MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

June 2, 2010--11:00 A.M.

MEMBERS PRESENT

Richard Henderson, MD, Chairman
Nancy Cassell, College of Southern Nevada
Mary Levy, RN, UMC
Eric Dievendorf, EMT-P, AMR
Mark Calabrese, EMT-P, MWA
Chief Bruce Evans, NLVFD
Derek Cox, EMT-P, LVFR (Alt)
Allen Marino, MD, MWA
Chief Scott Vivier, HFD
Jo Ellen Hannom, RN, CCFD
John Higley, EMT-P, MFR
Christian Young, MD, BCFD (Alt)
E.P. Homansky, MD, AMR

MEMBERS ABSENT

Chief Mike Myers, LVFR
Jarrod Johnson, DO, MFR
Eric Anderson, MD, Southern Hills Hospital
Kevin Nicholson, BCFD
David Slattery, MD, LVFR

SNHD STAFF PRESENT

Joseph J. Heck, DO, Operational Medical Director
Mary Ellen Britt, RN, Regional Trauma Coordinator
Rae Pettie, Recording Secretary
Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Judy Tabat, Administrative Assistant

PUBLIC ATTENDANCE

Michele McKee, MD, UMC
Troy Tuke, EMT-P, CCFD
Abby Hudema, UMC
Steve Patraw, Boundtree
Ian Smith, EMT-P, NLVFD
Carrie Cochran, EMT-P, LVMS
Brian Rogers, EMT-P, HFD
Chad Henry, EMT-P, AMR
Dave Taylor, Paramedics Plus

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, June 2, 2010. Chairman Richard Henderson, M.D., called the meeting to order at 11:00 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 May 5, 2010

Dr. Henderson asked for a motion to approve the minutes of the May 5, 2010 Drug/Device/Protocol Committee meeting. A motion to accept the minutes was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Pediatric Airway Management

Troy Tuke reported that the workgroup had not met again since the initial data had been presented by Dr. Fisher. After discussions with the EMS chiefs, the consensus was to leave the protocol as written. They were not in support of removing the skill or altering the protocol. He added that they have not received any complaints in the last year or two about incorrect tube placement.

Dr. Marino agreed that the skill set is necessary and it may just be an education issue. He emphasized that intubation should only be resorted to after all BLS airway maneuvers have been exhausted. Dr. Heck commented that all the treatment protocols relating to airway direct the paramedic to attempt to manage the airway by BLS methods before proceeding to the advanced airway management protocol. He noted that he will include this statement in the educational supplement as well.

Dr. Homansky related that he hadn't heard of an increase in incorrect tube placement for pediatric patients. He recalled there were a few problems 3-4 years ago, but believed they were addressed accordingly. He asked the committee if they were aware of any problems. Bruce Evans noted that a snapshot of the pediatric intubations that were transported to Sunrise Hospital had a very high success rate. The complications didn't include missed or esophageal intubations, but inappropriate tube size was fairly common. That problem was addressed through an education piece. Dr. Homansky stated there is no indication to change the practice at this time.

The committee discussed the problems related to requiring the paramedics to make a telemetry call. Mary Levy remarked that paramedics are educated enough to know to apply BLS and ILS airway maneuvers first. They know when a child needs to be intubated; and they know when they don't.

After much discussion regarding the use of Etomidate over Versed for pediatric intubation, Dr. Heck reminded the committee that the pediatric emergency specialists preferred Versed over Etomidate. Dr. Michelle McKee reported that Dr. Fisher asked her to look at the efficacy of pediatric airways being obtained; not the indication or drugs that were being utilized. She reported that in the past year she has seen an esophageal intubation and a 4.0 tube put in a 12 year old child, so there is always room for education. She stated that the contraindication for Etomidate for the pediatric population is sepsis. In looking at the population of patients that are going to be intubated, full arrest and sepsis are going to be the leading parameters. For this reason, Dr. McKee cautioned against utilizing Etomidate when sepsis is suspected.

Chief Vivier related that the MAB was approached to go to a consistent drug for facilitation; specifically, Etomidate for pediatric patients. Then the question came, "Should we be intubating pediatric patients?" Then we went on to a second question which Dr. Fisher answered. The answer we came back with is that it is an infrequent event and the data hasn't shown that there were gross deviances from it. Chief Vivier stated he agrees with the Etomidate issue because of the decrease in cortisol in sepsis patients. So if they move to change from Versed to Etomidate and still require a physician order for that subset of patients it would allow the providers to have a unified drug for facilitation. Dr. Henderson questioned why the paramedic would want to give up the time waiting to find a doctor to bless his choice. Chief Vivier reported there have been 35 pediatric intubations in the past six years. Only five of those patients were non-arrests. Dr. Henderson suggested they not write a protocol around such a small number of patients.

Dr. Homansky asked the Committee whether they felt they could come to a consensus at that time. If not, it would potentially delay the vote by the MAB the following month.

After some discussion regarding problems that may be encountered with telemetry, Chief Vivier suggested that they leave the protocol as is for the time being since the Committee was having difficulty arriving at a consensus. Dr. Henderson recommended that all future pediatric intubations be reviewed by the QI Directors Committee.

A motion was made to keep the protocol as written and revisit it next year at the annual protocol review. The motion was seconded and passed unanimously.

B. Final Review of 2010 Protocol Rollout

Dr. Heck asked whether everyone had an opportunity to review the protocol changes. He noted that a paragraph from the Supraventricular Tachycardia protocol needed to be copied and pasted into the Synchronized Cardioversion protocol to be consistent with PALS.

A motion was made to approve all protocol changes. The motion was seconded and passed unanimously. Dr. Heck stated that the plan is to present the revised protocol manual to the Medical Advisory Board for endorsement at the July 7th meeting. If approved, the new protocol manual will go into effect on September 1st.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

Steve Patraw, from Boundtree Medical, announced that IMS, a discounted drug maker specializing in generics, stopped making pre-filled code drugs about four months ago. That left Hospira the only maker of pre-filled code drugs. Hospira is not ready for the onslaught of orders and are now in a national back order situation for Epinephrine 1:10,000, D50 and D25. As a result, we will not be able to procure the product until the middle of July. Mr. Patraw recommended an emergency protocol be put in place to address this situation should it become a problem later on down the road. Dr. Heck stated that if worst comes to worst we can go to 30cc vials, Epinephrine 1:1000, single patient use, and you just discard the vial afterwards.

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 11:14 a.m.