MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL COMMITTEE

April 01, 2015 – 09:00 A.M.

MEMBERS PRESENT

Bryan Bledsoe, DO, Chairman, MWA	Mike Barnum, MD, AMR
David Slattery, M.D., LVF&R	Chad Fitzhugh, Mercy Air
Troy Tuke, Clark County Fire Department	Eric Dievendorf, AMR
Frank Simone, NLVFD	Monica Manig, HFD (Alt)
Clem Strumillo, Community Ambulance	Brandon Hunter, MWA

MEMBERS ABSENT

K. Alexander Malone, MD, NLVFD	Chief Chuck Gebhart, Boulder City Fire Dept.
August Corrales, JTM	Jarrod Johnson, DO, MFR
Chief Rick Resnick, MFR	Chief Scott Vivier, Henderson Fire Dept

SNHD STAFF PRESENT

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

PUBLIC ATTENDANCE

Stephen Johnson, MWA	Jim McAllister, LVMS
Tressa Naik, M.D., Henderson Fire Dept.	Steven Carter, AMR
Glenn Glaser, MWA	Robert Horton, LVFR
Tony Greenway, AMR	Jen Wyatt, CCFD

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, April 01, 2015. Chairman Bryan Bledsoe, D.O. called the meeting to order at 09:03 a.m. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman 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. Chairman 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

Chairman 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, December 03, 2014

Chairman Bledsoe asked for a motion to approve the consent agenda which included the minutes of the December 03, 2014 Drug/Device/Protocol Committee meeting. *Motion made by Member Slattery, seconded by Member Tuke and carried unanimously.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Revision to the Smoke Inhalation Protocol Relating to the Use of Hydroxocobalamin

Mr. Hammond stated the QA Committee had (2) great case presentations that involved the use of the Cyanokit. After discussion at that meeting and further discussion at the MAB, it was decided that our current protocol in regards to smoke inhalation limited the use of the Cyanokit and requested the Smoke Inhalation Protocol be sent to this Committee for review. He added that he created (2) draft protocols, one for adult and one for pediatric to include the Cyanokit. He removed the unconscious unresponsive low blood pressure indicator to show a high suspicion of cyanide poisoning as one of the indicators for the Cyanokit. Additionally, not everybody carries the Cyanokit due to the cost of the medication so they added the caveat "if available".

Dr. Slattery stated that his only concern is making sure that they don't overuse it because it's so expensive. He added that initially when they put the protocol in place, hypotension wasn't a distinguisher of true cyanide poisoning because patients will be essentially hypotensive and just because they come out of a fire, doesn't mean they need the Cyanokit. It's extremely expensive, so, as long as that's still emphasized in the education.

Dr. Young stated that the case presented was cyanide poisoning, and felt that the issue was it wasn't listed as an indication on the current protocol which is an easy fix. He added that refractory hypotension probably still is the right trigger for pushing this.

Chairman Bledsoe agreed and stated that hypotension should be the arbiter. It's very clear as to the signs and symptoms. He felt that hypotension should be more emphasized, instead of just hypotension/hypertension for the Hydroxocobalamin.

Dr. Slattery stated that hypertension should be struck from this if the intent was that hypertension would be a sign of cyanide poisoning. He felt that they should emphasize profound altered mental status for hypotension and also include hypotension as one of the criteria.

Dr. Bledsoe stated that it also states "reddened skin, (cyanide)" as a sign and symptom. He knows that carbon monoxide causes reddened skin but not cyanide. Dr. Slattery added that once given it can cause some discoloration.

Dr. Slattery stated that in the current protocol it says, "Cardiac arrest or hypotension." He suggested leaving hypotension or profound altered mental status and keep cardiac arrest on the forefront if someone arrests after being pulled out from a fire. Chairman Bledsoe agreed.

Mr. Hammond reiterated that they are keeping the cardiac arrest or hypotension and then are going to add altered mental status, hypotension, and chest pain.

Dr. Slattery questioned adding chest pain.

After considerable discussion, the consensus was to add cardiac arrest hypotension and profound altered mental status to Signs and Symptoms and define profound altered mental status in the Pearls.

Chairman Bledsoe made the motion to accept the Smoke Inhalation Protocol with the discussed changes. Seconded by Member Simone and carried unanimously.

B. Discussion of Adding Hydroxocobalamin to the Overdose/Poisoning Protocol

Mr. Hammond stated this discussion also came out of a QI Committee case presentation and it was requested that the Overdose/Poisoning Protocol be brought to the DDP for review. He referred to the draft Overdose/Poisoning Protocol and stated that he added Cyanide as another branch of the causative agents with the treatment being

Hydroxocobalamin if available and then transport as appropriate. He added the following Signs and Symptoms to the education page of the Protocol:

- Malaise, weakness
- GI symptoms
- Dizziness
- Syncope
- Reddened skin (cyanide)
- Chest pain

Mr. Tuke voiced his concern over the availability of Hydroxocobalamin. Mr. Hammond stated that he did add the verbiage "if available" to the protocol.

Dr. Bledsoe stated that it would be nice to know where the Cyanokits are so when it comes up they can expedite delivery. Dr. Slattery stated that the FAO is the common link for getting an EMS Supervisor or a Battalion Chief vehicle.

