



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

**JOINT
DRUG & DEVICE COMMITTEE
PROCEDURE/PROTOCOL COMMITTEE**

August 1, 2007--9:30 A.M.

MEMBERS PRESENT

Allen Marino, M.D., Chairman
David Slattery, M.D., LVFR
Jo Ellen Hannom, R.N., CCFD
Syd Selitzky, EMT-P, HFD
Chief David Petersen, MFR
Jason Meilleur, EMT-P, MWA
Julie Siemers, R.N., MA

Richard Henderson, M.D., HFD
Troy Tuke, EMT-P, CCFD
Bruce Evans, EMT-P, NLVFD
Sandy Young, R.N., LVFR
John Higley, EMT-P, MFR
Bob Byrd, EMT-P, AMR (Alternate)

MEMBERS ABSENT

Richard Main, EMT-P, AMR

Jon Kingma, EMT-P, BCFD

SNHD STAFF PRESENT

Joseph J. Heck, D.O., Operational Medical Dir.
Mary Ellen Britt, R.N., Regional Trauma Coord.
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary

Rory Chetelat, EMS Manager
Trish Beckwith, EMS Field Representative
Rae Pettie, EMS Program/Project Coordinator
Lan Lam, Administrative Assistant

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
Brian Rogers, EMT-P, MWA
Tim Crowley, EMT-P, LVFR
Cherina Kleven, LVFR
Tricia Klein, NCTI
Mary Owens, MedFlight
Damian Raney, NCTI
Jung Seo

Steve Patraw, EMT-P, MWA
Dee Martine, R.N., AMR
Russ Cameron, EMT-P, CCFD
Ron Tucker, EMT-P, MWA
Kady Dabash, EMT-P, MWA
Dylan Hallett, AMR
Brian Proffit, AMR/NCTI
David Carraway, NCTI

I. CONSENT AGENDA

The Joint Drug & Device and Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, August 1, 2007. Chairman Allen Marino, M.D., called the meeting to order at 9:34 a.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Marino noted that a quorum was present.

Minutes Joint Drug & Device and Procedure/Protocol Committee Meeting June 6, 2007

Dr. Marino asked for a motion to approve the minutes of the June 6, 2007 Joint Drug & Device and Procedure/Protocol Committee meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Revisions to BLS/ILS/ALS Protocols

Dr. Heck led the discussion by reviewing the itemized list of changes based on recommendations from previous meetings and asked the committee for feedback.

In addition to those changes, Dr. Henderson recommended striking the language requiring telemetry contact for pediatric morphine in the Trauma treatment protocol. He also pointed out that the pediatric route for morphine sulfate was not included in the formulary. After a brief discussion the committee agreed to remove the telemetry requirement for the initial dose of pediatric morphine and add the pediatric route for morphine sulfate in the formulary.

Ms. Young stated that the number of telemetry recordings has decreased because medics are using their cell phones instead of the radio. She suggested adding language to the General Patient Care (GPC) protocol under "Communications" to address this concern. Dr. Heck asked whether the committee wanted the language to read that all telemetries must be done by radio, or give the medics an option to use their cell phone provided the call is patched through the Fire Alarm Office (FAO). Dr. Henderson recommended that the medics be given the option of using a cell phone to avoid sensitive subjects having to be transmitted via radio. Mr. Evans noted the importance of calling the correct phone number at the FAO because only a couple of the consoles have the capability to accept calls from cell phones. Dr. Heck stated he would add language to the "Communications" section of the GPC protocol that states, "Telemetry contact should be established by radio. Telephone contact may only be used if the call is recorded via a phone patch through the FAO." He stated that the correct phone number will be listed on the protocol.

Dr. Slattery recommended some housekeeping changes: In the Trauma treatment protocol, #11 he would like to see subsection c., d., and e. struck and moved over as items under subsection b. since all three of these are associated with diminished breath sounds. In the Overdose/Poisoning treatment protocol, he suggested moving #12 higher on the algorithm and adding aspirin since this is the biggest life threat with these patients. It should read "If Tricyclic Antidepressant or Aspirin overdose is suspected and the patient has a widened QRS" instead of "EKG signs of toxicity", administer Sodium Bicarbonate."

