MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

JOINT
DRUG & DEVICE COMMITTEE
PROCEDURE/PROTOCOL COMMITTEE

June 6, 2007—09:30 A.M.

MEMBERS PRESENT

Richard Henderson, M.D., Chairman
Jo Ellen Hannom, R.N., CCFD
Larry Johnson, EMT-P, MWA
Chief David Petersen, MFR
Richard Main, EMT-P, AMR
Jason Meilleur, EMT-P, MWA
Julie Siemers, R.N., MA
David Slattery, M.D., LVFR
Bruce Evans, EMT-P, NLVFD
Sandy Young, R.N., LVFR
Scott Vivier, EMT-P, HFD (Alternate)
John Higley, EMT-P, MFR
Matt Behrens, EMT-P, BCFD (Alternate)

MEMBERS ABSENT

Allen Marino, M.D., MWA
Thomas Geraci, D.O., MFR
Aaron Harvey, EMT-P, HFD
Jon Kingma, EMT-P, BCFD
Brent Hall, EMT-P, CCFD

SNHD STAFF PRESENT

Rory Chetelat, EMS Manager
Trish Beckwith, EMS Field Representative
Rae Pettie, EMS Program/Project Coordinator
Lan Lam, Administrative Assistant
Mary Ellen Britt, R.N., Regional Trauma Coord.
John Hammond, EMS Field Representative
Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Dale Carrison, D.O., MA
Steve Patraw, EMT-P, MWA
Tim Crowley, EMT-P, LVFR
Randy Howell, EMT-P, HFD
Cherina Kleven, LVFR
Sebastian Meunier, NLVFD
Matt Shanley, AMR/NCTI
Marc Winburn, AMR/NCTI
Tricia Klein, NCTI
David Juarez, NCTI
Marie Lemmon, R.N., MA
Randy Howell, HFD
David Emby, North Vista Hospital
James Holtz, Valley Hospital
Sherri Allen, Valley Hospital
Mark Crawford, Desert Springs Hospital
Wade Sears, MountainView Hospital
Joseph Melchiode, MountainView Hospital
E.P. Homansky, MD, AMR
Brian Rogers, EMT-P, MWA
Amanda Curran, EMT-P, MWA
Derek Cox, EMT-P, LVFR
Ron Tucker, EMT-P, MWA
Russ Cameron, EMT-P, CCFD
Maurice Kay, AMR/NCTI
Dylan Hallett, AMR/NCTI
Jim Hepper, NCTI
Jung Seo, NCTI
Susie Kochevar, NLVFD
Syd Selitzky, EMT-P, HFD
Rob Phoenix, Sunrise Hospital
Anna Smith, Valley Hospital
Karla Perez, Spring Valley Hospital
Greg Boyer, Valley Hospital
Davette Shea, Southern Hills Hospital
Dee Martine, R.N., AMR

I. CONSENT AGENDA

The Joint Drug & Device and Procedure/Protocol Committee convened in the Clemens Room of the Ravenholt Public Health Center on Wednesday, June 6, 2007. Chairman Richard Henderson, M.D., called the meeting to order at 09:43 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 Joint Drug & Device and Procedure/Protocol Committee Meeting May 2, 2007

Dr. Henderson asked for a motion to approve the minutes of the May 2, 2007 Joint Drug & Device and Procedure/Protocol Committee meeting. A motion was made, seconded and passed unanimously to approve the minutes as written.

II. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Stroke Center Destination Protocol

Mr. Chetelat suggested forming a stroke destination task force to include hospital administrative staff, medical personnel and emergency medical service representatives. Dr. Henderson agreed that the task force should meet prior to the next scheduled MAB meeting.

Dr. Slattery commented that this is a very important topic and to make sure we have the right resources in the community to create a stroke system in Clark County and simply not just a stroke destination protocol.

Sherri Allen from Valley Hospital thanked the subcommittee for including hospital administration and stated that they would be a committed resource. Joseph Melchiode from MountainView agreed and suggested that the task force also include the stroke coordinators at the facilities to participate in this effort as well.

B. Discussion of Replacing Phenergan with Zofran

Brian Rogers asked for an explanation on how this item showed up on the agenda. Dr. Henderson stated that it was brought to the subcommittee out of concern over the higher risk factors of Phenergan as compared with Zofran. Mr. Chetelat added that he fast tracked it since we are currently working on the protocol manual.

Ms. Young agreed with the fast tracking but asked why there wasn't a petition attached that includes all the details normally included with the addition of a new drug.

