MINUTES

EMERGENCY MEDICAL SERVICES

PROCEDURE/PROTOCOL COMMITTEE

April 5, 2006—10:00 A.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman
Larry Johnson, EMT-P, MWA
Trent Jenkins, EMT-P, CCFD
David Petersen, EMT-B, MFR
Robert Nichols, EMT-P, AMR
Philis Beilfuss, R.N., NLVFD
Sandy Young, R.N., LVFR
Randy Howell, EMT-P, HFD
Tricia Klein, EMT-P, AMR

MEMBERS ABSENT

Jon Kingma, EMT-P, BCFD
Allen Marino, M.D., MWA/NLVFD
Thomas Geraci, D.O., MFR
Brian Fladhammer, Mercy Air

CCHD STAFF PRESENT

Rory Chetelat, EMS Manager
Joseph Heck, D.O., Operational Medical Director
David Slattery, M.D., Asst. Operational Medical Director
Eddie Tajima, Recording Secretary
Mary Ellen Britt, R.N., QI Coordinator
Judith A. Tabat, Administrative Assistant
Trish Beckwith, Field Representative

PUBLIC ATTENDANCE

Susie Kochevar, R.N., MedicWest Ambulance
Jerry Newman, EMT-I, Specialized Medical Services
Rod Hackwith, EMT-P, CCSN
Ken Wong, Sunrise Hospital & Medical Center
Marlo Herrera, Touro University
Adam Prince, Touro University
John Higley, EMT-P, MFR
Derek Cox, EMT-P, LVFR
Jo Ellen Hannom, R.N., CCFD
David Moore, EMT-I, MedicWest Ambulance
Jason Tredo, EMT-I, MedicWest Ambulance

I. CONSENT AGENDA

The Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, April 5, 2006. Chairman Rick Henderson, M.D., called the meeting to order at 10:03 a.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 1, 2006

Dr. Henderson asked for a motion to approve the minutes of the February 1, 2006 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 Spinal Immobilization Protocol

Dr. Heck presented the Spinal Immobilization Protocol. Larry Johnson noted that Item 2 should be corrected from "If a through h" to "If a through g". Dr. Heck confirmed that the line would be corrected. A motion was made, seconded and passed unanimously to accept the Spinal Immobilization protocol.

B. Discussion of Revisions to General Patient Care Protocol

Dr. Heck noted that Items 1a – 1g under "Cervical Spine Immobilization" have been struck from the General Patient Care protocol because it would be redundant with the Spinal Immobilization Protocol. A motion was made, seconded and passed unanimously to remove Items 1a – 1g from Cervical Spine Immobilization in the General Patient Care protocol.

C. Discussion of Revisions to BLS/ILS/ALS Protocols Due to Changes in AHA Guidelines

The following recommendations were made to the BLS/ILS/ALS Protocols:

- Acute Coronary Syndrome (Suspected) – #11. To clarify intent of when Nitroglycerin should be administered, removed "chest pain" and replaced with "ischemic discomfort"

- Cardiac Arrest – To address the new AHA recommendations regarding when CPR should be performed, #5. added "Witnessed arrest"; #6. added "Unwitnessed arrest, provide two (2) minutes of uninterrupted CPR prior to AED analysis and follow prompts."; #7. removed "AED resuscitation is successful" and replaced with "patient has return of spontaneous circulation"; deleted previous #7 "If AED resuscitation is unsuccessful, begin CPR."; #10. removed "is post-AED resuscitation" and replaced with "has return of spontaneous circulation"; #14. removed "is post-AED resuscitation" and replaced with "has return of spontaneous circulation"

- Cardiac Dysrhythmia: Asystole – Dr. Heck noted that Transcutaneous Pacing was no longer recommended by the AHA; removed previous #1 "Consider immediate Transcutaneous Pacing."; new #1. regarding pediatric epinephrine, added "not to exceed adult dose"; #2. regarding Atropine, removed "maximum" and replaced with "total" dose, removed "0.04" and "kg" and replaced with "3" mg, and added "(ETT administration requires 2-2 ½ times IV dose)."; Dr. Heck stated that the changes were made as a move from weight-based dosages to total dose; renumbered 1, 2, 3 and 4.

- Cardiac Dysrhythmia: Bradycardia – #7. regarding Atropine, removed "-1.0" from dose range, removed "maximum" and replaced with "total", removed "0.04 mg/kg" and replaced with "3 mg (ETT administration requires 2-2 ½ times IV dose)."; #8. regarding pediatric epinephrine dose, added "not to exceed adult dose"; regarding Atropine, removed "maximum" and replaced with "total" dose; removed "0.04 mg/kg" and replaced with "1 mg"

- Cardiac Dysrhythmia: Monomorphic Ventricular Tachycardia – Derek Cox asked why orders were required to cardiovert a pediatric patient that was hemodynamically unstable. Dr. Henderson agreed and felt that telemetry was unnecessary. Dr. Heck indicated that the pediatric ED physicians had requested it when the EMS office first switched to format protocols. However, Dr. Heck added that he would be happy to remove the telemetry. Philis Beilfuss felt that the telemetry icon could not be removed because nowhere else in the protocols is Midazolam administered without orders. Dr. Slattery added that in this situation the best medication for the child would be Etomidate because hypotension would not be a side effect and it would also act as a sedative. #7. removed requirement for telemetry contact for pediatric cardioversion, replaced

Midazolam with Etomidate for both adult and pediatric patients; #9. added "Reassess need for additional sedation". Repeat Etomidate, if necessary"; #15. removed "Polymorphic VT" and added "de Pointes"; #18. Replaced Midazolam with Etomidate. Dr. Henderson stated the final version of #7: "Consider sedation prior to cardioversion; administer Etomidate 0.15 mg/kg IVP." Dr. Heck noted that Midazolam would also be replaced by Etomidate in #18 but it would remain by physician order.

