MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

June 04, 2014 – 09:00 A.M.

MEMBERS PRESENT

Jarrod Johnson, DO, Chairman, MFR
Rick Resnick, EMT-P, MFR
Troy Tuke, EMT-P, Clark County Fire Department
Frank Simone, EMT-P, NLVFD
Clem Strumillo, EMT-P, Community Amb.
Brandon Hunter, EMT-P, MWA
Dorita Sondereker, Mercy Air
Tressa Naik, M.D., Henderson Fire Dept.
Chief Scott Vivier, Henderson Fire Dept
Derek Cox, EMT-P, LVF&R
August Corrales, EMT-P
Eric Anderson, MD, MWA
Mike Barnum, MD, AMR

MEMBERS ABSENT

Rebecca Dennon, EMT-P, JTM
Bryan Bledsoe, DO, MWA
K. Alexander Malone, MD, NLVFD
Chuck Gebhart, Boulder City Fire Dept.
David Slattery, M.D., LVF&R

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Gerry Julian, EMS Field Representative
John Hammond, EMSTS Supervisor
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Dale Carrison, DO, CCFD
Sam Scheller, EMT-P, GE
Chief Robert Horton, LVF&R
Steve Krebs, MD, UMC
Erin Wetzel, 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, June 04, 2014. Chairman Jarrod Johnson, D.O. called the meeting to order at 09:31 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, May 07, 2014

Chairman Johnson asked for a motion to approve the consent agenda which included the minutes of the May 07, 2014 Drug/Device/Protocol Committee meeting. *Motion made by Member Corrales, seconded by Member Vivier and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Review of the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory

Mr. Hammond stated that the following changes have been made to the Official Air Ambulance, Ground Ambulance, and Firefighting Agency Inventory:

- Moved the "Glucose Monitoring Device with Lancets" from the Intermediate Life Support Equipment to the Patient Assessment Equipment.
- Adding capnography capability to the Advanced Life Support Equipment.

B. Review of the Official Basic-Intermediate Drug Inventory

Mr. Hammond stated that no changes have been made to the Official Basic-Intermediate Drug Inventory.

C. Review of the Official Paramedic Drug Inventory

Mr. Hammond stated that alternate medications have been used for over a year and have been shifted into the inventory as an "or" option not as an "and" so it is not inclusive. Additions that are added to the paramedic drug inventory to include concentration and quantity would be:

Paramedic Drug Inventory	**Concentration**	**Qty**	**Total**
Diazepam	**5mg/lml**	**1**	**1**
Droperidol	**5mg/2ml**	**1**	**1**
Fentanyl Citrate	**0.05mg/2ml**	**1**	**1**
Hydromorphone	**lmg/lml**	**1**	**1**
Ipratropium Bromide (Atrovent)	**2.5ml/0.02%**	**1**	**1**
Ipratropium Bromide (Atrovent) W/AlbuterolSulfate	**0.5mg/3.0mg per 3ml**	**1**	**1**
Ketamine	**50mg/ml 10 ml vial**	**1**	**1**
Propofol	**200mg/20 ml vial**	**1**	**1**

Mr. Hammond added that a draft inventory has been created for special events in regard to first aid stations only. The first stations will be staffed at the non-transport level with the BLS, ILS or ALS equipment depending on the level of the event. The roving teams will be event and agency dependent and there will be a minimum standard for those.

Chairman Johnson asked for a motion to approve Agenda items A, B, and C. *Motion made by Member Simone, seconded by Member Corrales and carried unanimously.*

Mr. Hammond referred to the ambulance inspection handout which was the recommendation of Clark County Fire Department and other agencies in regard to par levels. He added that this request has been reviewed and agreed to by the Office of EMS & Trauma System.

Mr. Tuke stated that there are a lot of medications that get thrown away and felt that if you take away the non-transport/transport portion of the inventory sheet and just go to an ALS inventory whether you transport or not you would be carrying less stock, have less expirations, and it would be much easier during inspection time.

Dr. Anderson felt this was reasonable and questioned if this would cause any problem for the rural transports. Mr. Tuke stated that as a point of clarification, this is the minimum and in no way prevents any agency from adding more.

Mr. Scheller advised the Committee that based on the numbers he pulled from Life Assist, the cost for a transporting unit is approximately $891 and if they go with the proposed changes the cost would be approximately $542.00.

