



**MINUTES**

**EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

**DRUG/DEVICE/PROTOCOL COMMITTEE**

**November 3, 2010--10:00 A.M.**

**MEMBERS PRESENT**

Richard Henderson, MD, Chairman  
Eric Anderson, MD, MedicWest  
Jarrod Johnson, DO, MFR  
Chief Scott Vivier, HFD  
Jo Ellen Hannom, RN, CCFD  
Larry Johnson, EMT-P, MWA (Alt.)

E.P. Homansky, MD, AMR  
David Slattery, MD, LVFR  
K. Alexander Malone, MD, NLVFD (Alt.)  
Eric Dievendorf, EMT-P, AMR  
Rick Resnick, EMT-P, MFR

**MEMBERS ABSENT**

Chief Mike Myers, LVFR  
Chief Bruce Evans, NLVFD  
Mary Levy, RN, UMC

Kevin Nicholson, BCFD  
Mark Calabrese, EMT-P, MWA  
Brian Anderson, Community Amb

**SNHD STAFF PRESENT**

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

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

**PUBLIC ATTENDANCE**

Derek Cox, EMT-P, LVFR  
Nancy Cassell, EMT-P, CSN  
Allen Marino, MD  
Bryan Bledsoe, DO, MWA  
Ian Smith, EMT-P, NLVFD  
Andrew Padilla, NCTI  
Casey Diamond, NCTI

Chris Stachyra, EMT-I, MWA  
Chad Henry, EMT-P, AMR  
Carrie Cochran, EMT-P, LVMS  
Francisco Sanchez, EMT-P, NLVFD  
Tracey Metcalf, RN, TriState CareFlight  
Will Mills, NCTI

**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, November 3, 2010. Chairman Richard Henderson, M.D., called the meeting to order at 10:06 a.m. 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, October 6, 2010

Dr. Henderson asked for a motion to approve the minutes of the October 6, 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 Draft Induced Hypothermia Protocol**

Dr. Heck started off the discussion by stating that since most agencies have joined in the Hypothermia pilot it was decided to come out with a standardized protocol for agencies to use during the pilot phase. Mr. Chetelat questioned whether the hospital criteria for receiving resuscitated cardiac arrest patients should be included in the motion. Dr. Homansky agreed that it should be combined but inquired when the hospital meets that criteria when do they become part of the transport system. Dr. Henderson stated that once all the paperwork is received and reviewed by the Health District those facilities can then become part of the transport system and an updated notice would be sent out. Dr. Homansky stated that he still sees problems with hospitals demonstrating 2 cases that they've successfully cooled and re-warmed but overall he is comfortable with it. Mr. Chetelat added that the intent wasn't necessarily to prove a positive outcome; it was to show that the hospital was able to work it through the whole system from the Emergency Department all the way up to the Intensive Care Unit (ICU).

Dr. Johnson suggested that in the outlying areas when they induce hypothermia the medics should transport to the closest facility to continue the cooling in the emergency department and then interfacility transport down to a cooling center. Dr. Heck stated that he will note in the protocol that for patients outside a 50 mile radius from the approved cooling centers facilities, the licensee providing emergency medical care shall transport the patient to the nearest appropriate facility.

A motion was made to approve the Induced Hypothermia (IH) Protocol with the added amendments to include; Hypothermia Center Approval Process and 50 mile caveat. The motion was seconded and passed unanimously.

**B. Discussion of AMR/MWA Continuous Positive Airway Pressure (CPAP) Device Pilot Program**

Dr. Anderson did a presentation on the rationale behind CPAP including supportive evidenced-based literature which included 5 articles from 2006 to current. He proposed a 6 month pilot trial of CPAP for patients 18 years or older with a 90 day look back with reporting to the MAB including all fallouts. The measured variables during the trial will include:

- Respiratory rate initial and post
- Pulse ox initial and post
- Field Intubation percentage compared to historical data
- Reporting of intubation rate for CPAP patients within 4 hours of hospital arrival
- Crew Question: "Was CPAP application beneficial?"

Dr. Anderson stated that they will implement 1 to 2 hours of training on the device and they are planning on producing a video. He added that there is one change to the draft pilot protocol submitted and that is the current device, the Pulmodyne CPAP Unit actually administers 10cm of water, instead of 5cm.

Dr. Henderson questioned what the clinical criteria for intubation will be since the decision to intubate is so variable depending on the medic. Dr. Anderson stated that if CPAP had to be removed because the person was not doing well that would capture a change in the patient status. Dr. Heck added that they would be tracking changes in respiratory rate and pulse oximetry which would be other objective indicators other than just intubation.

A motion was made to allow American Medical Response/MedicWest Ambulance to implement a 6 month CPAP pilot study with reporting back to the MAB using the amended protocol. The motion was seconded and passed unanimously.

Dr. Heck asked that they write it up like a study protocol and submit the packet to the EMS Office for review before they go live.

C. Discussion of Draft CyanoKit® Protocol

Dr. Heck stated that at the last meeting Chief Evans brought forth information on the CyanoKit. He referenced the draft Smoke Inhalation Protocol utilizing the CyanoKit and would like the Committee to review and make the decision to accept the protocol.

Chief Vivier questioned if the CyanoKit would be a required item on all units. Dr. Heck stated that it would only be placed on the supervisor units.

Chief Vivier suggested also adding cardiac arrest as an indication in Item #9 along with altered mental status or hypotension. The Committee agreed.

Dr. Homansky questioned whether there will be any evaluation on the cases the CyanoKit was used and whether it was successful. Dr. Malone stated there have been no discussions about that in terms of a concrete plan but felt it wasn't an unreasonable request. He added that there is literature and data regarding those types of numbers primarily out of Europe but they can certainly continue that internally and collect that data.

A motion was made to approve the Smoke Inhalation Protocol with the recommended change to include cardiac arrest. The motion was seconded and passed unanimously.

**III. INFORMATIONAL ITEMS/DISCUSSION ONLY**

Ms. Beckwith stated that it was brought to her attention by students at the college that there was a discrepancy with the educational supplement and the protocol regarding Respiratory Distress with Bronchospasm. In the Educational Supplement it states to give Magnesium Sulfate over 20 minutes and the protocol states over 10 minutes.

Dr. Slattery stated that the safety of Magnesium in 2 grams or less is pretty safe. Higher doses can lead to hypotension and AV block and most recommend giving larger doses over 20 minutes.

After a brief discussion it was decided to keep 2 grams or less over 10 minutes and anything above 2 grams would be 20 minutes.

**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 10:32 a.m.