Dr. Slattery also noted that a verbiage change previously approved by the committee had not yet been revised in the Chronic Public Inebriate protocol. It was agreed that the last sentence would read, "If there is any doubt whether the person is in need of emergency medical care, they should be transported to the closest hospital's emergency department." He recommended modifying the vital signs to make it a safer protocol. Mr. Rogers stated that WestCare has been refusing patients that wouldn't have been refused a year ago. He feels it is very nurse dependent. Mr. Chetelat replied that Kirby Burgess assured him that WestCare is in compliance with the protocol. Dr. Heck recommended that the vital signs not be modified since there have been no cases where the criteria have failed the system. Dr. Marino suggested adding verbiage to the GPC protocol under "Disposition." Dr. Heck stated he would reference the CPI protocol in 6.b. under "Disposition".

Dr. Slattery recommended removing the physician order for the first morphine dose for the pediatric patient in the Burns protocol, with additional doses requiring physician order.

A motion was made to approve the above revisions to the draft BLS/ILS/ALS Protocol Manual, along with the Summary of Changes. The motion was seconded and passed unanimously.

B. Discussion of Replacing Phenergan with Zofran

Mr. Chetelat stated it is the recommendation of the EMSTS office to replace Phenergan with Zofran and allow the transport agencies to utilize their remaining supply of Phenergan before switching over to Zofran, with an official cutoff date of October 1, 2007. Dr. Slattery noted that the pediatric emergency physicians recommend not using Zofran for patients under the age of two and would prefer it to be by physician order. Dr. Heck noted that the protocol will state that Zofran is indicated in children greater than two.

A motion was made to allow the transport agencies to utilize their remaining supply of Phenergan before switching over to Zofran, with the understanding that the official cutoff date is October 1, 2007. The motion was seconded and passed unanimously.

C. Discussion of CyanoKit[®]

Mr. Evans stated that the CyanoKit[®] was proposed at the June meeting as an optional item on the Official Paramedic Drug Inventory. He stated that the protocol would need to be revised to conform with the current protocols.

Dr. Heck remarked that he has significant concerns with the introduction of the CyanoKit[®] since there is no record of anybody using one in EMS. He stated it is a logistically intensive drug to give, and the odds are that the total dose will not be administered prior to arrival at the hospital because of its infusion timeframe. He feels the CyanoKit[®] should be a hospital based intervention. Dr. Henderson asked if Bruce knew how many patients from fires suffered from severe respiratory distress, hypotension or cardiac arrest.

Dr. Heck questioned whether the CyanoKit[®] should be indicated in the prehospital setting when two vials need to be mixed, reconstituted and given over 15 minutes, which could delay transport to a definitive care facility, and most likely the therapy will not be finished prior to arrival. He added that he hasn't seen the data to justify the cost benefit ratio. Mr. Evans replied that the issue is not being recognized because the physicians are not testing for cyanide levels. The CyanoKit[®] has excellent efficacy and evidence based medicine and is being picked up in many cities around the country. He feels it will become the treatment of choice for smoke inhalation, and also give our EMS system a chance to be in a leadership role. Dr. Slattery noted that UMC burn center uses the CyanoKit[®]. He suggested looking at their data concerning the percentage of burn patients that are actually hypotensive and unresponsive to fluids, and whether they test for cyanide levels.

Dr. Marino asked whether the Health District would be opposed to the fire departments developing their own internal programs for employee use only. Dr. Heck stated that could be done under the direction of their individual medical directors.

Mr. Evans asked that the issue be tabled to allow the EMSTS office to review the literature and gather additional data.

A motion was made to table the CyanoKit[®] discussion until the next meeting. The motion was seconded and passed unanimously.

D. Discussion of Adult Intra-Osseous

John Hammond stated that at the previous QI Directors meeting, Marie Lemmon reported that Mercy Air commenced the EZ/IO device pilot study. There were ten successful attempts, with no concerns. The consensus of that meeting was that their device, the EZ/IO gun, was cost prohibitive at \$775 so he researched several others including the Bone Injection Gun (B.I.G), the Jamshidi and Pyngs Fast Sternal I/O which is one that cannot be used in patients that have had open heart surgery.

Dr. Heck stated that the first discussion should be whether to go with the adult I/O and then decide which device to use system wide.

Dr. Marino commented that he was not familiar with the B.I.G. He asked for the discussion to be tabled to allow a representative to demonstrate the various products.

Dr. Heck asked the committee to approve the adult I/O as a procedure change so the protocol can be written without referencing a specific device. He stated he will bring a video and trainer model for the next meeting.

A motion was made to approve the adult I/O as a procedure within the EMS System. The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No response

V. ADJOURNMENT

As there was no further business, Dr. Marino called for a motion to adjourn. The motion was made, seconded and passed unanimously to adjourn at 10:37 a.m.