MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

October 2, 2013 – 09:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Tressa Naik, MD, Henderson Fire Department
David Slattery, MD, Las Vegas Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Jo Ellen Hannom, RN, Clark County Fire Dept. (Alt.)
Frank Simone, EMT-P, NLVFD
Clem Strumillo, EMT-P, Community Amb.
Rebecca Dennon, EMT-P, JTM
Eric Anderson, MD, MWA
K. Alexander Malone, MD, North Las Vegas Fire
Eric Dievendorf, EMT-P, AMR
Derek Cox, EMT-P, LVF&R
Brandon Hunter, EMT-P, MWA
Dorita Sondereker, Mercy Air
August Corrales, EMT-P

MEMBERS ABSENT

Rick Resnick, EMT-P, MFR
Chief Troy Tuke, Clark County Fire Department
Bryan Bledsoe, DO, Vice Chair, MWA

SNHD STAFF PRESENT

Mary Ellen Britt, Acting EMS Manager
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary
Christian Young, MD, EMSTS Medical Director
Brandon Bowyer, EMS Field Representative

PUBLIC ATTENDANCE

Victor Montecerin, EMT-P, MWA
Cole Sondrup, MD, Community Ambulance
Jim McAllister, EMT-P, LVMS
Paul Stepaniuk, EMT-P, HFD
Gerry Julian, EMT-P, Mercy Air
Eileen Davies, RN, LifeGuard Int'l
Barb Stolfus, TriState Careflight
Jason Driggars, AMR
Scott Miner, LVAPEC
Sam Scheller, EMT-P, Guardian Elite
Steve Krebs, MD, UMC
Karen Hughes, CSN
Steve Johnson, EMT-P, MWA
Bryce Krason, AMR

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. Chairman Jarrod Johnson, D.O. called the meeting to order at 10:09 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman 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, September 4, 2013

Chairman Johnson asked for a motion to approve the consent agenda which included the minutes of the September 4, 2013 Drug/Device/Protocol Committee meeting. *Motion made by Member Corrales, seconded by Member Anderson and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Report from Drug/Device/Protocol Algorithm Workshop for the Development of the Tachycardia, Ventilation Management and Hypothermia/Hyperthermia Treatment Protocols

Dr. Johnson reported that a DDP Workshop was held beforehand to work on converting three of the last four remaining treatment protocols to an algorithmic format and asked each groups team leader to present their protocol.

Tachycardia
Member Anderson presented his groups protocol and stated that they formulated the tachycardia into 4 protocols: Adult/Stable; Pediatric/Stable; Adult/Unstable; and Pediatric/Unstable Tachycardia which breaks down into narrow and wide with all the established treatment options.

Ventilation Management
Member Young presented his groups protocol and stated that they referenced Wake County's protocol as a framework and proceeded to go through the algorithm. He added that this is a busy protocol and felt that there needs to be 2 protocols to include a Failed Airway Protocol. Member Vivier stated that this was a great start and will require additional work by the Committee. Member Young stated that they did not have enough time to work on the pediatric airway and will need to bring that back to workshop.

Hypothermia/Hyperthermia
Paul Stepaniuk presented his groups protocol. There was discussion regarding defining hypothermia/hyperthermia in the field using temperature and it was decided not to use a temperature trigger because it is an unreliable source. Dr. Slattery questioned how they are going to separate out environmental hyperthermia versus severe sepsis. Mr. Stepaniuk stated that they designed the protocol as environmental specific. Member Vivier felt that an alert box should be added stating that this is an environmental hyperthermia protocol. Member Young felt that they should list passive and aggressive cooling measures in a hyperthermia patient.

Dr. Johnson advised the Committee that these protocols will be put into algorithmic format and be brought back next month for review.

B. Discussion of Respiratory Distress Treatment Protocol Adult/Pediatric

Dr. Johnson asked the Committee to review the Respiratory Distress Protocol in their handout packet.

Adult Respiratory Distress Protocol:

Member Dennon questioned why "Consider CPAP" was listed at the bottom of the protocol. She felt that it should be placed above while administering medication. Dr. Slattery suggested changing the format for all the protocols where arrows would be used between boxes if the series of steps to be performed would be sequential and to use straight lines if it is a series of actions or options not specifically sequential. Member Cox suggested removing the lines and move the boxes together indicating that they are all options and not sequential.

Dr. Young stated that it is not a temporal sequence it's more a hierarchy and this gives them an opportunity to prioritize these medications. He felt that these are the growing pains in getting from the narrative format to the algorithmic.

Member Vivier felt that the crews are going to understand the treatment and are not going to pull the protocol out in the heat of the moment to go step by step. This is for training and review so there is a consistent thought process.

Dr. Anderson agreed with member Cox and stated that if you can consider all of them at the same time, don't have lines just have a hierarchal listing and when you have arrows it would clearly indicate that you are expected to do it sequentially.

Member Anderson made the motion to approve the Adult Respiratory Distress Protocol with the following changes: eliminate the boxes where it is not intended to be sequential and move "Consider CPAP" above the "Consider Magnesium Sulfate" box. Member Cox seconded and carried unanimously.

Pediatric Respiratory Distress Protocol:

Mr. Montecerin questioned if there should be an educational pearl differentiating croup and epiglottis in the Stridor patient. He added that in the current protocol the nebulized Epinephrine is specific to pediatric croup where in this version it doesn't classify it for croup just for stridor.

Dr. Krebs stated that they are as likely to encounter epiglottis in an elderly patient as they are in a child and it is an important pearl for any age group. He suggested adding "Consider" in front of the Epinephrine because with kids the first thing you have to do is relax the child so as to not crash the airway.

Dr. Young agreed and suggested adding a box that states Comfort Measures between Nebulized Normal Saline SVN and Epinephrine.

Dr. Krebs stated that he would also like to see a call box added to the Epinephrine. He felt that if the crew is only 2 to 3 minutes out to just relax the child and they will strap on the Epinephrine when they reach the emergency department just to make sure they stay stable in route.

Member Vivier made a motion to approve the Pediatric Respiratory Distress Protocol with the following changes under the branch Stridor:

- *Add a "Comforting Measure" box after Nebulized Normal Saline*
- *Add "Contact Medical Control" in the Epinephrine Box*
- *Add language "For Suspected Croup" in the Epinephrine Box to stay consistent with the current protocol.*

Member Corrales seconded and carried unanimously.

C. 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 11:03 a.m.