Member Vivier made a motion to approve the par levels as written and to eliminate the (2) categories, transport and non-transport and just have one category with the PAR levels listed. Member Hunter seconded and carried unanimously.

D. Review of the Draft Emergency Medical Care Protocol Manual

Mr. Hammond thanked everyone who turned in recommendations and changes to the protocol manual. The Committee reviewed the document and following is a list of all changes made:

Global changes:

- Housekeeping changes
- Change CO_2 monitoring to $ETCO_2$
- Add the "alert" icon to any red box that is an alert box.
- Change all drugs to caps and use their generic name.
- Reference Oxygen throughout the document to read "Oxygen therapy to keep SpO2 ≥ 94%".
- Change Ondansetron and/or Droperidol box to read Ondansetron or Droperidol

Adult Treatment Protocols

Table of Contents:

- Changed "ACS (Suspected)" to Acute Coronary Syndrome (Suspected)

General Adult Trauma Assessment:

- In Ventilation Management box, changed greater than or equal to sign to less than or equal to so it reads: BVM if O_2 sat ≤ 94%
- Changed Needle Cricothyroidotomy under Suspected tension pneumothorax to Needle Thoracentesis
- Added "Raise" to Head of bed 30 degrees

Allergic Reaction:

- Added "Consider CO_2 monitoring" to the Pearls

Behavioral Emergency:

- Added "Consider CO_2 monitoring" to the Pearls
- Changed heading "Extrapyramidal Syndrome" to "Dystonic Reaction"
- Added S.A.F.E.R. model to the Pearls

Bradycardia:

- Under Consider: Glucagon, changed dosing from 5-10 mg to 1mg

Burns:

- Added "Consider CO_2 monitoring" to the Pearls

Dr. Johnson stated that the rule of 9's graphic isn't very clear and suggested to move graphics to an appendix and refer to the appendix in the protocol. The Committee agreed.

Chest Pain:

- "Suspected Aortic Dissection" listed twice; changed one to read "Suspected Cardiac Origin"

Childbirth/Labor:

- Under Breech Presentation it previously said: Deliver body, supporting baby's weight has been changed to: "Support body of baby during delivery of head"

Hyperthermia/Environmental Illness:

- Remove "and the use of cool IV fluids" in the pearls

Obstetrical Emergency:

- Combined branched Alternate Medication box into primary medication box

Overdose/Poisoning:

- Changed Supraglottic Airway to Extraglottic Airway.
- Added: "if patient is suspected to have narcotic overdose/hypoglycemia, administer Narcan/Glucose prior to extraglottic device/intubation" to the Pearls

Pain Management:

- Added "exercise care when administering opiates and benzodiazepines: this combination results in deeper anesthesia with significant risk of respiratory compromise" to the Pearls.

Seizure:

- Added "Consider CO_2 monitoring" to the Pearls
- Removed "Radio Contact with Receiving Facility"
- Removed the floating "Blood glucose testing" box
- Removed Lorazepam

Smoke Inhalation:

- Added "of Hydroxocobalamin" in the title of the Preparation and Administration box
- Kept "Oxygen 100% NRB"

Stroke (CVA):

- Removed QI metrics listed on the front of the protocol

Tachycardia/Stable:

- Under the wide complex side. Irregular / SVT with Aberrancy box has been changed to read: "Undifferentiated Monomorphic VT suspected to be SVT with Aberrancy"
- Under Synchronized Cardioversion changed Etomidate dose to read 0.15mg

Ventilation Management:

- Change page number to ATP-58
- Under Difficult Airway Assessment: Difficult BIAD-RODS was changed to Difficult Extraglottic Device Placement-RODS
- Under Consider sedation; updated all the medications to reflect what is in the current protocol

Pediatric Treatment Protocols

General Pediatric Assessment:

- Removed Geriatric language from Pearls

General Pediatric Trauma Assessment:

- Changed Needle Thoracostomy under suspected tension peneumothorax to Needle Thorancentesis

Pediatric Abdominal Pain, Nausea & Vomiting:

- Added "Consider CO_2 monitoring" to the Pearls

Pediatric Altered Mental Status:

- Added language "Narcan is not recommended in the newly born" to the Pearls.

