



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

August 1, 2012 – 09:00 A.M.

MEMBERS PRESENT

Jarrold Johnson, DO, Chairman, MFR
Eric Anderson, MD, MedicWest Ambulance
August Corrales, EMT-P, CSN
Gina Schuster, EMT-P, Community Ambulance

Richard Henderson, MD, Henderson Fire Department
Chief Troy Tuke, Clark County Fire Department
Eric Dievendorf, EMT-P, AMR
Jeff Buchanan, EMT-P, NLVFD (Alt)

MEMBERS ABSENT

David Slattery, MD, Las Vegas Fire & Rescue
Michele McKee, MD, UMC

Scott Scherr, MD, Sunrise Hospital
K. Alexander Malone, MD, North Las Vegas Fire

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Patricia Beckwith, EMS Field Representative
Tom Coleman, MD, Director of Community Health

Mary Ellen Britt, Regional Trauma Coordinator
Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Richard Main, EMT-P, NCTI
Gerry Julian, EMT-P, Mercy Air
Chris Baker, TriState CareFlight
Rick Resnick, EMT-P, MFR
Tim Orenic, EMT-P, LVF&R
Larry Johnson, EMT-P, MWA/AMR
Sarah McAllister, EMT-P, LVMS
Eileen Davies, Life Guard International

Sam Scheller, EMT-P, Guardian Elite
Scott Morris, EMT-I, NLVFD
Jo Ellen Hannom, RN, CCFD
Steve Johnson, EMT-P, MWA
Pat Foley, EMT-P, CCFD
Christian Young, MD, Boulder City Fire Dept
Frank Simone, EMT-P, NLVFD

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Classrooms # 1 and # 2 at American Medical Response – Las Vegas on Wednesday, August 1, 2012. Chairman Jarrod Johnson, D.O. called the meeting to order at 9:13 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Johnson 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. Chair Johnson 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 Johnson 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 6, 2012

Dr. Johnson asked for a motion to approve the minutes of the June 6, 2012 Drug/Device/Protocol Committee meeting. A motion to accept the minutes was made, seconded and passed unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Protocol Algorithm Workshop

The meeting recessed for the Protocol Algorithm Workshop at 9:17 a.m. for DDP Committee Members and members of the audience to break into 3 groups and work on an algorithmic format for a Syncope, Drowning and Smoke Inhalation Protocols. Chair Johnson reconvened the DDP Committee meeting at 10:13 a.m. for each group to present their protocol.

Syncope

Frank Simone presented his groups protocol and stated that it was the conclusion of their group that the Syncope Protocol mirrored closely with the Altered Mental Status Protocol and decided to merge the two and call it Altered Mental Status/Syncope Protocol. Dr. Morgan advised the Committee that the Altered Mental Status Protocol is up for final approval at the MAB today and referred to the beige handout to review that protocol. Mr. Corrales suggested adding another circle stating “concerns for cardiac or cardiac dysrhythmia” and consider cardiac dysrhythmia protocol be added to the protocol.

Dr. Henderson was concerned that vasovagal which is the most common cause of syncope was not listed in the differential. Mr. Corrales stated that between the cardiac addition and hypoperfusion they should be able to catch the causes of syncope.

A motion was made, seconded and carried unanimously to approve the Altered Mental Status/Syncope protocol with the changes discussed.

Drowning

August Corrales presented his groups algorithmic protocol and stated that they looked at 2 aspects of drowning and then added on a component for near drowning. He added that his group had some discussion regarding patient destination protocols and asked the Committee that if the person was in a long prolonged submersion as opposed to a brief submersion should a hyperbaric destination be considered. The consensus from the physicians on the Committee was no.

Ms. Britt advised the Committee that the term “near drowning” should now be classified as “non-fatal drowning.” She also suggested sending this to Dr. Sempsrott, a UMC Emergency Medicine resident to review. Dr. Sempsrott is an international drowning expert and knowledgeable about the most current management of drowning victims.

Frank Simone stated that even though this is a procedural issue, he suggested adding the submersion report to the protocol as a reminder. Mr. Corrales agreed to add a box at the terminal end of the algorithm to say complete submersion report.

Smoke Inhalation

Sam Scheller presented his groups algorithmic protocol. After a brief discussion regarding the flow of the protocol, Dr. Henderson stated that they did feel strongly about adding the altered level of consciousness as an indication.

