



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

June 5, 2013 – 09:30 A.M.

MEMBERS PRESENT

Eric Anderson, MD, Acting Chair, MWA
Jarrod Johnson, DO, Chairman, MFR
August Corrales, EMT-P, CSN
JoEllen Hannom, RN, CCFD

Brandon Hunter, EMT-P, MWA
Eric Dievendorf, EMT-P, AMR
Frank Simone, EMT-P, NLVFD
Derek Cox, EMT-P, LVF&R

MEMBERS ABSENT

Chief Troy Tuke, Clark County Fire Department
K. Alexander Malone, MD, North Las Vegas Fire
Dorita Sondereker, Mercy Air

Scott Scherr, MD, Sunrise Hospital
Rebecca Dennon, EMT-P, JTM
David Slattery, MD, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

Kelly Morgan, MD, EMS Consultant
Judy Tabat, Recording Secretary

John Hammond, EMS Field Representative

PUBLIC ATTENDANCE

Christian Young, MD, BCFD
Scott Morris, EMT-I, NLVFD
Jim McAllister, EMT-P, LVMS
Richard Main, EMT-P, AMR
Penny Pukall, LVAPEC
Scott Miner, MWA
Rick Resnick, EMT-P, MFR

Steve Johnson, EMT-P, MWA
Larry Johnson, EMT-P, MWA
Victor Montecerin, EMT-P, MWA
Brandon Buckner, LVAPEC
Zack Allen
Tracy McCabe, MWA

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Conference Room 2/2A at The Southern Nevada Health District on Wednesday, June 5, 2013. Acting Chairman Eric Anderson, M.D. called the meeting to order at 09:32 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Anderson 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. Acting Chairman Anderson 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

Acting Chairman Anderson 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, March 6, 2013

Dr. Anderson asked for a motion to approve the consent agenda which included the minutes of the March 6, 2013 Drug/Device/Protocol Committee meeting. Motion made by Member Corrales, seconded by Member Simone and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Inclusion of Procedures in Protocol Manual

Dr. Morgan opened the discussion by stating that in order to continue to move forward the Committee needs to decide how they want the procedures to look and if they are useful in their current form. She referred to the binder that was handed out to all the agencies and asked everyone to open their binder to the procedure section and stated that the current procedures are limited to indications, contraindications and considerations but no information on how to do the procedure. She asked for feedback from the Committee since this will impact how the treatment protocols are referenced. Mr. Hammond stated that the procedures used to be very detailed and the argument was made that it was all education so the procedures in the current skeleton form was the compromise. Dr. Morgan questioned the need for procedures if they are considered education.

Acting Chairman Anderson stated that the first question to ask is do we need the procedure section included in the protocols. After a brief discussion the Committee agreed to keep the procedure section.

Acting Chairman Anderson asked for a motion to keep the procedure section in the protocols. Motion to keep the procedures in the protocols was made, seconded and passed unanimously.

Member Vivier stated he liked the simplicity of the current procedures and questioned if the Committee was open to having the procedures quick and simple with educational pearls on the back page. Member Corrales agreed and suggested using the current format for the procedures instead of making them algorithmic so as not to confuse the other sections of the manual.

Member Corrales made a motion to keep the format of the current procedures and include a step by step procedure and educational pearls on the back page, Member Vivier seconded and carried unanimously.

Member Vivier voiced concern that a step by step procedure could get very in depth. Dr. Morgan stated that most of that information could be in the educational pearls and the step by step would be for critical criteria. Member Simone suggested using dashes and not a numbering system since it implies you have to do it in a certain order. Ms McCrea agreed stating some of the procedures can be done in a task standard format written in chronological order.

Member Corrales made the motion to have the procedures written in a task standard critical step criteria format using dashes and not a sequential numbering system, seconded and passed unanimously.

Member Cox suggested going through each procedure in the current protocol manual for discussion. Acting Chair Anderson agreed and stated there will be a vote after each procedure has been discussed.

- Continuous Positive Airway Pressure (CPAP)

Dr. Morgan suggested putting the indications and contraindications in a box at the top of the procedure and insert the task standards or critical actions below.

Member Cox adamantly disagreed stating that indications and contraindications are educational. He stated that the procedure by definition is how you deploy the treatment. Ms. McCrea added that it might be a good idea to have the indications and contraindications as a reminder when they go to deploy that treatment.

Member Cox understood that there may be value in putting the contraindications in the procedure but still felt it was educational and asked the students in the room if they would like to see indications or contraindications in a procedure rather than in their protocols or educational pearls. The consensus was that it would be helpful to keep them in the procedures.

