



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

July 1, 2009--11:00 A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman
David Slattery, MD, LVFR
Larry Johnson, EMT-P, MWA/AMR (Alt.)
Eric Dievendorf, EMT-P, AMR

Allen Marino, MD, MWA
Chief Scott Vivier, HFD
Troy Tuke, RN, CCFD
John Higley, EMT-P, MFR

MEMBERS ABSENT

Chief Kevin Nicholson, BCFD
Mark Calabrese, EMT-P, MWA
Eric Anderson, MD, Southern Hills Hospital
Chief Bruce Evans, NLVFD

E.P. Homansky, MD, AMR
Mary Levy, RN, UMC
Jarrod Johnson, DO, MFR
Sandy Young, RN, LVFR

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, RN, Regional Trauma Coordinator
Trish Beckwith, EMS Field Representative
Lan Lam, Administrative Assistant

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Brian Rogers, EMT-P, HFD
Aaron Cook, NCTI

Jo Ellen Hannom, RN, CCFD

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, July 1, 2009. Chairman Richard Henderson, M.D., called the meeting to order at 11:06 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Henderson noted that a quorum was present.

I. CONSENT AGENDA

Chairman Henderson 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 June 3, 2009

Dr. Henderson asked for a motion to approve the minutes of the June 3, 2009 Drug/Device/Protocol Committee meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Discussion of Revisions to Draft BLS/ILS/ALS Protocol Manual

Dr. Heck presented the final draft protocol manual for the committee to review. He explained that it included all changes recommended from previous meetings, in addition to a reformatting of the procedure protocols.

General Patient Care

Dr. Heck noted that one of the pending issues brought up at the last meeting was a triage protocol. It was decided to place an alert box in the General Patient Care (GPC) and Prehospital Death Determination protocols to read, "For all emergency scenes where patient needs exceed EMS resources, initial assessment and treatment shall be in accordance with an approved triage methodology." He explained it was worded this way to eliminate the need to change the verbiage should the system utilize a new methodology in the future. He asked the committee whether the addition of the alert box met their need for a separate triage protocol. Dr. Slattery stated that the previous discussion included that when there was a mass casualty incident (MCI), EMS providers will use their MCI START protocols until enough resources become available to reassess those patients. Dr. Heck responded that each of the triage methodologies includes a caveat to reassess the patients when additional resources become available. The Committee was in agreement with the added verbiage.

Acute Coronary Syndrome (Suspected)

Dr. Slattery noted the verbiage in the 2nd alert box should read, "Nitroglycerin is contraindicated in any patient with evidence of right ventricular infarction."

Advanced Airway Management

Dr. Henderson recommended raising the dose of Etomidate to 0.5 mg/kg. He added that 0.3 was not adequate and in his personal experience 0.5 mg/kg is more effective and easier to calculate. The Committee agreed.

Allergy/Anaphylaxis

Dr. Heck explained, "With Wheezing", "Angioedema/Stridor and/or Shock" was added to make it very clear what interventions should be used at each provider level.

Altered Mental Status

Dr. Heck stated the Committee previously agreed to allow BLS providers to use the Chemstrip/Glucometer. He asked whether this change would present a problem for the agencies as the BLS units will now be required to carry these items as part of their required inventory. Troy Tuke noted that he would need to consult with his agency before making a decision.

Obstetrical/Gynecological Emergencies

Dr. Heck suggested adding verbiage to #7 to read, "if patient is refractory to Magnesium Sulfate, administer Midazolam (Versed) 0.5 mg/kg IN/IM/IV" to treat eclampsia in a seizing patient. The Committee agreed.

Respiratory Distress with Bronchospasm

Dr. Henderson recommended using Magnesium for asthmatic patients. Dr. Marino noted that it's only effective if given fast, but the downside is hypotension. Dr. Heck felt it was important to state that it is only to be used if the patient is refractory to treatment and in status asthmaticus. Dr. Marino asked that the hypotensive patient be added under contraindications.

Trauma

Dr. Heck stated that at Dr. Metzler's request, additional verbiage after "Control hemorrhage" was added to read, "utilizing direct pressure or tourniquet, as indicated."

Chronic Public Inebriate

Dr. Slattery recommended emphasizing the word "closest" in #2.

Do Not Resuscitate

John Higley questioned the second bullet in the alert box stating that NRS 450B.420 defines a "Do-not-resuscitate order" as a written directive issued by a physician licensed in this state that emergency life-resuscitating treatment must not be administered to a qualified patient. The term also includes a valid do-not-resuscitate order issued under the laws of another state. He added that if we strike "licensed in this state" it would include all physicians which would allow us to treat those in another state as well. Dr. Heck felt that the first bullet allows us to accept DNR orders from other states but will recheck the NRS.

Prehospital Death Determination

Dr. Heck reiterated that the same alert box that was added to the GPC protocol was also added to the top of this protocol regarding the triage issue. He added that "Massive blunt, open or penetrating trauma to the head, neck or chest with obvious organ destruction" listed under "Obvious Signs of Death" was moved to the 3rd conclusive sign of death listed in the alert box. Chief Vivier wondered how the term "obvious organ destruction" would be interpreted. Dr. Slattery noted that it needs to be addressed in the educational portion of the protocol rollout. Dr. Heck suggested changing the language to read, "Visible Organ Destruction" and include some good examples for the rollout. The Committee agreed.

Trauma Field Triage Criteria (TFTC)

To be discussed at the next RTAB meeting.

Procedure Protocols

Dr. Heck stated that the procedure protocols have been put into the new agreed format to include indications, contraindications, considerations and adjunctive therapy. The appropriate provider level was also added to each procedure.

Defibrillation

Dr. Slattery suggested striking "and apneic" in the 2nd bullet under Indication(s).

Endotracheal Intubation

Dr. Slattery suggested replacing "at hospital" with "transfer of care" in #1 in the Alert Box.

Chief Vivier stated that under pediatric adjunctive therapy it lists using Etomidate if the patient is 12 years of age or greater for induction; but if the patient is less than 12 years of age administer Versed. He suggested changing it to Etomidate for the purpose of consistency. Dr. Slattery questioned whether the pediatric colleagues support Etomidate since they still use Versed. Dr. Heck suggested they get a consensus before making the change.

Formulary

Dr. Heck stated that the formulary had not been revised except for the removal of Lasix. He will make the necessary revisions.

John Higley questioned whether Mesquite Fire would be in violation of EMS Regulations if they allow the Lasix to expire without replacing it. Dr. Heck stated they would not.

Dr. Marino made a motion to approve the above revisions to the draft BLS/ILS/ALS Protocol Manual. The motion was seconded and passed unanimously.

Dr. Heck stated he would apply the modifications to the manual and have the final draft of the manual printed and placed in the MAB packet for August with no further review by this Committee.

The Committee agreed to meet in August to discuss the introduction of any new equipment and move into the Budget phase of the strategic plan.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None

V. ADJOURNMENT

As there was no further business, Dr. Henderson called for a motion to adjourn. The motion was made, seconded and passed unanimously to adjourn at 11:44 a.m.