MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

February 6, 2013 – 10:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Eric Anderson, MD, MedicWest Ambulance
August Corrales, EMT-P, CSN
Clem Strumillo, EMT-P, Community Amb (Alt)
Derek Cox, EMT-P, LVF&R
Chief Troy Tuke, Clark County Fire Department
Richard Henderson, MD, Henderson Fire Department
Tony Greenway, EMT-P, AMR (Alt)
Aaron Harvey, EMT-P, HFD
Frank Simone, EMT-P, NLVFD (Alt)
Sam Scheller, EMT-P, Guardian Elite (Alt)

MEMBERS ABSENT

Eric Dievendorf, EMT-P, AMR
K. Alexander Malone, MD, North Las Vegas Fire
Gina Schuster, EMT-P, Community Ambulance
Scott Scherr, MD, Sunrise Hospital
Rebecca Dennon, EMT-P, JTM

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative
Patricia Beckwith, EMS Field Representative
Mary Ellen Britt, Regional Trauma Coordinator
Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

David Slattery, MD, Las Vegas Fire & Rescue
Scott Morris, EMT-I, NLVFD
Chief John Higley, Mesquite Fire
Jim McAllister, EMT-P, LVMS
Eileen Davies, LifeGuard Int'l
Thomas Limov, LVAPEC
Dakota Atkins, LVAPEC
Christian Young, MD, Boulder City Fire Dept
Don Abshier, EMT-P, CCFD
Steve Johnson, EMT-P, MedicWest Ambulance
Richard Main, EMT-P, AMR
Jason McCoy, EMT-I, AMR
Christian Fernandez, LVAPEC
Mike O'Hara, LVAPEC

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in the Human Resources Training Room #2 of the Ravenholt Public Health Center on Wednesday, February 6, 2013. Chairman Jarrod Johnson, 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. 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. Chairman 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, November 7, 2012

Dr. Johnson asked for a motion to approve the consent agenda which included the minutes of the November 7, 2012 Drug/Device/Protocol Committee meeting. *Motion made by Dr. Morgan, seconded by Member Tuke and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Changes to Versed Dosage Based on QI Committee Recommendations

Dr. Morgan stated this discussion was brought to the attention of the QI committee because there were several episodes where behavioral emergency patients were intubated after they have been given at least 10mg of Versed. Several cases were presented and the QI Committee and they felt that it would be appropriate to change the dosing of Versed both in the seizure as well as the behavioral emergency protocol.

Chief Tuke questioned if they have an exact number of cases. Dr. Anderson stated there were six patients at three hospitals in six months. Chief Tuke was concerned that they don't have all the data in front of them to make a good decision. He questioned the percentage of patients being over medicated compared to the total amount being transported. Dr. Anderson stated that 6 people were intubated in 6 months and it was a noticeable increase in the behavioral patients that were intubated.

Dr. Henderson made a recommendation that they take away the limit and go 0.1mg/kg on first dose and ½ the second or repeat doses Dr. Johnson questioned what the repeat interval would be. Dr. Morgan stated that currently the repeat interval is five (5).

Derek Cox stated that he understands how this affects the hospital but would like to evaluate the protocol on how it affects EMS. He stated that they need something immediate to get the patient restrained and questioned the onset of action for Versed. Dr. Henderson felt that by shortening the interval for repeating the dose would meet their needs.

Dr. Henderson questioned if the IV (Intravenous) and IM (Intramuscular) dose be the same and added that there are systems where the IM dose is twice the IV dose. Mr. Corrales stated that the thought process for IM double the dose is that you have a larger amount of the drug that would be absorbed in a shorter amount of time so it would make sense but questioned what the goal they are trying to achieve is, mildly sedating the patient or over sedating the patient. Dr. Johnson felt that if they double up the IM doses and keep that same interval they are going to have more people in the emergency departments when it kicks in.

Chief Tuke questioned the route of administration for those six patients who overdosed. Dr. Anderson stated that there were no IN (Intranasal) routes, it was IM and thought a few had IV's for the second dose.