Member Corrales made the motion to include the indications and contraindications followed by the procedural critical criteria in the procedures, seconded by Member Vivier. The motion was opposed by Derek Cox. The motion passed by a simple majority.

Dr. Morgan asked the Committee if there are procedures that are not currently in the protocols that they think would be valuable.

Member Vivier stated that for a point of discussion the current procedures and protocols do not match the skills proficiency record. He felt that they should seriously evaluate what procedures should be listed and at a minimum there should be a procedure tied to what is on the skills proficiency record.

Member Simone agreed and presented a skills manual that they use at North Las Vegas Fire Department. Action Chairman Anderson suggested tabling this discussion and take it off-line to come up with a list of procedures to bring back to this Committee.

Dr. Morgan summarized the discussion by stating the following decisions were made:

- Procedures should be included in the manual
- Formatted where the indications/contraindications will be in boxes at the top and then task standards or critical criteria steps listed below denoted by a dash
- Educational pearls included on back page
- Skills Proficiency Record should tie to a procedure
- Offline discussion of which procedures to include

B. Discussion of Treatment Protocol

- i. Airway
 - Ventilation Management
 - Allergic Reaction
- ii. Breathing
 - Respiratory Distress
 - Pulmonary Edema/CHF
 - Drowning
- iii. Circulation
 - Chest Pain
 - Suspected ACS
 - Bradycardia
 - Shock

Ventilation Management – tabled

Allergic Reaction

Member Cox questioned the Epinephrine, 1:10,000 .1mg IV/IO q 1min and stated his understanding was they were just moving these to the algorithmic format and not changing the protocol.

Dr. Morgan stated that there were previous decisions made with regards to giving elderly patient IV Epinephrine and the cardiac ramifications of that dosing so the slower dosing of IV Epinephrine was recommended.

Member Corrales made the motion to approve the Allergic Reaction Protocol for adult and pediatric as written, seconded by Member Simone. The motion was opposed by Derek Cox. The motion passed by a simple majority.

Respiratory Distress:

Dr. Morgan informed the Committee that Atrovent had been added as a recommendation and that she would bring back the literature as well as the cost. The idea was to approve with Atrovent in place pending the final look at the literature.

Dr. Anderson questioned if Atrovent has been approved. Dr. Morgan stated it is not officially approved.

Member Vivier made a motion to approved the Respiratory Distress Protocol for adult and pediatric with Atrovent struck on both protocols, seconded by Member Corrales and passed unanimously.

Pulmonary Edema/CHF

Member Cox asked if there were any additions or omissions from the current protocol. Dr. Morgan stated that they added a blood pressure reassessment. Mr. Hammond added that Albuterol was removed. Member Vivier specified that the point being it would be covered under Respiratory Distress.

Member Hannom felt that the arrows on the 12 Lead EKG and BP Re-Assessment should be coming off of the “P” instead of the “B”. Dr. Morgan stated she will make the arrow come off of the middle of those.

Member Corrales made the motion to approve the Pulmonary Edema/CHF Protocol with the discussed changes, seconded by Member Vivier and carried unanimously.

Drowning

Dr. Morgan advised the Committee that this is a new protocol agreed upon by the MAB. Member Cox questioned if this protocol is implying that a 12-lead will be done on every drowning patient. Dr. Morgan answered in the affirmative. Member Cox asked if 12-leads are indicated for pediatrics. Dr. Morgan stated that the primary focus should be oxygenation.

Member Vivier suggested replacing “12 lead EKG” with “Consider 12 lead EKG”.

Dr. Morgan advised the Committee that she will then separate “Capnography” and “Consider 12 lead EKG” in 2 separate boxes put the “Consider 12-lead EKG” below “Consider CPAP” and asked if they want it in the adult patient as well. The Committee agreed.

Member Dievendorf noted that CPAP is contraindicated in Pediatrics. Dr. Morgan stated she will take that off.

Member Cox suggested including in a box in the algorithmic format that the SNHD submersion report form be done. Member Simone agreed.

Member Vivier stated that does imply that the provider would have to do that and in some agencies it may be done by a company supervisor or field supervisor. Mr. Hammond suggested making it a QI metric.

Member Corrales made the motion to approve the Drowning Protocol for adult and pediatric with the discussed changes, seconded by Member Vivier and carried unanimously.

Chest Pain

Member Corrales made the motion to approve the Chest Pain Protocol as written, seconded by Member Simone and carried unanimously.

Suspected ACS

Acting Chairman Anderson questioned if there was anything new added to this protocol. Dr. Morgan stated there is introduction to the pain management protocol so as not to list every drug along with consider anti-emetic for nausea/vomiting including the and/or with the drugs.

