

MINUTES

EMERGENCY MEDICAL SERVICES

PROCEDURE/PROTOCOL COMMITTEE

June 1, 2005—2:00 P.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman
Allen Marino, M.D., SWA/NLVFD
Aaron Harvey, EMT-P, HFD
Sandy Young, R.N., LVFR
Chief David Petersen, MFR

Philis Beilfuss, R.N., NLVFD
Derek Cox, EMT-P, AMR
Larry Johnson, SWA
Batt. Chief Trent Jenkins, CCFD

MEMBERS ABSENT

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Eddie Tajima, Rec. Secretary
Rae Pettie, EMS Program Coordinator

Mary Ellen Britt, R.N., QI Coordinator
Trish Beckwith, Field Representative
David Slattery, M.D., Assistant Medical Director

PUBLIC ATTENDANCE

Jay Craddock, EMT-P, NLVFD
Jo Ellen Hannom, CCFD
Scott Vivier, EMT-P, HFD
Russ Cameron, EMT-P, CCFD

Lawrence Pellegrini, D.O., LVFR
Randy Howell, EMT-P, HFD
John Higley, MFR
Frank Simone, EMT-P, NLVFD

I. CONSENT AGENDA

The Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, June 1, 2005. Chairman Rick Henderson, M.D., called the meeting to order at 2:03 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Dr. Henderson noted that a quorum was present.

Minutes Procedure/Protocol Committee Meeting February 2, 2005

Minutes Procedure/Protocol Committee Meeting May 4, 2005

Dr. Henderson asked for a motion to approve the minutes of the February 2, 2005 and the May 4, 2005 meetings. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

Review of Draft Protocol Manual

The Procedure/Protocol Committee reviewed each protocol of the draft manual one-by-one, making recommendations for modifications. The Protocol Manual Summary of Changes, which includes modifications applied as recommended by the committee:

1. Forward – No change
2. General Patient Care Protocol
 - a. Section ‘H’ Disposition – Switch item #1 and #2.
 - b. Section ‘H’ Disposition – put ALL in front of Unstable
 - c. Section ‘H’ Disposition – Added Patients sustaining burn injuries shall be transported in accordance with the Burns Protocol as Item #4.
 - d. Section ‘H’ Disposition – Pilot Protocol “Patient Transfer to Receiving Facility” criteria was inserted as Item #7
3. Abdominal Pain (Non-Traumatic) – expanded version presented
 - a. Change title to: Abdominal Pain, Back Pain, Flank Pain (Non-Traumatic)
 - b. Item #6 - changed to 5mg to repeat at 5 minute intervals to a total of 10mg.
4. Advanced Airway Management – expanded version presented
 - a. Organized tube placement verification methods into those that “Confirm tracheal placement” and those that “Confirm proper tube depth and adequacy of ventilation”.
5. Allergy / Anaphylaxis
 - a. Item #5 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #10 under ILS – Clearly define 1:1,000 (IM,SQ) 1:10,000 (IV)
 - c. Item #11 – add If airway is not manageable by BLS methods, follow Advanced Airway...
6. Altered mental Status
 - a. Item #5 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Added alert regarding Narcan contraindication
 - c. Item #11 – add If airway is not manageable by BLS methods, follow Advance Airway...
7. Behavioral Emergencies – No change
8. Burns
 - a. Item #7 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #10 - add If airway is not manageable by BLS methods, follow Advanced Airway...
9. Cardiac Arrest
 - a. Item #8 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #13 - add If airway is not manageable by BLS methods, follow Advanced Airway...
10. Cardiac Dysrhythmia: Asystole – No change
11. Cardiac Dysrhythmia: Atrial Fibrillation / Atrial Flutter – A new protocol presented
 - a. Not accepted
12. Cardiac Dysrhythmia: Bradycardia
 - a. Item #2 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #5 - add If airway is not manageable by BLS methods, follow Advanced Airway...

