MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

December 4, 2013 – 9:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Chief Troy Tuke, Clark County Fire Department
Paul Stepaniuk, EMT-P, Henderson Fire Dept (Alt.)
Brandon Hunter, EMT-P, MWA
Frank Simone, EMT-P, NLVFD
David Slattery, M.D., LVF&R
Eric Anderson, MD, MWA
Eric Dievendorf, EMT-P, AMR
Derek Cox, EMT-P, LVF&R
August Corrales, EMT-P
Dorita Sondereker, Mercy Air
Tressa Naik, M.D., Henderson Fire Dept

MEMBERS ABSENT

Rick Resnick, EMT-P, MFR
Clem Strumillo, EMT-P, Community Amb.
Rebecca Dennon, EMT-P, JTM
Chief Scott Vivier, Henderson Fire Dept

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Maria Teemsma
Chief Scott Morris, NLVFD
Holden Myers, LVAPEC
Israh Tureaud, LVAPEC
Brian Delgado, MWA
Michael Lipetri, LVAPEC
Jonah Schreiner, LVAPEC
John McConaughy, LVAPEC
Steve Johnson, EMT-P, MWA
E.P. Homansky, M.D., AMR
Andy Toenniessen, LVAPEC
Robert Yoon, AMR
Jason Burkhart, MWA
Cole Sondrup, M.D., CA
Cathy Jones, VHS
Lauren Williamson, 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, December 4, 2013. Chairman Jarrod Johnson, D.O. called the meeting to order at 09:06 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, November 6, 2013

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

III. REPORT/DISCUSSION/POSSIBLE ACTION

Review of the Cardiac Arrest Protocol

Cardiac Arrest Non-Traumatic (Adult CCC CPR)

Dr. Johnson referred to the handouts and stated that the Cardiac Arrest Non-Traumatic (Adult CCC/CPR) protocol that was worked on at the DDP Workshop last month has been put into algorithmic format for this Committee to review. Dr. Young stated that this protocol is essentially ACLS and proceeded to read through the steps of the protocol.

Mr. Cox stated that there have been discussions in the past regarding hypoxic events and suggested addressing those events in this protocol. Dr. Slattery agreed stating there is a completely different arrest resuscitation that is all driven by airway management with a hypoxic event.

Dr. Young suggested that to save space and allow for more clinically significant issues like hypoxic or respiratory issues have just one column on one side that goes down but have an offshoot that states if the event was witnessed, (2) minutes of compressions first then go back and continue down the same algorithm.

Dr. Slattery felt that the best approach for resuscitation is uninterrupted chest compressions and then as soon as they have the manpower on scene start ventilating that patient. He advised that they should ventilate about 8 times a minute until you get return of spontaneous circulation (ROSC) or the advanced airway which deviates from AHA (American Heart Association) which gives a compression to ventilation ratio of 30:2. He stated that it shouldn't go before chest compressions or defibrillation but as soon as they have the manpower present they should be ventilating these patients and the best way to passively oxygenate a patient is a nasal cannula with 15L. He suggested the following changes:
Strike "Place NRB on Patient at 10-15 lpm"
Strike "After 4 minutes of CPR, if No advanced Airway Placed"
Remove bpm(breaths per minute) range
Move "Begin BVM 8 bpm" up in the "Insert NPA or OPA" box.

Member Anderson made a motion to accept the suggested changes to the protocol, seconded by Member Simone and carried unanimously.

Dr. Slattery didn't understand why they have "Witnessed Arrest by EMS" and suggested that be removed. Dr. Johnson felt that they are getting away from the task at hand by changing the content of the original protocol. Dr. Young stated that the workshop was how to put it in algorithm format and not change the content and felt that they had done that. He added that they can bring forth the initial document along with a separate document that includes the changes made showing the best treatment consensus from our group when they bring this back to the MAB for approval.

