



## MINUTES

### EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

#### MEDICAL ADVISORY BOARD MEETING

June 6, 2012 – 11:00 A.M.

#### MEMBERS PRESENT

David Slattery, MD, Chairman, Las Vegas Fire & Rescue  
Richard Henderson, MD, Henderson Fire Department  
Eric Anderson, MD, MedicWest Ambulance  
Dale Carrison, DO, Clark County Fire Department  
Mark Calabrese, EMT-P, MedicWest Ambulance  
Scott Morris, EMT-I, North Las Vegas Fire Dept (Alt)

Christian Young, MD, Boulder City Fire Dept  
Jarrod Johnson, DO, Mesquite Fire & Rescue  
E.P. Homansky, MD, Vice Chairman, AMR  
Chief Scott Vivier, Henderson Fire Department  
Tony Greenway, American Medical Response  
Rick Resnick, EMT-P, Mesquite Fire & Rescue

#### MEMBERS ABSENT

Chief Kevin Nicholson, Boulder City Fire Dept  
Jeff Buchanan, EMT-P, North Las Vegas Fire Dept  
Chief Thomas Miramontes, Las Vegas Fire & Rescue

Chief Troy Tuke, Clark County Fire Department  
K. Alexander Malone, MD, North Las Vegas Fire

#### SNHD STAFF PRESENT

Rory Chetelat, EMS Manager  
Kelly Buchanan, MD, EMS Fellow  
Michelle Nath, Program/Project Coordinator

John Hammond, EMS Field Representative  
Judy Tabat, Recording Secretary

#### PUBLIC ATTENDANCE

Brian Anderson, Community Ambulance  
Gina Schuster, EMT-P, Community Amb.  
Gerry Julian, EMT-P, Mercy Air  
Steve Johnson, EMT-P, MWA  
Jen Renner, RN, Sunrise Hospital  
Troy Repuszka, Summerlin Hospital  
Steve Patraw, Boundtree  
Tricia Klein, EMT-P, NCTI  
Will Ziegahn, LVAPEC Student  
Dakota Atkins, LVAPEC Student  
Jason McCoy, LVAPEC Student  
Andrei Menchikov, LVAPEC Student  
Tom Limov, LVAPEC Student  
Scott Koss, LVAPEC Student  
Lloyd Williams, LVAPEC Student

Sam Scheller, EMT-P, Guardian Elite  
Frank Simone, EMT-P, NLVFD  
Chris Baker, RN, TriState CareFlight  
Abby Hudema, RN, UMC  
Shari Chauz, Mountain View Hospital  
Michael Metzler, MD, Sunrise Hospital  
August Corrales, EMT-P, CSN  
Richard Main, EMT-P, NCTI  
Christian Fernandez, LVAPEC Student  
Joclyn Fornero, LVAPEC Student  
Owen McKeany, LVAPEC Student  
Alex Millar, LVAPEC Student  
Ryan Walters, LVAPEC Student  
Darienn Trotter, LVAPEC Student  
Jon Oliveri, LVAPEC Student

## **CALL TO ORDER - NOTICE OF POSTING OF AGENDA**

The Medical Advisory Board convened in Classrooms # 1 and # 2 at American Medical Response – Las Vegas on Wednesday, June 6, 2012. Chairman David Slattery, MD called the meeting to order at 11:05 a.m. 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. Slattery noted that a quorum was present.

### **I. PUBLIC COMMENT**

None

### **II. CONSENT AGENDA**

Chairman Slattery 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 April 4, 2012

Dr. Slattery asked for a motion to approve the minutes of the April 4, 2012 Medical Advisory Board meeting. A motion for Board approval to accept the minutes was made, seconded and passed unanimously.

### **III. REPORT/DISCUSSION/POSSIBLE ACTION**

#### **A. Discussion on Appointment of Medical Advisory Board Chairman and Vice Chairman**

Mr. Chetelat advised the Board that the MAB bylaws were adopted several months ago and the chair positions were written to serve a two year term from July 1<sup>st</sup> through June 30<sup>th</sup> of the second year. Since Dr. Slattery was appointed in January, the bylaws could be adjusted to the calendar year or allow Dr. Slattery to serve until January and then Dr. Homansky would then get a short term. Dr. Slattery stated that he would be willing to serve until January or if it is the Board's desire, change the bylaws.