B. Review of Selected Protocols

- CVA (Stroke)
- Pain Management / Pediatric Pain Management
- Bradycardia / Pediatric Bradycardia
- Seizure / Pediatric Seizure
- Altered Mental Status
- Pulmonary Edema/CHF

- Respiratory Distress
- Tachycardia
- Cardiac Arrest
- Crush Syndrome
- Hyperkalemia
- Ingestion/Poisoning/Overdose
- Obstetric Emergencies/Labor
- Neonatal Resuscitation
- Shock
- Synchronized Cardioversion

Dr. Morgan asked everybody to refer to their handouts. She added that the beige handouts have already been approved by this Committee but a couple of them were approved at the MAB before being agendaized so they will be brought back to the MAB for approval.

Pulmonary Edema/CHF

A motion was made, seconded and carried unanimously to approve the Pulmonary Edema/CHF protocol as written.

Respiratory Distress

Dr. Morgan noted that Methylprednisolone and Ipratropium are two drugs that are not on the current formulary and will need to go through the new drug process. Dr. Henderson stated that he would be surprised if the agencies would want to carry one more medicine. He added that there is no data suggested that giving Methylprednisolone an hour earlier would be effective as opposed to giving it in the emergency department. Dr. Anderson agreed and stated he would rather not have it on this protocol.

Dr. Morgan questioned Ipratropium. Dr. Henderson stated that Ipratropium has an immediate onset and felt that the data is there to support it.

Dr. Henderson questioned why Epinephrine was not being used with Stridor. Dr. Morgan stated that she added it to the Pediatric Respiratory Distress.

Ms. Schuster questioned why Ipratropium was not on the Pediatric Respiratory Distress. Dr. Morgan stated that Ipratropium is not routinely used in pediatrics but will consult with Dr. McKee if it should be added. Dr. Henderson agreed.

Dr. Johnson reiterated that it is the Committee's consensus to scratch Methylprednisolone on the Respiratory Distress and Pediatric Respiratory Distress protocols and add Ipratropium to the Pediatric Respiratory Distress protocol pending pediatrician approval and entertained a motion to accept these changes.

A motion was made, seconded and carried unanimously to approve the Respiratory Distress and Pediatric Respiratory Distress protocols with the changes discussed.

Hyperkalemia

Mr. Simone questioned if "M" stood for medical control. Dr. Morgan answered in the affirmative. Dr. Henderson questioned why this would be a mandated call. Dr. Morgan stated that was the direction she was given from the last workshop.

A motion was made, seconded and carried unanimously to approve the Hyperkalemia/Pediatric Hyperkalemia protocols as written.

C. Individual Agency Drug Shortage Update

Mr. Chetelat reported that it is the Health Districts opinion that they can no longer approve extending drug expiration dates. The Health District has had communications with the State EMS Director Pat Irwin and Tracy Green who is the Medical Director for the State of Nevada and it was decided to mirror what they have done at the State which is if you use the Shelf Life Extension Program (SLEP) program where you take expired drugs by lot, have them tested for efficacy and they passed, they could perhaps be used. The preference would be that you have 60 days to move away from expired drugs and after 60 days you need to be in alternatives or develop a policy that will allow your agency to test the expired drugs. He added that based on whatever procedure was put together it would have to be approved by the Health District. Mr. Chetelat reiterated that the drug efficacy can vary by lot and there just isn't any comfortable way that the Health District can ignore the NRS where it clearly states that it is unlawful to use expired drugs.

Jeff Buchanan stated that given the circumstances and all the different aspects that go into an inventory of drugs, and the training aspect which is probably the biggest component, he proposed that they give 90 days instead of 60

to give them the maximum amount of opportunity for success. Mr. Chetelat advised the Committee that Seattle King County has an online program that they've been willing to share to get some training that would help with the training aspect.

Pat Foley asked if they could find suitable replacements for every drug that is currently carried. He added that they might be able to purchase a suitable replacement for a drug but they have to know in advance that they have that option. Mr. Chetelat stated that that is one the assignments that has been tasked to Dr. Morgan and he stated that he wasn't sure if it has been completed. He added that they need to try and get ahead of this and get some additional strategies in place like developing some "just in time training" as drugs change. Mr. Foley stated that potentially sodium bicarbonate is a major concern because there is no release date or replacement so at some point when the agencies do not have it are they in service or are they out of service.

Mr. Chetelat stated those are some of the things that need to be discussed. They need to stay on top of each and every one of the drugs and also look at par levels and what is the appropriate amount to carry. It is not the Health District's intention to take anybody out of service but we still need to provide some level of care and those are the things as a group we all have to come with some working solutions around.

Chief Tuke asked if we going to have some planning meetings to start discussing some of these options. Mr. Chetelat agreed and suggested creating a smaller more mobile working group and asked Dr. Morgan to take the lead on this.

D. Discussion of Sodium Bicarbonate and Other Impending Drug Shortages

This item was included in the previous discussion.

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. Chair Johnson 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, Chair Johnson adjourned the meeting at 11:03 a.m.