- c. Item 8b – change ‘or’ to ‘and’.
13. Cardiac Dysrhythmia: Pulseless Electrical Activity – No change
 14. Cardiac Dysrhythmia: Supraventricular Tachycardia – Expanded version was presented.
 - a. Cardiac Dysrhythmia: Supraventricular Tachycardia (Narrow Complex)
 - b. Item #2 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - c. Item #4 - add If airway is not manageable by BLS methods, follow Advanced Airway...
 - d. Item #10 change Etomidate dose to 0.1 mg/kg.
 - e. Add additional line: If Cardioversion and/or Adenosine are unsuccessful consider administration of Amiodarone.
 15. Cardiac Dysrhythmia: Narrow Complex Tachycardia (Junctional/Ectopic or Multifocal Atrial Tachycardia) – A new protocol presented
 - a. Not accepted
 16. Cardiac Dysrhythmia: Adult Ventricular Ectopy
 - a. Tabled
 17. Cardiac Dysrhythmia: Ventricular Fibrillation or Pulseless Ventricular Tachycardia – No change
 18. Cardiac Dysrhythmia: Ventricular Tachycardia – Expanded versions were presented.
 - a. Cardiac Dysrhythmia: Monomorphic Ventricular Tachycardia
 - i. Item #6 - Switch Amiodarone and Lidocaine around
 - ii. Item #7 – Change to 50cc NS
 - b. Cardiac Dysrhythmia: Polymorphic Ventricular Tachycardia / Torsades De Pointes
 - i. Scratch ILS
 - c. Cardiac Dysrhythmia: Supraventricular Tachycardia (Wide Complex)
 - i. Tabled
 19. Non-Traumatic Adult Chest Pain
 - a. Item #4 – Added If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #8 – Added If airway is not manageable by BLS methods, follow Advanced Airway...
 - c. Item #12 – Change to 5mg, may repeat at 5 minute intervals to a total of 10mg.
 20. Adult Hyperkalemia
 - a. Item #3 – add If airway is not manageable by BLS methods, follow Advanced Airway...
 21. Obstetrical / Gynecological Emergencies – No change
 22. Overdose / Poisoning
 - a. Item #4 –add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Added alert regarding Narcan contraindication
 - c. Switch item #6 and #7.
 - d. Item #8 - add If airway is not manageable by BLS methods, follow Advanced Airway...
 23. Adult Pulmonary Edema / CHF
 - a. Item #3 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #5 - add If airway is not manageable by BLS methods, follow Advanced Airway...
 24. Respiratory Distress with Bronchospasm
 - a. Item #3 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #10 - add If airway is not manageable by BLS methods, follow Advanced Airway...

25. Shock – Non-Traumatic
 - a. Item #2 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #5 - add If airway is not manageable by BLS methods, follow Advanced Airway...
26. Trauma
 - a. Item #5 - add If airway is not manageable by BLS methods, consider use of the Combitube...
 - b. Item #8 - add If airway is not manageable by BLS methods, follow Advanced Airway...
27. Chronic Public Inebriate – No change
28. Do Not Resuscitate – No change
29. Emergency Department Closure - Deleted
30. Inter-Facility Transfer Of Patients By Ambulance – No change
31. Pediatric Patient Destination Protocol
 - a. Top line “Pediatric patient’s - remove apostrophe
32. Prehospital Death Determination
 - a. Item #4 change EMS personnel to Licensed 911 Responders
33. Quality Improvement Review – No change
34. Trauma Field Triage Criteria – Accepted with:
 - a. St. Rose Siena catchment area defined
 - b. Caveat regarding transport to closest trauma center added.
35. Combitube / Combitube SA – No change
36. Defibrillation – No change
37. Nasogastric / Orogastric Tube Insertion – No change
38. Nasotracheal Intubation
 - a. Combine Nasotracheal and Orotracheal Intubation Protocols
 - b. Rename Protocol – Endotracheal Intubation
39. Needle Cricothyrotomy – No change
40. Needle Thoracentesis – No change
41. Orotracheal Intubation – Deleted, combined with Nasotracheal Intubation
42. Synchronized Cardioversion
 - a. Item #4, change Etomidate dose to 0.1 mg/kg.
43. Tracheostomy Tube Replacement
 - a. Discussion regarding adding an ILS component to this protocol.
 - b. Trish Beckwith will work on it and bring it back to next meeting.

44. Transcutaneous Pacing

- a. Discussion to consider adding “in the conscious patient with systolic pressure over 90”.
- b. Item #5b – change ‘or’ to ‘and’
- c. Tabled

45. Vagal Maneuvers – No change

46. Vascular Access

- a. Added ILS at top

47. Formulary

- a. All new protocol name changes made.
- b. Epinephrine – Adult Dose: 1:1,000 (IM, SQ) 1:10,000 (IV)
- c. Etomidate – Sedative: 0.1 mg/kg Induction: 0.3 mg/kg
- d. Morphine Sulfate – Adult Visceral Pain change to 5 mg; repeat 5 minute intervals. Add Transcutaneous Pacing: 2 mg slow IVP, repeat 10 minute intervals.
- e. Naloxone Hydrochloride (Narcan) – Add intubated patients under Contraindications.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

No response.

V. ADJOURNMENT

As there was no further business, Dr. Henderson called for a motion to adjourn. The motion was made, seconded and passed unanimously to adjourn at 2:25 p.m.