



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DRUG/DEVICE/PROTOCOL COMMITTEE

July 10, 2013 – 09:00 A.M.

MEMBERS PRESENT

Eric Anderson, MD, Acting Chair, MWA
Christian Young, MD, BCFD
Chief Troy Tuke, Clark County Fire Department
Frank Simone, EMT-P, NLVFD
Brandon Hunter, EMT-P, MWA
Clem Strumillo, EMT-P, Community Amb.

Tressa Naik, MD, Henderson Fire Department
K. Alexander Malone, MD, North Las Vegas Fire
Eric Dievendorf, EMT-P, AMR
Sarah McCrea, EMT-P, LVF&R
Gerry Julian, EMT-P, Mercy Air (Alt.)
Paul Stepaniuk, EMT-P, Henderson Fire Dept. (Alt)

MEMBERS ABSENT

Jarrod Johnson, DO, Chairman, MFR
August Corrales, EMT-P, CSN
Dorita Sondereker, Mercy Air
Chief Scott Vivier, Henderson Fire Department

Derek Cox, EMT-P, LVF&R
Rebecca Dennon, EMT-P, JTM
David Slattery, MD, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

Mary Ellen Britt, Acting EMS Manager
John Hammond, EMS Field Representative

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

PUBLIC ATTENDANCE

Steve Johnson, EMT-P, MWA
Scott Morris, EMT-I, NLVFD
Victor Montecerin, EMT-P, MWA
Sam Scheller, EMT-P, Guardian Elite
Dayna Blake, RN, TriState CareFlight
Kristen Fuentabella, LVAPEC Student
Christopher Sandoval, LVAPEC Student
Alex Poulemanos, Trilogy Medical Partners

Larry Johnson, EMT-P, MWA
Jim McAllister, EMT-P, LVMS
Richard Main, EMT-P, AMR
E.P. Homansky, MD, AMR
Abby Hudema, RN, UMC
Nicholas Giles, LVAPEC Student
Evan Strauss, LVAPEC Student
Teri Young, UMC Trauma

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol Committee convened in Conference Room 2 at The Southern Nevada Health District on Wednesday, July 10, 2013. Acting Chairman Eric Anderson, M.D. called the meeting to order at 09:08 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, June 5, 2013

Dr. Anderson asked for a motion to approve the consent agenda which included the minutes of the June 5, 2013 Drug/Device/Protocol Committee meeting. Motion made by Member Young, seconded by Member Malone and carried unanimously.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of Procedures and Survey Results

Dr. Morgan opened the discussion by stating at the last meeting there was concern that the current procedures listed in the protocol manual do not match the skills proficiency record. She added that she sent out a survey monkey asking the following questions: 1. Whether each skill listed on the skills proficiency record should have a separate procedure; 2. Which of the current procedures listed in the protocol manual should be included; 3. Should hemorrhage control and/or tourniquet application be included; 4. If there are any additional procedures not listed that should be added.

It was felt by those present that the following procedures should be included in the protocol manual:

- Supraglottic Airway
- Endotracheal Intubation (oral/nasal) & Flex-guide Usage
- Needle Cricothyrotomy / Jet Insufflation
- Tracheostomy Tube Replacement
- CPAP
- Needle Thoracentesis
- Vascular Access (IV/IO) and Medication Administration (SQ/IM/IV, MAD)
- Electrical Therapy (Defibrillation, Synchronized Cardioversion, Transcutaneous Pacing)
- Hemorrhage Control
- Automatic Compression Device (Autopulse)
- Immobilization with a traction splint (Sager)
- Spinal Immobilization (supine and Ked)

B. Review of Literature for Use of Atrovent in Respiratory Distress Protocol

Dr. Morgan stated that she was asked to table this discussion by the MAB Chairman. Dr. Anderson stated that he would be comfortable bringing this agenda item up for discussion to get a consensus from this Committee but would take no action. Dr. Morgan referred to the copy of the proposal for addition of Ipratropium Bromide (Atrovent) that is in their handouts. She added that most agencies around the country use Atrovent and felt that it would benefit this system. Dr. Anderson asked informally if anyone on the Committee had any concerns regarding Atrovent. There were no concerns noted.

C. Review of New Treatment Protocols

- General Assessment
- Ventilation Management
- Cardiac Arrest
- Tachycardia
- Therapeutic Hypothermia
- Neonatal Resuscitation
- Altered Mental Status
- Stroke/CVA
- Seizure
- Pain Management

General Assessment Adult/Pediatric

Dr. Morgan stated that there is an adult and a pediatric version which replaces the General Patient Care protocol (GPC).

Member Simone suggested adding “Consider the need for additional resources” to the top box under “Bring all equipment to patient’s side”.

There was considerable discussion regarding the layout of the algorithm and it was decided to approve content and decide on the format at a later date.

Mr. Montecerin pointed out that on the General Pediatric Assessment, at the very top where it states level of consciousness, unresponsive, if no pulse or < 60 , that < 60 needs to be defined with an age. He felt that a 16 or 17 year olds heart rate < 60 wouldn’t indicate that the child needs compressions.

Dr. Morgan suggested adding a parenthesis that states “if age less than 8”. The Committee agreed.

Dr. Anderson asked for a motion to approve the General Assessment Adult/Pediatric content with the stated changes. Motion made by Member Tuke, seconded by Member Simone and carried unanimously.