Dr. Henderson felt that the whole problem would be solved by what has been suggested five (5) minute dosing with repeated ½ doses.

Dr. Johnson stated that the motion would be q5 minute repeats at ½ the dose. Dr. Henderson stated 0.1mg/kg IM, IV or IN with no limit dose repeated ½ dose q5. He added that he would rather go small doses titrated to effect. Dr. Anderson stated that he would support that.

Dr. Johnson questioned if this is behavioral emergency only or seizure as well. Dr. Henderson stated that they have only been talking about behavioral.

A motion was made by Dr. Henderson to change the dosing to Versed in the Behavioral Protocol to 0.1mg/kg with no limit dose repeated ½ dose q5. The motion was seconded by Member Corrales and passed unanimously.

Dr. Henderson stated that after reviewing the seizure protocol, he was comfortable with the 5mg limit but not comfortable with waiting 10 minutes between doses. Dr. Johnson questioned what the current protocol on seizure reads. Dr. Henderson stated it currently reads, 0.1mg/kg IM/IN/IV max single dose: 5mg and allow at least 10 minutes before repeating dose. He added that interestingly the alternate medication (Diazepam) is listed at repeating in 5 minutes. He suggested 0.1mg/kg max single dose 5mg repeat ½ dose q5.

Chief Tuke questioned if they have had any problems in the field with the current protocol. Dr. Anderson answered no but stated that Versed by its very nature often times require a second dose. Chief Tuke felt that with no documented problems stopping seizures they shouldn't make that change based on what they think. Dr. Anderson added that this would actually allow the medic to give more sooner. Chief Tuke stated that they just did a protocol to give less because patients are being intubated. Dr. Henderson stated that the limit was in place because of the drug shortage not because of science.

Dr. Johnson questioned if they have a five (5) or ten (10) minute repeat on the seizure. Dr. Morgan stated 10 minutes. Dr. Johnson stated that didn't make sense to sit there for 10 minutes and watch somebody who is actively seizing. His opinion would be to shorten up the interval to be able to intervene with a seizing patient. The statement was already made that if they overshoot with a seizing patient it's more important to get them to stop seizing and control their airway as needed.

Dr. Slattery stated that there are seven (7) protocols that are impacted by the Midazolam changes. He suggested that they consider single dosing regimen across all seven (7) of those indications and put each of those protocols with those changes back for review before they come to the MAB. He voiced concerned about having the same drug given different ways and felt that the training implications as well as the risk of drug errors are huge. He felt that they need to come up with an agreement on what the dose for midazolam is for all indications because having different dosages for different indications would not be the best way to go. Dr. Johnson agreed stating that it is a training and safety nightmare.

Member Henderson withdrew his original motion. He then suggested that they meet again with the idea in mind that the outcome would be the 0.1mg/kg no max dose repeat at ½ initial dose q5. Mr. Corrales added that he would like this to be referred to the Education Committee to look at the critical QI information and come up with a range of parameters if the literature is out there.

Dr. Slattery felt it would also be helpful to have the dosing by indication listed in the formulary.

Dr. Johnson stated that it seems like the Committee is in agreement with the Versed dosing that was suggested and was not seeing the purpose in the tabling. Dr. Henderson stated that he wasn't comfortable that he had a handle on each of the seven (7) protocols.

Chief Tuke stated that it is a good dosing plan and felt it will work but as a Committee they need to take the extra time to go thru all seven (7) of those and make sure that there are no other outliers. Dr. Johnson agreed.

Frank Simone reiterated that they are coming back next month with science based data regarding Versed to make a decision. Dr. Morgan answered in the affirmative and asked for volunteers. Mr. Simone and Mr. Corrales agreed.