Dr. Johnson reiterated that they have made the airway changes to the protocol and felt that the Committee is in agreement to add an initial branch point for the hypoxic arrest to include airway and ventilation. He asked for a motion to create a branch point in the Cardiac Arrest Non-Traumatic (Adult CCC CPR) protocol for the hypoxic arrest. *Motion made by Member Naik, seconded by Member Corrales and carried unanimously.*

Mr. Cox suggested striking "push hard / push fast" and then move "Insert NPA or OPA and begin BVM 8 bpm" in the same box as "Begin Continuous Chest Compressions" to clean it up. He felt that if they are going to collectively make the decision and say they need to ventilate asynchronous now 8 bpm with cpr or with compressions, it needs to be right there under compressions.

Member Cox made a motion to:
Strike push hard/push fast
Move "Insert NPA or OPA" and "Ventilate asynchronous 8bpm with BVM with 100% oxygen" in the Begin Continuous Chest Compressions box.
Seconded by Dr. Naik

Dr. Anderson voiced concern with regards to the instance where there isn't enough man power. He felt that if the order is rearranged the medics will do the steps in the wrong order. He agreed with Mr. Cox stating that they are going to start bagging them while another medic is putting the AED on but if the order is rearranged, there could be a case where there isn't enough man power and somebody refers back to this new protocol and say that they didn't put the AED on because they were busy bagging the patient.

Dr. Slattery agreed and added that keeping the priorities in the algorithm is important although we know it is going to happen simultaneously.

Mr. Cox withdrew his motion.

Dr. Johnson stated that they will make the changes to the protocol and bring it back to this Committee for a final review.

Cardiac Arrest VF/VT Asystole/PEA

Dr. Johnson stated that during the workshop they overlooked the ventricular fibrillation (VF)/ventricular tachycardia (VT), and the asystole/PEA and referred to the Cardiac Arrest VF/VT Asystole/PEA protocol in their handouts for review.

Mr. Cox questioned if they are still going to continue to make references to continuous chest compressions (CCC) and then identify CCC throughout the protocols as asynchronous ventilation with 8 bpm.

Mr. Corrales stated that they are going to confuse some of the providers because initially new paramedic students are taught ACLS and synchronous ventilation. He felt that they need to be consistent and was in favor of having the language continuous cardiac chest compressions for 2 minutes.

Dr. Slattery referenced the Cardiac Arrest Non-Traumatic protocol and stated that the first part of the algorithm does not include any specific rhythm analysis. The top entry part of the Cardiac Arrest VF/VT Asystole/PEA should start at the management of the rhythm that is identified.

Dr. Young agreed stating that you get to this protocol after having started with the cardiac arrest non traumatic. So you could say VF/VT Asystole/PEA is identified through the treatment of Cardiac Arrest.

Dr. Johnson stated that you could almost put at the very top "From your cardiac arrest protocol" with branch points to VF/VT Asystole/PEA.

Mr. Simone stated that as a clarification, you don't even need a branch point; you can just say cardiac arrest and remove this whole center section.

Member Simone made a motion to strike top center section of protocol, Member Anderson seconded and carried unanimously.

Cardiac Arrest Non-Traumatic Pediatric

Dr. Johnson stated that in the pediatric cardiac arrest the biggest concern is airway and ventilation.
Mr. Cox advised the Committee that in pediatrics most of the evidence is no CCC, it has to be traditional CPR.

Member Simone made a motion to remove "continuous chest compressions" and replace it with CPR, seconded by Member Corrales and carried unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Ms. Britt stated that the first Wednesday in January would be on the 1st and asked if the next meeting would be in February. Dr. Johnson asked the Committee if this was agreeable. Seeing no objections he stated that the next DDP meeting will be on February 5, 2014.

Mr. Simone advised the Committee that North Las Vegas Fire Department is unable to get Dopamine in its current form and questioned if they need to bring this up at this Committee or at the MAB. Dr. Young stated that this issue is

agendized on today's MAB so it will be up for discussion. Dr. Johnson stated that they will take direction from the MAB of what we want to do with Dopamine.

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 10:04 a.m.