Dr. Johnson made a motion to change the bylaws to calendar year. The motion was seconded and passed unanimously.

#### **B. Committee Report: Drug/Device/Protocol (DDP) Committee 06/06/12**

##### **1. Review of Selected Protocol**

- Abdominal/Flank Pain, Nausea & Vomiting
- Pediatric Abdominal Pain, Nausea & Vomiting
- Bradycardia
- Pediatric Bradycardia
- Severe Allergic Reaction
- Mild Allergic Reaction
- Pediatric Severe Allergic Reaction
- Pediatric Mild Allergic Reaction
- Chest Pain
- Behavioral Emergency
- Pediatric Behavioral Emergency

##### **2. Protocol Algorithm Workshop**

##### **3. Individual Agency Drug Shortage Update**

Dr. Johnson reported that on the Individual Agency Drug Shortage Update the agreement was to have 2 or 3 tiers of drugs approved as alternatives medications during this shortage and an agency would make that decision to go to the next tier once they are at a critical level. He added that Dr. Buchanan sent out an email to every Agency asking them to advise her where they stand regarding those drugs and the education on those drugs so she can create a spreadsheet to be posted in every Agencies ready room and reminded everybody that it is important to get those responses back as soon as possible.

Dr. Slattery asked Mr. Chetelat if this spreadsheet can be posted on the Health Districts website. Mr. Chetelat answered in the affirmative but asked if that was something we would want the public to see. Dr. Henderson felt that the public should be aware of the issues they are facing in this country.

Dr. Johnson reported that the Protocol Algorithm Workshop was tabled until July 11, 2012. He added that they have several protocols that have been approved by the DDP Committee and are ready to be submitted to this Board and referred to the yellow handout.

#### Global Changes

- All tiered medications will now be in the format as T1, T2, and T3
- All medications will be listed as the generic form
- Airway Management: Name changed to Ventilation Management
- Blood Glucose Testing will be done at the Basic level

#### Housekeeping Changes

- Remove B/I/P Legend on every protocol

#### **Abdominal/Flank Pain, Nausea & Vomiting / Pediatric Abdominal Pain, Nausea & Vomiting**

Dr. Johnson stated that the only significant changes were on the pediatric abdominal pain. The Committee agreed to remove the word “bilious” from witnessed vomiting because they felt it was too restrictive, and also rounded the ODT Zofran tablet to the nearest ½ tablet rather than try to quarter a tablet.

A motion was made to approved the Abdominal/Flank Pain, Nausea & Vomiting and Pediatric Abdominal Pain, Nausea & Vomiting protocols with the stated changes. The motion was seconded and approved unanimously.

#### **Bradycardia** was tabled

#### **Pediatric Bradycardia**

Dr. Buchanan stated the only issue was whether to change blood glucose testing with a capillary stick to a basic level skill because right now it is an ILS skill even though it is part of the EMT National Curriculum. Dr. Slattery added that the DDP Committee voted to allow it at the Basic level. Mr. Chetelat stated he didn't think there was any restriction in the NRS and agreed to change it to the basic level. He added that he would have his office do some research and if there is any question he will get back with the Board.

A Motion was made to approve the Pediatric Bradycardia Protocol as written. The motion was seconded and passed unanimously.

#### **Allergic Reaction / Pediatric Allergic Reaction**

Dr. Johnson explained that the DDP Committee voted to combine the Severe and Mild Allergic Reaction Protocols into just one protocol for both the Adult and Pediatric patient. The other changes included removing Famotidine and Solumedrol since they are not listed on the formulary and would need to be approved through the Health District's new medication process and they agreed to strike the word “rash with” under the mild allergic reaction.

Dr. Young questioned that if it is determined to be a pediatric severe allergic reaction but with no respiratory component would it be acceptable to bypass the Albuterol section. Dr. Johnson felt that the patient he was describing would probably go under the current mild reaction because the decision point is evidence of airway involvement. Dr. Henderson agreed stating that what kicks you into the severe is airway or vitals.