Ventilation Management – tabled

Cardiac Arrest – tabled

Tachycardia – tabled

Therapeutic Hypothermia

Dr. Anderson questioned if there is any new information on this protocol. Dr. Morgan stated this is a cut and paste from the current protocol in place. She did note that the Dopamine dose in this protocol and in the Shock protocol is 5-20mcg with the SBP > 90 but in the Pulmonary Edema/CHF it is listed as 5-10 mcg/kg with the SBP > 100 . She asked the Committee if they were comfortable with making the dosing for Dopamine consistent. Member Tuke stated that 5-20mcg with the SBP > 90 should be the dose in all the protocols. The Committee agreed.

Dr. Morgan identified that there is no direction in the protocols for when a patient gets return of spontaneous circulation (ROSC) back other than they have cooled the patient. After a brief discussion Dr. Morgan asked the Committee if they would agree to add 12-lead EKG.

Dr. Young stated that he sees it as going down the path of general assessment and felt it would be very simple to add. Dr. Morgan stated she will add General Assessment above ROSC and put in 12-lead EKG.

Dr. Anderson asked for a motion to approve the Therapeutic Hypothermia protocol with the stated changes. Motion made by Member Simone, seconded by Member Tuke and carried unanimously.

Neonatal Resuscitation

Dr. Morgan advised the Committee that this is a brand new protocol approved by the MAB. She added that this comes directly from the 2010 circulation publication of the AHA. Dr. Anderson added that all the jumping off points was standard and they only need to approve the way it looks.

Dr. Anderson asked for a motion to approve the Neonatal Resuscitation protocol as written. Motion made by Member Tuke, seconded by Member Naik and carried unanimously.

Altered Mental Status

Dr. Morgan advised the Committee that there were a couple of changes that didn’t get made to the copy of the protocol in the handouts. She asked that they strike the “Known Diabetic”, “Diabetic Emergencies” and “Severe Head Injury” since they will no longer be treatment protocols and the arrow from Signs of Trauma or Head Injury will go directly to General Trauma. Dr. Young questioned what will branch off of “Improved mental status.” Dr. Morgan stated she will add “Other treatment protocols as indicated.”

Dr. Anderson asked for a motion to approve the Altered Mental Status protocol with the stated changes. Motion made by Member Tuke, seconded by Member Naik and carried unanimously.

CVA (Stroke)

Member Simone stated that St. Rose de Lima Hospital and Centennial Hospital are missing from the list of approved stroke centers. He also questioned if the alert box that is on the current protocol stating scene time should be less than 10 minutes will be added.

Member Tuke suggested adding it to the QI Metric. The Committee agreed.

Dr. Anderson asked for a motion to approve the CVA (Stroke) protocol with the stated changes. Motion made by Member Tuke, seconded by Member Naik and carried unanimously.

Adult Seizure

Dr. Morgan advised the Committee that there will be a discussion today at the MAB regarding Droperidol for use in excited delirium. Member Tuke felt that they should take the Droperidol off and add it back in once it has been vetted through the proper channels. Dr. Morgan stated she will take Droperidol off this protocol. She added that they will need to change the dosing for Midazolam since that was changed recently. She asked the Committee if they still want Diazepam and Lorazepam listed. Dr. Anderson stated that he would leave them on.

Dr. Morgan asked the Committee if they want to remove the tiers and place “or” between the drugs listed since most agencies still have Midazolam. Member Tuke answered in the affirmative.

Dr. Anderson reiterated that they are removing the tiers and putting in “or” between the drugs listed, making appropriate doses changes and striking Droperidol.

Dr. Anderson asked for a motion to approve the Seizure (Adult) protocol with the stated changes. Motion made by Member Simone, seconded by Member Naik and carried unanimously.

Pediatric Seizure

Dr. Morgan stated she will make the same changes as the Adult by removing the tiers and changing it to “or” between the drugs listed.

Dr. Anderson asked for a motion to approve the Pediatric Seizure protocol with the stated changes. Motion made by Member Tuke, seconded by Member Simone and carried unanimously.

Pain Management

Dr. Morgan advised the Committee that this is a brand new protocol approved by the MAB. She stated she will also remove the tiers and put in “or” between the drugs listed.

Member Tuke added that Fentanyl and Dilaudid were brought in because of the drug shortages and felt that it should be listed as Morphine “or” and then run Fentanyl and Dilaudid through the same process for adding a new drug for consistency.

Dr. Anderson recapped by stating they are going to remove the tiers and add “or” between the drugs listed and the same changes will be made to the Pediatric Pain management.

Dr. Young noted that none of these have caveats for hypertension or respiratory depression and questioned if that is something that needs to be in the protocol.

Member Simone stated that he likes that language that states “May repeat at 10 minute intervals until pain is relieved or respiratory mental status depression occurs”. Dr. Anderson agreed with the language and suggested putting that in the protocol.

Dr. Anderson asked for a motion to approve the Pain Management protocol with the stated changes. Motion made by Member McCrea, seconded by Member Simone and carried unanimously.

Dr. Morgan advised the Committee on the treatment and procedure protocols that still need to be finished and reviewed at the next meeting with hopes to be able to review all of them in the new format at the September meeting.

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.

Alex Poulemanos from Trilogy Medical Partners referred to his handout regarding information on a portable scanner for sub cranial hematoma. He asked that if anyone wants any more information or would like to talk to him further he will be available after the meeting.

Acting Chairman Anderson asked if anyone else 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 10:23 a.m.