortable crossing over. He added that there is not a lot of data to drive this decision but if someone is having bad pain, let's take care of their pain.

Dr. Bledsoe felt that was a good argument. There will be 4 options. The only limitation at present is the dissociative the Ketamine is a onetime dose of 0.2mg/kg, and then we will deal with cross over issues if there is a problem from a QI standpoint.

Chairman Bledsoe made a motion to accept the Pain Management Protocol with the following changes:

- Changing the Ketamine dose to 0.2mg/kg IV or IN with no repeat dose
- Remove radio icons from Fentanyl and Hydromorphone
- Lateralize the 4 choices of pain medications into equal boxes
- Addendum on the formulary for Ketamine will be updated to reflect the correct dose
- Delineate sub-dissociative pain doses verses dissociative sedation in formulary
- Add a caveat recommendation to use capnography on all patients receiving pain medications.

Seconded by Member Slattery and carried unanimously

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

None

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 Bledsoe asked if anyone wished to address the Committee. 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 Bledsoe called for a motion to adjourn; Motion made by Member Tuke, seconded by Member Naik and carried unanimously to adjourn at 10:55 am.