MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

September 4, 2013 – 09:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Tressa Naik, MD, Henderson Fire Department
Chief Scott Vivier, Henderson Fire Department
Chief Troy Tuke, Clark County Fire Department
Frank Simone, EMT-P, NLVFD
Clem Strumillo, EMT-P, Community Amb.
Rick Resnick, EMT-P, MFR
Bryan Bledsoe, DO, Vice Chair, MWA
K. Alexander Malone, MD, North Las Vegas Fire
Derek Cox, EMT-P, LVF&R
Brandon Hunter, EMT-P, MWA
Gerry Julian, EMT-P, Mercy Air (Alt.)
August Corrales, EMT-P

MEMBERS ABSENT

Eric Dievendorf, EMT-P, AMR
Dorita Sondereker, Mercy Air
Eric Anderson, MD, MWA
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
Christian Young, MD, EMSTS Medical Director
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
Chief Scott Morris, NLVFD
Sam Scheller, EMT-P, Guardian Elite
Karen Hughes, CSN
Steve Krebs, MD, UMC
Daniel Llamas, Sunrise Hospital
Matthew Davis, LVAPEC
Victor Montecerin, EMT-P, MWA
Jim McAllister, EMT-P, LVMS
Shane Splinter, EMT-P, HFD
Stephen Storey, Nellis AFB
Karena Fisher, RN, Sunrise Hospital
Penny Pukall, LVAPEC

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, September 4, 2013. Vice Chair Bryan Bledsoe, D.O. called the meeting to order at 09:04 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Vice Chair Bledsoe 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. Vice Chair Bledsoe 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

Vice Chair Bledsoe 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, July 10, 2013

Vice Chair Bledsoe asked for a motion to approve the consent agenda which included the minutes of the July 10, 2013 Drug/Device/Protocol Committee meeting. *Motion made by Member Malone, seconded by Member Naik and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Update on Current Status of Protocol Revisions

Dr. Johnson advised the Committee that they are fairly close on translating the current narrative format of the treatment protocols to the algorithmic format. There are only four treatment protocols left to complete. He added that they still have to review the Operation Protocols and should be able to get through those quickly. The goal was to take the current protocols and move them to an algorithmic format and he felt that this Committee got off-track and needs to re-focus to get this project wrapped up.

B. Discussion of Creating Workgroups for Protocol Development

Dr. Johnson felt that three of the last four treatment protocols are achievable with more group participation and collaboration. He asked the Committee if there was any interest in bringing back with workshops. Member Simone felt that there is a big advantage to having workshops; it's an open discussion where everybody brings their ideas to the table.

Dr. Young advised the Committee that the four protocols left to do are: Ventilation Management, Tachycardia, Hyperthermia/Hypothermia and Cardiac Arrest and felt that Ventilation Management, Tachycardia, Hyperthermia/Hypothermia could be workshopped next month with a Committee meeting to follow and then have a workshop and meeting for just the Cardiac Arrest in November.

Dr. Johnson stated that he will split the members into three groups each with a team leader and assign each group one of the three protocols. He added he will email the assignments after the meeting.

Dr. Bledsoe expressed concern that in about 14 months the new ACLS protocols will be coming out and they are hearing it is going to be pretty extensive. Dr. Johnson agreed and added that if they could get focused on getting the protocols in algorithmic format then next year they can handle the updates. Dr. Bledsoe added that the trend now is to get away from algorithms because medicine is a nonlinear practice. Dr. Young stated that it is not the intention to remove critical thinking by changing to the algorithmic format. They are not creating a text book just a procedure guide. Dr. Johnson agreed adding that they don't have to necessarily tell them everything to do. This protocol manual will serve as guideline and will not substitute training.

Member Greenway suggested providing an introduction into these protocols that explains the philosophy.

C. Discussion of Format for Procedure Protocols

Dr. Johnson stated that in a previous meeting it was decided to keep the procedure section and have them include the indications and contraindications followed by a procedural critical criteria list. He referred to the Supraglottic Airway Device procedure in the Committee's handouts which has been put in that format by Frank Simone.

Member Simone stated that he utilized the current procedure in combination with National Registry's psychomotor exam to create this new format and asked the Committee for feedback on the format. He added that if the format is agreeable then he will try to apply that to all the procedures and then as a Committee they can decide what they want included in the critical criteria list.

Dr. Naik stated she likes the format. Dr. Bledsoe voiced concern over the content and felt that only key points should be added. He also suggested changing the name from Supraglottic to Extraglottic.

Dr. Malone agreed with the format and added that as far as the content which will be a separate discussion, he stated that in the past when a new procedure was introduced involving a device using the statement "use according to manufacturer's recommendations" gets around the individual line items and legal defense perspective.

Member Corrales suggested using key procedure considerations instead of procedure which he felt would be more relevant for field providers.

Dr. Young stated that the actual content can be discussed once the procedures get put together.

Member Vivier stated he likes format and should consider less is more. The procedure protocols should only be for the skills that need to be signed off by the Health District.

Member Naik made the motion to accept the format of the procedure protocol to include key procedure considerations, seconded by Member Simone. The motion was opposed by Dr. Bledsoe. The motion passed by a simple majority.