A motion was made to combine the Severe Allergic Reaction and Mild Allergic Reaction Adult and Pediatric Protocols and call it the Allergic Reaction Protocol / Pediatric Allergic Reaction Protocol with the stated changes. The motion was seconded and passes unanimously.

#### **Chest Pain**

Dr. Johnson advised the Board that this protocol will get the medics thinking that there is more to chest pain than just a myocardial infarction (MI). There are several jumping off points and all end in going to a separate protocol with the importance of getting an early 12-lead EKG.

Dr. Young asked if it was redundant to list 12-lead EKG under Suspected Aortic Dissection since it was done after the General Adult Assessment. The Board agreed to strike the 2<sup>nd</sup> 12-Lead EKG.

A motion was made to approved the Chest Pain Protocol with the stated change. The motion was seconded and approved unanimously.

### **Behavioral Emergency / Pediatric Behavioral Emergency**

Dr. Johnson reported that the adult Behavioral Emergency had a few changes. Under Threatened to harm OTHERS it should read 4 point restraint instead of 2 point restraint. The DDP Committee agreed to add Ketamine as a tier 2 drug along with Droperidol for the persistent risk patient since it is already approved as a backup tiered drug and remove Zyprexa and Geodon.

Dr. Carrison questioned where excited delirium fits in and how they are defining the differences between behavior emergency and altered mental status. Dr. Henderson suggested adding excited delirium as #6 in Behavioral Emergency of things to consider. The behavioral is really for controlling the person that you are having trouble controlling. He felt that if they address the excited delirium as #6 it really wouldn't change their therapy but it would get it on their radar. Dr. Johnson stated that cardiac monitoring was added after any patient has had an intervention to calm them down. Dr. Buchanan added continuous monitoring capabilities as opposed to just intermediate level monitoring.

Dr. Johnson stated that the Pediatric Behavioral Emergency protocol had no changes other than a side note will be added stating that the pediatric protocol is for <12 years old. The 12 to 18 is going to be treated slightly different in the Adult Behavioral Emergency as noted on the bottom right side of the protocol.

A motion was made to approved the Behavioral Emergency / Pediatric Behavioral Emergency Protocols with the stated changes. The motion was seconded and approved unanimously.

### **Pain Management / Pediatric Pain Management**

Dr. Johnson stated the following changes were made to the Pain Management protocol:

Change the Fentanyl dose from 1.5mcg/kg IV/IM; max single dose 150mcg to 1.0mcg/kg IV/IM; max single dose 100mcg.

Change the Hydromorphone 0.0125mg/kg IV/IM; max single dose 2mg to 0.01mg/kg IV/IM; max single dose 1mg.

Remove “the 1<sup>st</sup> for pain scale >7/10” to “as needed” on the Pain Management protocol.

On the pediatric side, the dosing changes were the same as on the adult. There is no repeat dose for pediatrics without medical control contact and then for nausea & vomiting there is only one approved medication.

Dr. Henderson suggested adding Intranasal with Fentanyl. The Board agreed.

A motion was made to approve the Pain Management / Pediatric Pain Management Protocols with the stated changes. The motion was seconded and passed unanimously.

### **CVA (Stroke)**

Dr. Johnson stated that It looks just as it reads except for under the document section, the Committee agreed it would be a witnessed with contact phone number rather than just limiting it to just family & friends.

A motion was made to approved the CVA (Stroke) Protocol with the stated change. The motion was seconded and approved unanimously.

Dr. Slattery thanked Dr. Buchanan for all her work along with the DDP Committee and Workgroups who have put a lot of effort into this.

Mr. Chetelat advised the Board that with the new literature that is coming out the Health District is becoming more uncomfortable with the idea of extending drug expiration dates. He questioned that with the addition of the alternative drugs is extending drug expiration dates a practice they want to continue. Dr. Henderson answered in the affirmative stating not just because they need to but it is such a waste of money not to and there is no data to support the current NRS statutes. He added that even using alternatives suggest that you are using your second choice because of a rule that is not based on science. Dr. Homansky agreed but felt they should work towards

changing the law first. He stated that he has no problem using expired drugs unless there are a specific contraindications but felt that it puts us out on a limb. Mr. Chetelat agreed stating that is the biggest issue, we are assuming a lot of responsibility on this and there is no backing from FDA or any of the other federal or even state organizations to that effect.

