MINUTES

EMERGENCY MEDICAL SERVICES

PROCEDURE/PROTOCOL COMMITTEE

June 7, 2006—9:00 A.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman
Larry Johnson, EMT-P, MW
Philis Beilfuss, R.N., NLVFD
Chief David Petersen, MFR
Robert Nichols, EMT-P, AMR
Allen Marino, M.D., MW/NLVFD
Sandy Young, R.N., LVFR
Randy Howell, EMT-P, HFD (Alternate)
Tricia Klein, EMT-P, AMR

MEMBERS ABSENT

Jon Kingma, EMT-P, BCFD
Chief Trent Jenkins, CCFD
Aaron Harvey, EMT-P, HFD
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
Moana Hanawahine-Yamamoto, Administrative Assistant
Mary Ellen Britt, R.N., Regional Trauma Coord.
Marc Johnson, QI Coordinator
Trish Beckwith, EMS Field Representative
Eddie Tajima, Recording Secretary

PUBLIC ATTENDANCE

John Higley, EMT-P, MFR
Jerry Newman, EMT-I, Specialized Medical Services
Jo Ellen Hannom, R.N., CCFD
Chief Tim Crowley, LVFR
Derek Cox, EMT-P, LVFR

I. CONSENT AGENDA

The Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, June 7, 2006. Chairman Rick Henderson, M.D., called the meeting to order at 10:08 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 May 3, 2006

Dr. Henderson asked for a motion to approve the minutes of the May 3, 2006 meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Revision to Trauma Field Triage Criteria Protocol

Mary Ellen Britt requested, on behalf of the Regional Trauma Advisory Board, that Step 4 of the Trauma Field Triage Criteria protocol be removed. In the current version of the protocol, if a patient does not meet the criteria in Steps 1 (physiologic), 2 (anatomic), or 3 (mechanism) but meets any of the criteria in Step 4 (age or co-morbid factors), consideration should be given to contacting a trauma center. Dr. Henderson made the point that this wasn't being practiced and that there wasn't a benefit to the patient. Dr. Fildes and the members of the RTAB also believed that Step 4 was not necessary. A motion to remove Step 4 from the Trauma Field Triage Criteria protocol was made, seconded and passed unanimously.

B. Discussion of Standardized Format for Trauma Telemetry Reporting

Ms. Britt noted that this issue had been discussed at both the Medical Advisory Board and the RTAB. Ms. Britt provided the board with a final draft of the RTAB's recommendation. Dr. Slattery suggested moving item #3 to #2. A motion was made, seconded and passed unanimously to accept the Trauma Telemetry Guidelines with the recommended changes.

C. Discussion of Revisions to Prehospital Death Protocol

Dr. Slattery discussed the reasoning behind the proposed changes to the protocol. Currently, non-trauma patients (meeting the four presumptive signs of death of unresponsiveness, apnea, pulselessness and fixed and dilated pupils) who didn't have lividity or rigor mortis but were in Asystole and not showing electrical activity on a monitor could be called. Evidence from around the country suggested that patients meeting these criteria deserved at least a chance at resuscitation. The protocol, as written, provides a window that allows a paramedic not to begin resuscitation which, Dr. Slattery commented, was not its intent.

Dr. Slattery discussed the next patient group which included those with obvious signs of death. Sandy Young noted that the protocol as written doesn't clearly differentiate between a patient with a penetrating injury to head, neck or chest and one who has suffered an explosive type of injury to the head, neck or chest. Dr. Slattery added that a laundry list of every type of injury couldn't be listed and that would be up to the educators at the EMS agencies to provide descriptions of what those would be. Dr. Slattery noted that another patient type that couldn't be categorized in the existing protocol were jumpers. Mr. Chetelat suggested adding "i.e. decapitation, burned beyond recognition, massive open or penetrating trauma to the head or chest with obvious organ destruction" after the words "not compatible with life." Dr. Slattery summarized the changes to Step 1 as follows: Patients encountered by EMS personnel in Clark County that appear to have expired will not be resuscitated or transported if any of the following obvious signs of death are present: a) body decomposition; b) decapitation; c) transaction of thorax (hemicorpectomy); d) incineration; and e) massive blunt, open or penetrating trauma to the head, neck or chest with obvious organ destruction. Dr. Slattery noted that the conclusive signs of death will remain "dependent lividity of any degree" and "rigor mortis." A motion to approve the changes to the Prehospital Death Determination Protocol was made, seconded and passed unanimously.

D. Discussion of Deletion of Nasogastric/Orogastric Tube Insertion Protocol

Dr. Henderson asked if there was any opposition to deleting the Nasogastric/Orogastric Tube Insertion Protocol. Dr. Henderson asked if anyone had seen the procedure performed in recent history and felt that the risks, such as nosebleed, outweighed any benefit. Philis Beilfuss stated that it was used during ventilatory support. Ms. Young felt that the tube insertion protocol was a very valuable tool for use by the rural communities when encountered with extended transport times. Dr. Heck mentioned that in his 14 years in the Clark County EMS system, he had never seen the procedure performed by prehospital

personnel. Dr. Heck recommended that the Nasogastric/Orogastric Tube Insertion Protocol be deleted but allowing for the nasogastric/orogastric tubes to remain in the Advanced Airway Management Protocol.

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 10:39 a.m.