Member Cox questioned the reason for referring to the pain management protocol so as to not list the drugs but including the drugs for an anti-emetic. Dr. Morgan stated that there isn't a nausea/vomiting protocol.

Mr. Hammond noted that it states in the last box of the protocol under STEMI to “transport to and notify STEMI destination center”. He advised that currently they do not have any STEMI destination centers and there is no regulation currently written for that. Dr. Morgan stated she will change that to “notify receiving facility”.

Member Dievendorf noted that under Nitroglycerin 0.4ml SL should be 0.4mg SL.

Member Corrales made the motion to approve the Suspected ACS Protocol with the discussed changes, seconded by Member Hunter and carried unanimously.

Bradycardia

Member Cox voiced concern on how busy this protocol looks.

Mr. Hammond noted that Epinephrine consideration for adults wasn't in the current protocol. Member Cox stated he would move to strike the Epinephrine drip from the adults only.

Mr. Montecerin suggested changing the verbiage from unresponsive to refractory. The Committee agreed.

Member Corrales made the motion to approve Bradycardia protocol with the discussed changes, seconded by Member Simone and carried unanimously.

Shock (Adult)

Dr. Morgan advised the Committee that this protocol has been revised and broken down into types of shock. She added it was suggested adding a systolic of 70 or 80 in addition to no radial pulse under Trauma-related. She felt that having 2 separate measures of perfusion may not be a bad idea about the decision to give fluids.

Mr. Hammond noted that would be a change to the original shock protocol and suggested referencing the not quite finished trauma protocol and address shock there. Dr. Morgan stated she will reference the trauma protocol. After considerable discussion regarding the systolic blood pressure (SPB) it was decided to table that discussion until they work through the trauma protocol.

Mr. Hammond noted the normal saline bolus 1000 ml under non-trauma exceeds the current normal saline bolus of 500 ml.

Dr. Johnson questioned if everything will be removed under Trauma-related and just have a box referring to the Trauma Protocol. Dr. Morgan answered in the affirmative.

Member Corrales made the motion to approve the Shock Protocol for adult with the discussed changes, seconded by Member Cox. The motion was opposed by Chief Vivier. The motion passed by a simple majority

Shock (Pediatric)

Dr. Morgan stated she will make the same changes regarding trauma in the Pediatric Shock Protocol.

Mr. Hammond noted that the NS Bolus should be 20 ml/kg instead of 10 ml/kg. Dr. Morgan explained the NS Bolus 10ml/kg is for the BD > 250mg/dl. When they had the discussions with the pediatricians about DKA (diabetic ketoacidosis) they wanted to go gentler on the fluids and that is why it is 10ml.

Member Simone stated that the discussion on the non-trauma blood glucose is in the Altered Mental Status protocol as well.

Dr. Johnson agreed with Dr. Morgan and added that there was a lot of concern from the pediatric colleagues as far as addressing diabetic kids and not giving them too much fluid.

Member Vivier remarked that the reason it is listed first is because of the concern of the fluid bolus. Dr. Johnson answered in the affirmative and stated that you don't want to give them a big fluid bolus if they are DKA.

Member Corrales made the motion to approve the Shock Protocol for Pediatrics with the discussed changes, seconded by Member Johnson. The motion was opposed by Chief Vivier. The motion passed by a simple majority.

Dr. Anderson finalized the discussion and stated that these protocols will be brought to MAB for a formal vote so if there are objections they can be further discussed there.

C. Review of Protocol Manual Organization

Dr. Morgan referenced the Table of Contents (TOC) which is currently in alphabetical order. She proposed a tabbed organization of the protocol manual with the tabs broken down into: Administration, Operations, Adult, Pediatric, Procedures, MCI/Disaster, and Formulary. She added that the adult and pediatric sections will be broken down into: Trauma/Burns, Airway, Breathing, Circulation, Disability, and other.

Ms. McCrea suggested having it organized as you do where it is specific to airway, breathing but then providing an index where they can access it by alpha order in the back. Dr. Morgan agreed and added on each tab within the sections themselves everything would be alphabetical.

Rick Resnick stated he didn't hear a lot of opposition to the change and felt that if they are going to make that change then now is the time to do it.

Member Corrales felt this is an easy quick reference for the providers.

Member Corrales made the motion to accept the proposed outline adding each subsection be alphabetically organized with a section table of contents and an alphabetical comprehensive index for the entire manual listed in the back of the manual. Seconded by Member Simone and carried unanimously.

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. Acting Chairman Anderson 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, Acting Chairman Anderson adjourned the meeting at 10:47 a.m.