- Cardiac Dysrhythmia: Pulseless Electrical Activity – #1. regarding pediatric Epinephrine, added "not to exceed adult dose"; #2. regarding Atropine, removed "maximum" and replaced with "total"; removed "0.04mg/kg" and replaced with "3 mg (ETT administration requires 2-2 ½ times IV dose)" Ms. Beilfuss requested that Hyperventilation be removed from #3c as a treatment for acidosis.

- Cardiac Dysrhythmia: Supraventricular Tachycardia (Narrow Complex) – #6. added "Pediatric Adenosine dose is 0.1 mg/kg fast IVP, not to exceed 6 mg. If first dose is unsuccessful in 1-2 minutes, may repeat at 0.2 mg/kg fast IVP, not to exceed 12 mg." Dr. Heck added that previously the language was only listed under Hemodynamically Stable patients but it applies equally to the unstable pediatric patient so it was added. Dr. Heck asked if Etomidate should replace Midazolam and the telemetry icon should be removed in #8. Dr. Slattery felt that it would be safer to keep this a physician order because it was very uncommon to have SVT in children. It was agreed that the Midazolam should be replaced with Etomidate but that the telemetry icon would remain.

- Cardiac Dysrhythmia: Torsades De Pointes – removed "POLYMORPHIC VENTRICULAR TACHYCARDIA" from title of protocol. Dr. Heck noted that in #7, the Etomidate will replace Midazolam and will be without the telemetry icon because it's a wide complex tachycardia. Dr. Henderson felt that requiring a physician order for Magnesium Sulfate was unnecessary and asked if there was any downside to giving it. Ms. Beilfuss replied that hypotension could result if it was pushed to quickly and asked that it be "mixed" in a 50cc bag of saline. Dr. Henderson felt that adding "slow" to IVP and removing the telemetry was sufficient. Philis requested that "Reassess patient and consider additional Etomidate be inserted between #8 and #9.

- Cardiac Dysrhythmia: Ventricular Fibrillation or Pulseless Ventricular Tachycardia – #1. added "Witnessed arrest, initiate immediate Defibrillation" and "Unwitnessed arrest, provide two (2) minutes of uninterrupted CPR prior to Defibrillation." Dr. Heck indicated that adding "not to exceed adult dose" in #2 regarding pediatric epinephrine was just a housekeeping change. #6 was changed to read "If VF/VT persists or recurs, administer second dose of Amiodarone" and the telemetry requirement was removed from #11 for Pediatric Magnesium.

- Defibrillation – removed "the initial attempt at defibrillation shall be at 200 joules and subsequent attempts should escalate to 300 and" and replaced with "all attempts should be at 360 joules." Ms. Beilfuss felt that a step reading "Perform CPR for two (2) minutes after every defibrillation" should be added between steps 1 and 2 and after every time defibrillation. Dr. Henderson believed that step #3, regarding vascular access and cardiac monitoring, belonged in the general cardiac arrest protocol. Dr. Heck felt that removing #3 would resolve the issue. Dr. Slattery suggested adding AED since not all agencies are using biphasic devices. Dr. Heck stated that he would add "AED" in #5 to read "When using a biphasic device or AED, the initial and subsequent attempts shall be at the energy level(s) provided by the device." Dr. Heck would also create a new section to specifically address AEDs.

Formulary:

- Amiodarone – removed "and Wide Complex Tachycardia" from Protocols section
- Atropine Sulfate – removed "maximum" and replaced with "total" and removed "0.04 mg/kg" and replaced with "3 mg" in Adult Dose section; removed "maximum" and replaced with "total" and removed "0.04 mg/kg" and replaced with "1 mg" in Pediatric Dose section
- Diazepam – added ".0" in Adult Dose section to read 5.0
- Epinephrine – added "not to exceed adult dose" in Route section, regarding pediatric dose
- Etomidate – removed "and Wide Complex Tachycardia" and "Polymorphic Ventricular Tachycardia/" in Protocol section. Dr. Heck noted that the Pediatric dosage language "Not recommended for use in children" would be replaced with sedative dose of 0.15 mg/kg for cardioversion only because of the changes to the Monomorphic Ventricular Tachycardia, Supraventricular Tachycardia and Torsades de Pointes protocols.

A motion was made, seconded and passed unanimously to approve the changes. A revised version with the recommended changes will be presented for approval at the May MAB meeting.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

None.

IV. PUBLIC APPEARANCE/CITIZEN PARTICIPATION

None.

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 11:02 a.m.