Pediatric Behavioral Emergency:

- Added "Consider cardiac and CO_2 monitoring" to the Pearls
- Added S.A.F.E.R. model to the Pearls
- Changed "Consider 2-point restraints if indicated" to "2-point restraints; consider law enforcement escort; or 4-point restraints if needed"

Pediatric Bradycardia:

- Removed "Do not delay pacing while waiting for IV Access" from the Pearls

Pediatric Cardiac Arrest Non Traumatic:

- Removed red alert box
- Added H's & T's in the Pearls

Pediatric Drowning:

- Changed the ratio of CPR down on the bottom to be reflective of AHA's 15:2 cpr and did the same in the pearls

Pediatric Environmental illness/Hyperthermia:
Mr. Cox questioned if a decision was made to add the use of cold fluids for heat stroke in pediatric patients. There was considerable discussion regarding whether chilled saline could be potentially harmful. The Committee agreed to not add it to the pediatric protocol and remove it from the Adult protocol.

Neonatal Resuscitation:

- Changed the traditional CPR 15:2 back to 3:1 for a newly born in the protocol and in the pearls

Pediatric Pain Management:

- Added "exercise caution when administering opiates and benzodiazepines; this combination results in deeper anesthesia with significant risk of respiratory compromise" in the pearls
- Changed Ondansetron dose to read: "0.15 mg/kg ODT/IM/IV up to max dose 4.0mg"

Pediatric Seizure:

- Added "Consider cardiac and CO_2 monitoring" to the Pearls

Pediatric Shock:

- Removed "Etomidate is contraindicated in septic shock" from the Pearls

Pediatric Smoke Inhalation:

- Added "of Hydroxocobalamin" in the title of the Preparation and Administration box
- Added "Consider CO_2 monitoring" to the Pearls

Pediatric Tachycardia / Stable:

- Changed "Irregular / SVT with aberrancy" to "Undifferentiated Monomorphic VT suspected to be SVT with Aberrancy"

Pediatric Ventilation Management:

- Added alternative medications to Consider Sedation box

Procedures Protocols

Needle Thoracentesis:

- Removed phone key from "Needle Thoracentesis is permitted in pediatric patients"

Formulary

Etomidate:

- Removed "Septic shock" from Contraindications

Appendix

- Add page number to Sample Release of Medical Assistance to read APP-A1
- Changed page number of Sample Algorithm, Release of Medical Assistance to APP-A2

Dr. Young suggested changing the clip art from the front of the Protocol Manual and asked the Committee for suggestions. He stated he will come up with some ideas and send them out to everybody. He also asked the Committee if they had any formatting changes for the "quick reference guide" on the final page of the appendix. The Committee had no additional recommendations to add.

Chairman Johnson asked for a motion to approve the Clark County EMS System Emergency Medical Care Protocols with the listed changes as discussed. *Motion made by Member Simone, seconded by Member Naik and carried unanimously.*

Chairman Johnson stated that they will present the protocol manual to the Medical Advisory Board (MAB) and felt that before this Committee starts to review protocols again he would like to hear how the crews like the new format.

Chief Vivier agreed and added that as a Committee they allow an implementation period. Allow this to finish in 2014 and work through 2015 with the intention of new protocols in January of 2016.

Mr. Scheller questioned whether they can set up a forum on the SNHD website for comments or feedbacks. Mr. Hammond stated he would look into that.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Tuke stated that Clark County Fire was very impressed with a presentation of a new extraglottic airway device called i-gel. It is fairly inexpensive with a very simple insertion technique that can be used by all levels and they plan on trying it over a 3 month period along with AMR, MedicWest and Henderson Fire.

Mr. Tuke added that he is getting pushback from his EMS Committee about why they are going back Code 3 with a cardiac arrest with no pulse. He is asking that unless they got a pulse or ROSC back that they are allowed to go back Code 2 with a cardiac arrest. Mr. Hammond asked if that could be brought up to the MAB to have it referred to the QI Committee for development. Dr. Young stated that they did talk about tracking Code 3 returns on a different discussion but felt that there is a perception that Code 3 equals acuity. Mr. Tuke felt that is why they need something from the regulatory body that says they are OK with it based on all of the factors. Mr. Hammond stated that they need to study retrospectively and then see how it is occurring without doing code 3 returns. Dr. Young stated that they have that data.

Mr. Simone stated that North Las Vegas Fire is currently doing training this month on Autopulses and will then be implementing them at the beginning of July. He added they have received new ECG Monitors and are looking at a September 1st deployment of those monitors.

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 called for a motion to adjourn; the motion was made, seconded and passed unanimously to adjourn the meeting at 11:01 a.m.