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

Dr. Young stated that Atrovent was a discussion that came on board a couple of months ago and was brought back having it officially charged by the MAB to this Committee. They have reviewed the literature and overall the response was positive. This Committee was ready to move forward and make the recommendation to the MAB. He asked Dr. Krebs to give the pediatric communities recommendation.

Dr. Krebs stated that the overall general feeling from a pediatric standpoint is less is more. He felt that there is a use for Atrovent if there is a history of wheezing or bronchospasm in a 2 year or older patient.

Member Vivier suggested incorporating those suggestions in the Pediatric Respiratory Distress Protocol by changing the box on the Ipratropium adding guidelines of age 2 years older, history of wheezing. Dr. Johnson suggested adding a branch point after Albuterol.

Dr. Bledsoe suggested that it may be cheaper to do a combination of Ipratropium and Albuterol for the Adult. Dr. Young agreed.

Dr. Johnson stated that the DuoNeb (Albuterol and Ipratropium) will be added to the Adult Respiratory Distress Protocol but questioned if that could be used for pediatrics. Dr. Bledsoe stated that the DuoNeb is 250mcgs so that would be OK for pediatrics.

Member Vivier stated that DuoNeb is a combination of Ipratropium and Albuterol. The way the protocol currently reads, Albuterol is an AEMT level skill and Ipratropium is a Paramedic skill and questioned if the Intermediate could administer DuoNeb. Mr. Hammond stated that this will need to be at the Paramedic level first before they can open it up to the AEMT level. Member Vivier stated that he has no opposition to that and reconfirmed that the Ipratropium and DuoNeb would be in the ALS box.

Dr. Johnson asked for a motion to add Ipratropium to the formulary for use in the Adult and Pediatric Respiratory Distress protocol. *Motion made by Member Bledsoe, seconded by Member Naik and carried unanimously.*

Dr. Johnson suggested bringing the finalized protocol back to the DDP. Dr. Young stated he will make that change the protocol.

E. Review of Treatment Protocols

Dr. Young advised the Committee that these protocols have been vetted through this Committee in the past. Small formatting revisions have been made and brought back to make sure there are no other points to consider.

Abdominal/Flank Pain, Nausea & Vomiting Adult/Pediatric

Vice Chair Bledsoe asked for a motion to approve the Adult and Pediatric Abdominal/Flank Pain, Nausea & Vomiting Protocol. *Motion made by Member Vivier, seconded by Member Malone and carried unanimously.*

Behavioral Emergency Adult/Pediatric

Dr. Young stated the past discussion was the administration of Versed in terms of Dosing. The decision was the tiered medication T1, T2, T3 which will essentially be one or the other depending on formulary constraints. He added that after reviewing the literature, it was also decided that Droperidol would be appropriate for behavior emergencies.

Vice Chair Bledsoe asked for a motion to approve the Adult and Pediatric Behavioral Emergency Protocol. *Motion made by Member Corrales, seconded by Member Simone and carried unanimously.*

Burns Adult/Pediatric

Vice Chair Bledsoe asked for a motion to approve the Adult and Pediatric Burns Protocol. *Motion made by Member Naik, seconded by Member Corrales and carried unanimously.*

Childbirth/Labor

Vice Chair Bledsoe asked for a motion to approve the Childbirth/Labor protocol as written. *Motion made by Member Malone, seconded by Member Naik and carried unanimously.*

General Trauma Adult/Pediatric

Dr. Young stated that this reads fairly straight forward and content directed. He added that they will have additional procedure protocols for Hemorrhage Control and Thoracostomy which will be discussed at a later date.

Vice Chair Bledsoe suggested changing PC02 to ETC02 in both the Adult and Pediatric because there is a 5 mmHg difference between the two. The Committee agreed.

Vice Chair Bledsoe made a motion to approve the Adult and Pediatric General Trauma protocols with the stated change, seconded by Member Malone and carried unanimously.

Obstetrical Emergency

Vice Chair Bledsoe asked for a motion to approve the Obstetrical Emergency Protocol. *Motion made by Member Corrales, seconded by Member Naik and carried unanimously.*

Overdose/Poisoning Adult/Pediatric

Vice Chair Bledsoe asked for a motion to approve the Adult and Pediatric Overdose/Poisoning Protocol. *Motion made by Member Naik, seconded by Member Simone and carried unanimously.*

Smoke Inhalation Adult/Pediatric

Vice Chair Bledsoe asked for a motion to approve the Adult and Pediatric Smoke Inhalation Protocol. *Motion made by Member Corrales, seconded by Member Malone and carried unanimously.*

Suspected Hyperkalemia

Vice Chair Bledsoe asked for a motion to approve the Suspected Hyperkalemia Protocol. *Motion made by Member Naik, seconded by Member Malone and carried unanimously.*

F. Review of Operation Protocols

- Chronic Public Inebriate
- Communications
- Documentation
- Do Not Resuscitate
- Inter-Facility Transfer
- Pediatric Patient Destination
- Prehospital Death Determination
- Release of Medical Assistance
- Termination of Resuscitation
- Transport Destinations
- Waiting Room Criteria

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 10:03 a.m.