

MINUTES

EMERGENCY MEDICAL SERVICES

PROCEDURE/PROTOCOL COMMITTEE

July 6, 2005--2:30 P.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman
Allen Marino, M.D., SWA/NLVFD
Brian Fladhammer, Mercy Air
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
Sydney Selitzky, EMT-P, HFD

MEMBERS ABSENT

Aaron Harvey, EMT-P, HFD
Jon Kingma, EMT-P, BC

Thomas Geraci, D.O.,

CCHD STAFF PRESENT

Joseph Heck, D.O., Operational Med. Director
Rory Chetelat, EMS Manager
Moana Hanawahine-Yamamoto, Admin Assist
Rae Pettie, EMS Program Coordinator

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

PUBLIC ATTENDANCE

Jay Craddock, EMT-P, NLVFD
Jo Ellen Hannom, CCFD
Cheryl Limer, EMT-P, CCSN
Steve Patraw, EMT-P, SWA
Debbie Estes, Sunrise Hospital

Lawrence Pellegrini, D.O., LVFR
Susie Kochevar, R.N., SWA
John Higley, MFR
Debra Dailey, EMT-P, SWA
Cheryl Bromley, R.N., Mercy Air

I. CONSENT AGENDA

The Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, July 6, 2005. Chairman Rick Henderson, M.D., called the meeting to order at 2:39 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 June 1, 2005

Dr. Henderson asked for a motion to approve the minutes of the June 1, 2005 meeting. 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 3 Circulation, Item #2 Strike out “and operate according to manufacturer’s recommendations”.
3. Abdominal Pain, Back Pain, Flank Pain (Non-Traumatic)
 - a. Item #5 add “or 25mg deep IM”
4. Advanced Airway Management – No change
5. Allergy / Anaphylaxis – No change
6. Altered Mental Status – No change
7. Behavioral Emergencies – No change
8. Burns – No change
9. Cardiac Arrest – No change
10. Cardiac Dysrhythmia: Asystole – No change
11. Cardiac Dysrhythmia: Adult Ventricular Ectopy
 - a. Item #6, add criteria:
 - i. If patient is Hemodynamically Unstable with R on T Phenomena, Couplets, Triplets or non-sustained V-Tach and has symptoms attributable to the Ectopy i.e. Chest pain, shortness of breath or dizziness administer lidocaine.
 - ii. Add Hypotension as a symptom.
12. Cardiac Dysrhythmia: Bradycardia
 - a. Item #6, add Symptomatic Bradycardia
 - b. Item #6, change consider to administer
 - c. Add to the Bradycardia alert box, “Ensure adequate oxygenation prior to administration of Epinephrine or Atropine”.
 - d. Move alert box for Bradycardia up above number 7.
 - e. Item #7, change consider to administer.
13. Cardiac Dysrhythmia: Monomorphic Ventricular And Wide Complex Tachycardia
 - a. Amiodarone vs Lidocaine – Table and bring to the MAB
14. Cardiac Dysrhythmia: Polymorphic Ventricular Tachycardia / Torsades De Pointes
 - a. Strike out “and hypomagnesemic state or Torsades de Pointes is suspected”.

15. Cardiac Dysrhythmia: Pulseless Electrical Activity – No change
16. Cardiac Dysrhythmia: Supraventricular Tachycardia (Narrow Complex)
 - a. Item #11, change consider to administer
17. Cardiac Dysrhythmia: Ventricular Fibrillation or Pulseless Ventricular Tachycardia – No change
18. Non-Traumatic Adult Chest Pain
 - a. Changed name to Suspected Acute Coronary Syndrome
 - b. Add language to General Patient Care Protocol stating “Patients of a certain age complaining of chest pain or shortness of breath need to be placed on a cardiac monitor”. Age to be determined later.
19. Adult Hyperkalemia – No change
20. Obstetrical / Gynecological Emergencies – No change
21. Overdose / Poisoning – No change
22. Adult Pulmonary Edema / CHF
 - a. Item #8, change Consider to Administer
 - b. Item #9, change Consider to Administer
23. Respiratory Distress with Bronchospasm – No change
24. Shock – Non-Traumatic – No change
25. Trauma – No change
26. Chronic Public Inebriate – No change
27. Do Not Resuscitate – No change
28. Emergency Department Closure - Deleted
29. Inter-Facility Transfer Of Patients By Ambulance – No change
30. Pediatric Patient Destination Protocol – No change
31. Prehospital Death Determination
 - a. Item #4 change Licensed 911 Responders to Licensed EMS Personnel
32. Quality Improvement Review – No change
33. Trauma Field Triage Criteria – No change
34. Combitube / Combitube SA – No change
35. Defibrillation – No change
36. Nasogastric / Orogastric Tube Insertion – No change
37. Endotracheal Intubation – No change

38. Needle Cricothyrotomy – No change
39. Needle Thoracentesis – No change
40. Synchronized Cardioversion – No change
41. Tracheostomy Tube Replacement – No change
42. Transcutaneous Pacing – No change
43. Vagal Maneuvers – No change
44. Vascular Access
 - a. Sandy and Phillis to work on addressing Hickman, Pic-lines, etc.
45. Formulary
 - a. Morphine – add “may repeat one time after 5 minutes” under Visceral pain.
 - b. Phenergan - add “or 25mg deep IM”
46. Stroke Patient Destination Protocol – A new protocol presented
 - a. Tabled

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 3:31 p.m.