Mr. Tuke stated that his other concern is the wait time. By the time the provider makes his assessment and determines he may need the Cyanokit, does he load and go to the hospital or wait for somebody coming from somewhere to get me the med.

Dr. Young felt the redundancy as good because even some of the hospitals don't have the Cyanokit. He added that this is a situation where I think EMS providers and crews are the experts.

Dr. Slattery stated that UMC as the receiving hospital has probably the most supply in the valley. Dr. Barnum stated that the Valley Health System stocks at least one kit in all 5 of their hospitals.

Dr. Slattery suggested striking the reddened skin in Signs and Symptoms on both adult and pediatric protocols stating that is really carbon monoxide poisoning.

After a brief discussion including the previous discussion, the Committee agreed to strike Reddened skin (cyanide) and add Profound Altered mental status in Signs and Symptoms and define profound altered mental status in the Pearls.

Member Simone made the motion to accept the Overdose/Poisoning Protocol with the discussed changes. Seconded by Member Strumillo and carried unanimously.

Dr. Young commented that he had some interesting feedback where the EMS crews provided Hydroxocobalamin appropriately, and the burn surgeon at the receiving facility was a little upset because they said they weren't able to stage the burn correctly because of the reddened color of the skin. These are situations where they can actually provide some education to the providers.

C. Discussion of Adding Dextrose 10%/250ml to Official Drug Inventory

Dr. Slattery stated that due to frequent shortages and relatively high cost of Dextrose 50% (D50) it encouraged them to find alternative ways of delivering sugar to hyperglycemic patients. In researching Dextrose 10% (D10) he noted there were increasing conversations nationally about the feasibility and safety of this approach. The idea was originally based on their need to have an alternative to D50 but after looking into it, D10 seems like a better choice. He stated that his interest today, is to ask for the permission for them to stock both. He added that if this gets approved, LVFR will be moving the 250cc bags of D10. It makes sense and it is about a third of the cost.

Chairman Bledsoe stated he would support moving to D10.

Dr. Barnum questioned if they approve adding D10 now, did they plan moving towards D10 as a solo agency in the future.

Dr. Slattery felt they are poised to make this protocol change now.

Chairman Bledsoe stated that everywhere that D50 is used in the SNHD protocols; they would be replacing it with a D10 formula.

Mr. Hammond questioned if it would be a replacement at the beginning, or would it be either/or until the stock is depleted and training completed.

Dr. Slattery stated that if this Committee is in agreement, he felt that rather than bringing it back to this group for approval, add D10 as an alternative to D50 and then when the agencies are ready to make that transition, they will transition out of D50 completely in the future. He questioned how they pick that date for transition.

Chairman Bledsoe questioned how long it will take will it take AMR and MedicWest to deplete their supply.

Mr. Johnson stated that in order to do training on 90% of their people and deplete their supply, they would need about 3 months. Dr. Slattery stated he was good with extending that to a 6-month rollout.

Chairman Bledsoe reiterated that they are going to follow the changes that Mr. Hammond has made to replace D50 anywhere in the SNHD protocols with D10. However, there is a 6-month window from today, which is April 1st to deplete remaining stores of D50, complete education, and then subsequently by six months from today, they should be 100% over to D10.

Mr. Tuke stated that in six months it will be September 1st and suggested stating September 1, 2015 to clean up that language. He added that it will be a second tier in case we can't get the D10.

Mr. Hammond questioned the pediatric dosing for D25 and D12.5 and asked if they are going to follow the same procedure.

Mr. Tuke answered in the affirmative which makes it clean.

Member Slattery made the motion to add D10 as an alternative to D50, D25 and D12.5 until September 1, 2015 when D10 will replace D50, D25 and D12.5. Seconded by Member Strumillo and carried unanimously.

D. Discussion of Draft Psychiatric Patient Destination Protocol

Dr. Slattery stated that the MAB directed a taskforce be developed consisting of the ED Medical Directors to come up with consensus criteria for screening psychiatric patients without any injury or illness that paramedics can follow in the field to screen which patients need to go to the ED or can be safely brought directly to a psychiatric facility. He added that the caveat was the commitment that he made to each of the ED Directors, because we had consensus, complete consensus on these criteria is that they wouldn't change these criteria. The criteria was voted on and approved by the MAB to be directed to the DDP Committee to be put in proper format as a Psychiatric Patient Destination protocol. There are still a few things that have to come into place before this will actually go into practice. Number one, they have to finish the education work through the Education Committee, and the second is that the Health District will be identifying and convening a meeting with psychiatric facilities to share and define which facilities they can take patients to with those criteria. So those are the two things that will have to come into play before this is actually turned on.

Member Slattery made a motion to approve Draft Psychiatric Patient Destination Protocol as written. Seconded by Member Tuke and carries unanimously.

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Mr. Tuke advised the Committee that Richard Brenner, who is their Hazmat authority, is working on a grant to get Cyanokits. He's into the second stage of that process and they should know in the next few weeks if he gets that, and how many he gets. Chairman Bledsoe stated that if he needs any literature to contact him.

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 Bledsoe 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 Bledsoe called for a motion to adjourn; *Motion made by Member Slattery, seconded by Member Tuke and carried unanimously to adjourn the meeting at 09:38 a.m.*