Dr. Slattery reminded the Board that the reason we extended the expiration dates was for our patients, specifically for drugs that we are not able to get. He stated that he still can't get Etomidate which is a critical medication for airway management in our system and all the evidence suggests that Etomidate is not only good for 6 months but probably good for 10 years before you lose efficacy. He felt that it is important to understand that we are still in the national drug crisis right now and we need to have the drug available for our patients in those critical scenarios as often as possible. As a Board member we are put in a bad position to make those decisions but felt that we are making them based on what is best for our patients in our community.

Steve Patraw stated that Pat Irwin, the Director for the State Health Department has been in talks with the governor's office and stated that they were going to extend a 6 month window of expiration as an official statement. He added that he will find out where that is and email this Board with that information. Mr. Chetelat stated that would be a step in the right direction and maybe open the door for the legislation to make some changes. He added that he wanted to get it on record that we are continuing to evaluate this because it is a liability issue for everyone.

Dr. Slattery asked if the Board wanted to take any specific action and reaffirm their position on this matter. The Board felt it was not necessary to take any additional action at this time.

#### **IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY**

##### **A. Trauma Report**

Mr. Chetelat reported that six new members will be added to the Regional Trauma Advisory Board (RTAB) beginning July 1<sup>st</sup>, for two year terms with four appointed to existing seats and two appointed to three new seats:

- One administrator from a non-trauma center hospital system - Sajit Pullarkat, Centennial Hills Hospital
- One person representing health education and prevention services - Linda Kalekas, Clark County School District
- One person representing the payers of medical benefits for the victims of trauma - Leslie Johnstone, Health Services Coalition
- One person representing the general public - Kelly Boyers, Adam's Place
- One person with knowledge of legislative issues/advocacy - Erin Breen, UNLV Transportation Research Center
- One person involved in public relations/media - Jennifer McDonnell, St. Rose Dominican Hospitals
- One person with knowledge of system financing/funding - no applications were received

Four new committees were created and have begun to meet:

- Trauma Procedure/Protocol Review Committee has met twice. The next meeting is June 13<sup>th</sup> at 1:00 PM
- Trauma Rehabilitation Committee will meet for the first time June 20<sup>th</sup> at 8:00 AM
- Trauma Advocacy Committee will begin identifying members in July
- Trauma Research Committee will be formed sometime in the 4<sup>th</sup> quarter of the year.

Mr. Chetelat introduced Michelle Nath as the new EMS Program/Project Coordinator for Trauma.

##### **Internal Disaster Monthly Report**

Tabled

##### **B. ED/EMS Regional Leadership Committee Update**

John Hammond reported that most of the discussion was around L2K and Emergency Room throughput and unfortunately the State Representative was not there to discuss the throughput.

**V. PUBLIC COMMENT**

Dr. Carrison reported that the Electric Daisy Carnival (EDC) is being held at the Las Vegas Motor Speedway (LVMS) starting on June 8<sup>th</sup> and they are looking at probably over 100,000 people a night. UMC will be the primary hospital with Valley as the secondary. This year they set up a 40 bed hospital with a 12 bed ICU with 3 first aid centers. The remainder of the disaster plans that are in place from the table top exercises are no different from any other disaster that we would have in Clark County as far as the set up and how the system would go if something major occurred.

Dr. Slattery thanked Tony Greenway and AMR for donating this building and this space for not only this meeting but all the other meetings.

August Corrales advised the Board that the College of Southern Nevada (CSN) will be holding a Secondary EMS Instructor Course in July. He asked if anyone is interested to contact him or Nancy Cassel at the college.

Mr. Chetelat advised the Board that the Health District was given permission at the last Board of Health (BOH) meeting to seek a lease with the 330 S. Valley View building or the old Century Link building. It's a 3 year lease with another option to renew for another 3 years so that should be the new home. We hope to start to move in by mid July and completely moved in by the end of the year.

Steve Patraw updated the Board on drug shortages. Dr. Slattery thanked him for all his work and weekly emails.

**VI. ADJOURNMENT**

As there was no further business, Dr. Slattery called for a motion to adjourn. The motion was seconded and passed unanimously to adjourn at 11:52 a.m.