



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

MEDICAL ADVISORY BOARD MEETING

June 1, 2011 – 11:00 A.M.

MEMBERS PRESENT

E.P. Homansky, MD, Vice Chairman, AMR
Dale Carrison, DO, Clark County Fire Department
K. Alexander Malone, MD, North Las Vegas Fire
Eric Anderson, MD, MedicWest Ambulance
Mark Calabrese, EMT-P, MedicWest Ambulance
Tony Greenway, American Medical Response
Ken Taylor, EMT-P, Las Vegas Fire & Rescue (Alt.)

Richard Henderson, MD, Henderson Fire Department
Christian Young, MD, Boulder City Fire Dept
Jarrod Johnson, DO, Mesquite Fire & Rescue
Chief Troy Tuke, Clark County Fire Department
Rick Resnick, EMT-P, Mesquite Fire & Rescue
Syd Selitzky, EMT-P, Henderson Fire Dept (Alt.)

MEMBERS ABSENT

David Slattery, MD, Chairman, Las Vegas Fire & Rescue
Chief Scott Vivier, Henderson Fire Department
Chief Bruce Evans, North Las Vegas Fire Dept

Chief Kevin Nicholson, Boulder City Fire Dept
Chief Thomas Miramontes, Las Vegas Fire & Rescue

SNHD STAFF PRESENT

Rory Chetelat, EMSTS Manager
John Hammond, EMS Field Representative

Trish Beckwith, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Larry Johnson, EMT-P, MWA
Eric Divendorf, EMT-P, AMR
Gina Schuster, EMT-P, Community Amb
Michelle McKee, MD, UMC
Jo Ellen Hannom, RN, CCFD
August Corrales, EMT-P, CSN
Victor Quon, RN, TriState CareFlight
Brian Anderson, Community Ambulance
Chris Baker, RN, TriState CareFlight
Elad Bicer, MD, Summerlin Hospital
Kimberly Berry, RN, Sunrise Hospital
Will Wagnon, Mountain View Hospital
Jen Renner, RN, HCA

Derek Cox, EMT-P, LVF&R
Steve Johnson, EMT-P, MWA
Scott Lethi, RN, Desert Springs Hospital
Steve Patraw, BoundTree
Pat Foley, EMT-P, CCFD
Chris Stachyra, EMT-I, MWA
Tim Orenic, EMT-P, LVFR
Doug Dame, EMT-P, AMR
Gerry Julian, Mercy Air
Kathy Kopka, RN, Sunrise Hospital
Abby Hudema, RN, UMC Trauma
Frank Simone, EMT-P, NLVFD

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Clemens Conference Room at the Ravenholt Public Health Center at 11:00 a.m. on Wednesday, June 1, 2011. The meeting was called to order by Vice Chairman E.P Homansky, M.D. The

Affidavit of Posting, Mailing of Agenda, and Public Notice of the Meeting Agenda were executed in accordance with the Nevada Open Meeting Law. Dr. Homansky noted that a quorum was present.

I. CONSENT AGENDA

Vice Chairman Homansky stated the Consent Agenda consisted of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Minutes Medical Advisory Board Meeting May 4, 2011

Dr. Homansky asked for a motion to approve the minutes of the May 4, 2011 Medical Advisory Board meeting. A motion for Board approval to accept the minutes with the revision was made, seconded and passed unanimously.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Committee Report: Drug/Device/Protocol Committee 06/01/2011

1. Final Approval of the Treatment Protocols
2. Final Approval of the Operations Protocols
3. Final Approval of the Procedure Protocols
4. Final Approval of the Formulary

Dr. Henderson referenced the Board to the Summary of Changes; an outline of approved revisions to the BLS/ILS/ALS Protocol Manual made by the Drug/Device/Protocol Committee (DDPC) and asked Mr. Chetelat and Mr. Hammond to review the revisions made at today's DDPC meeting.

Mr. Hammond summarized the discussion regarding the pending revisions first and then any changes made to the revisions already listed under each bundle:

1. Morphine routes to include Intramuscular (IM)/Intranasal (IN) – No action taken
2. Cardiac Dysrhythmia: Bradycardia: adopt language that is consistent with AHA which allows Atropine to be used in an unstable patient. – Mr. Hammond stated that the DDPC initially decided no action should be taken but on further review, there is no atropine listed in the hemodynamically unstable patient and questioned how the Board would like to proceed. Dr. Henderson stated that was a mistake and it needs to be moved up to unstable since it is not used for the stable patient. The Board agreed.
3. Respiratory Distress with Bronchospasm: #8 add language to consider the use of Epinephrine for asthma. – No action taken.
4. The pediatric Cyanokit dose needs to be determined as well as the alert box. – The DDPC agreed to broaden the pediatric indications to encompass the same recommendation as the adult population, change the reference to the "Cyanokit" as Hydroxocobalamin and to include the Pediatric Hydroxocobalamin dose as 70 mg/kg IVPB over 15 minutes.
5. Inclusion of the pilot Induced Hypothermia Protocol – Already approved and no action is required.