B. Discussion of 2014 Protocols and Advised Changes Based on SNDH Focus Group: 01/22/2013

- General Assessment
- Abdominal Pain
- Allergic Reaction
- Altered Mental Status
- Burns
- Chest Pain
- Behavioral Emergencies

Dr. Morgan referred to the handout in their packet and advised the Committee that these protocols have already been approved through this Committee and MAB before the recommendation was made to slow down the

process. The OEMSTS (Office of EMS &Trauma System) convened a focus group with 20 to 25 providers in attendance from almost every agency to review these seven protocols to get their feedback on new format. The overall consensus was favorable and they felt that it was easy to follow. She added that they did have a few recommended changes to those protocols and are presenting them here with their recommended changes for review.

General Assessment

- Remove glucose treatment box from protocol
- Remove from nearest facility box "Cardiac arrest w/o ROSC" (A&P)
- Clarified destination criteria
    - After considerable discussion it was decided to leave it as "Transport per Destination Criteria"
- Change SpO2 to $\geq$ 94% (A&P)
- Reordered words for airway emergencies (A&P)
- Changed telemetry for all pediatric patients – coincides with standard of telemetry for all pediatric patients.

Abdominal Pain

- Changed anti-emetics to only include Zofran and Droperidol; made it an "and/or" – correlates with alternate med training
    - Chief Tuke questioned whether they were required to carry Droperidol. Dr. Morgan explained that it is listed as "and/or" in the protocol and if they don't have it they don't have to use it. Dr. Slattery stated that they are building redundancy into the protocols so if there is a shortage they already have these drugs built into the protocols.

Allergic Reaction

- Change IM dose of Epinephrine to 0.5mg (A)
- Added Albuterol to shock pathway so this doesn't get left off (A&P)
- QUESTION: Add single max dose of peds IM 0.5 (P)
    - Dr. Morgan stated that there was talk about adding single max dose of peds IM 0.5 but after speaking with Dr. Krebs the recommendation was to keep that single dose at 0.3 so if you repeated every 15 minutes with that your max dosage would be 0.9.
- QUESTION: change IV Epinephrine dose to 0.5?
    - Dr. Morgan stated this was recommendation of focus group; she added that she has concerns about potential cardiac implications. The Committee agreed and after some discussion it what decided to change it to: 0.1mg IV/IO, repeat q1.

Altered Mental Status

- Changed the decision points to make it more linear and easier to follow (A&P)
- Change adult glucose trigger for hypoglycemia to 80mg/dl
    - Aaron Harvey noted that the Blood glucose Testing should have a legend of a Basic instead of Intermediate. Dr. Morgan stated she would make that change.
    - Chief Tuke questioned Narcan administered SVN (Small Volume Nebulizer). Dr. Morgan stated that it is much easier to titrate and a recommendation from Dr. Bledsoe. Chief Tuke voice concern regarding introducing new procedures without the data to back up the evidence.

Dr. Slattery stated that the new algorithmic format should stay consistent to the old protocol as possible and suggested that anything that is substantially different should be vetted as a separate agenda item. Mr. Chetelat agreed and stated that they should flag items that are of a concern. Dr. Morgan questioned what specific types of vetting this Committee is looking for. Dr. Slattery stated that whoever is presenting a

change or new medication that they simply reflect the level of evidence that goes along with that change. Dr. Henderson added that sometimes there are going to be things that there is not a lot of research on felt that there is enough horsepower at this table to make very defendable decisions.

It was decided to scratch SVN off of the Altered Mental Status protocol and bring SVN back as a separate action item at the next DDP for discussion as a route of administration for Narcan.

C. Discussion of Transitioning the Alternative Medications from Temporary to Permanent and Possibly Expanded Usage in the Next Algorithmic Protocol Iteration

- Hydomorphone (Dilaudid)
- Fentanyl (Sublimaze)
- Diazepam (Valium)
- Ketamine (Ketalar)
- Droperidol (Inapsine)
- Propofol (Diprivan)

Tabled

D. Discussion of Adding Solu-Medrol to the Formulary for 2014

Tabled

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 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, Chairman Johnson adjourned the meeting at 11:28 a.m.