Bundle A (Treatment)

General Patient Care (GPC): No changes other than listed.

Acute Cerebral Vascular Accident: No changes other than listed.

Acute Coronary Syndrome (Suspected): No changes other than listed.

Cardiac Arrest (Adult CCC CPR):

- Add alert box indicating patient should be transported to closest designated induced hypothermia facility.
- Add alert box to allow the use of mechanical chest compression devices if available.

Altered Mental Status: No changes other than listed.

Burns: No changes other than listed.

Cardiac Dysrhythmia: Asystole/PEA: No changes other than listed.

Cardiac Dysrhythmia: Bradycardia:

- Refer to the Education Committee that the references to milligrams be changed to milliliters for training purposes and ease of use.
- Keep ETT doses for pediatric route.

Cardiac Dysrhythmia: Monomorphic Ventricular Tachycardia:

- Refer to the Education Committee to add a fluid bolus under pediatric Amiodarone.

Cardiac Dysrhythmia: Pulseless Electrical Activity: No changes other than listed.

Cardiac Dysrhythmia: Supraventricular Tachycardia (Narrow Complex): No changes other than listed.

Cardiac Dysrhythmia: Torsades de Pointes: No changes other than listed.

Cardiac Dysrhythmia: Ventricular Fibrillator or Pulseless Ventricular Tachycardia: No changes other than listed.

Pulmonary Edema / CHF (Adult): No changes other than listed.

Smoke Inhalation: No changes other than listed.

Bundle B (Operations)

Termination of Resuscitation: No changes other than listed.

Bundle C (Procedure)

No changes

Formulary

Add Hydroxocobalamin

Legal 2000 Guideline:

- Changed “may” to “shall”
- Changed “inpatient psychiatric facility” to “Southern Nevada Adult Mental Health Services”.

Mr. Chetelat asked the Board for direction on making the Legal 200 Guideline an official protocol. After a brief discussion the Board’s recommendation was to leave it as a Guideline.

Dr. Homansky asked if the Board had any concerns regarding the protocols they’d like to discuss.

A motion to approve the Summary of Changes of the BLS, ILS, ALS Protocols with revisions was made, seconded and passed unanimously.

III. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Internal Disaster Monthly Report

Rory Chetelat referenced his handouts that included the last 30 days and year to date data for only those hospitals that declared an internal disaster. He cautioned the Board to make sure that they follow the time lines from status start date to status end date because it may not be multiple internal disasters, it may be a continuation. He drew everyone’s attention to the very last page where they can see the total impact of the system which is over 300 hours of internal disasters year to date. The recommendation that was made at the last meeting was to not only report this at the MAB but that it gets reported at the Destination Criteria Committee in the future to see how internal disasters may impact the hospitals ability to be designated for other specialty designations. Dr. Johnson questioned if there is any indication as to why the hospitals went on internal disaster. Mr. Chetelat stated that the only information he gets is what is listed on the EMSsystem and the trend lately is they haven’t listed the cause.

IV. PUBLIC COMMENT

Dr. Carrison reported the Table Top Exercise run by Las Vegas Metropolitan Police Department will be done on 6/2/2011 at the Las Vegas Motor Speedway (LVMS) for the Electric Daisy Carnival (EDC) being held on the 24th, 25th & 26th of this month.

Dr. Carrison reported that there was a well written and very accurate news article from a Homeland Security standpoint in the Las Vegas Review Journal regarding injectibles that he would suggest everybody read. He stated that there are so many injectibles that we are using now that are manufactured by one or two companies and if a terrorist chose to take out one of those it would affect the entire United States with regard to drug shortages. Also, with such a small profit margin on generic drugs, a lot of the manufacturer companies have gone out of business with fewer manufacturers wanting to produce less profitable generics that will also have a direct impact on meeting the clinical needs of the patient.

V. ADJOURNMENT

As there was no further business, Dr. Homansky called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:12 a.m.