Ms. Hannom stated that CCFD does extensive training about Phenergan with their crews and that she is unaware of any bad outcomes with Phenergan from an EMS standpoint.

Dr. Slattery commented that he would like to see the evidence and financial impact of switching to Zofran prior to making a decision for approval.

C. Discussion of Revisions to BLS/ILS/ALS Protocols

Changes have been incorporated into the draft regulations document by italicized and underlined text.

Changes made by Health District staff in the Summary of Changes handout were all in bold and italicized to distinguish what was recommended at the last meeting.

- General Patient Care (H.7)

  Ms. Britt stated that per Dr. Heck's request, language was added to read, "excluding psychiatric patients" to make clear that absolutely no psychiatric patient should be left in the waiting room.

Mr. Rogers felt that the term "psychiatric patient" is a very broad statement and added that the MAB has already approved this. Ms. Young agreed and asked for a definition of "psychiatric patient" since this could include numerous patients that are not being taken to the waiting room.

Dr. Henderson remarked that the committee seemed to be opposed to changing the verbiage. Dr. Slattery stated that these patients need to be protected and controlled and felt confident that the committee could define what a "psychiatric patient" is.

Ms. Britt suggested that the committee make a recommendation to the MAB for further discussion which would then be presented to Dr. Sands for a final decision.

The consensus of the committee was to change the language in H.7. to read, "…excluding Legal 2000 patients..."

- Chronic Public Inebriate (CPI)

Dr. Slattery stated that an intoxicated patient lacks decision making capability and felt that they should be transported to the closest facility. He added that this protects the EMS providers and the hospitals.

Brian Rogers stated that there would have to be some latitude for events that take place so one hospital is not overwhelmed. He stated that there should be an exception for multiple patients at a single scene, such as a sports event or a party.

Ms. Shea stated that the CPI issue was discussed at the Mental Health Advisory meeting and according to statistics direct transports to WestCare have fallen off dramatically with both Metro and EMS. She suggested looking closer at the physiology of the patient before transporting to the closest facility. Ms. Young added that this is not to overwhelm one hospital but to change the EMS provider's mindset that UMC is the CPI hospital.

Dr. Slattery stated that these are very intoxicated patients who by definition no longer meet WestCare criteria. He stood firm that they need to go the closest facility.

Dr. Slattery asked for a motion to add #2 to read, "Patients should be transported to the closest facility unless there are multiple patients from a single scene." The motion was seconded and passed unanimously.

- Do Not Resuscitate (DNR)

John Higley referred the committee to the second bullet which states that if a physician fills out a DNR issued at a hospital and not from the Health District and the patient is sent home with this form, EMS would recognize it as a valid DNR. Mr. Chetelat responded that according to NRS, a DNR is not valid unless issued by the county. He stated he will have SNHD legal review the language.

- Trauma Field Triage Criteria

Ms. Britt stated that a third exception was added at the recommendation of the RTAB to read, "If the patient refuses transport to a trauma center, initiate the procedure outlined in the General Patient Care protocol and consider contacting a trauma center for further direction. Contact receiving facility prior to arrival." The RTAB felt that if a patient is refusing transport to a trauma center, the language in the NAC should be followed. If the patient is deemed competent to make that decision and essentially signs the AMA form, the process outlined in the GPC should be followed. The RTAB felt that calling the Trauma Center wouldn't change the situation. She added that Dr. Heck voiced concern about deviating from the way it is outlined in the NAC.

The committee felt that this issue needs to be revisited at the RTAB with a legal opinion.

- Combitube / Combitube SA

  Steve Patraw commented that Combitube/Combitube SA is a registered trademark and stated that there are less expensive alternatives. He added that most other protocols make reference to a multi-lumen airway and not a specific brand. Mr. Chetelat stated he would research this.

- Defibrillation

  The committee agreed to change placement of paddles/electrodes from 5 inches to 1 inch to be consistent with American Heart Association guidelines.

- Endotracheal Intubation

  Dr. Henderson questioned the respiratory rate of 44 under Orotracheal and if it should be spelled out. Mr. Evans felt that it should be spelled out from a protocol standpoint as an educational piece.

- Needle Cricothyroidotomy

  Dr. Henderson referred the committee to Dr. Heck's comment regarding use of the jet insufflator on pediatric patients. Dr. Slattery felt that he needed to research this more but in a failed airway situation it was his understanding this it is the only thing that is going to save the child's life.

  Ms. Britt stated that she will research whether the jet insufflator is contraindicated for pediatric patients.

- Spinal Immobilization

  Mr. Vivier questioned whether an age requirement is going to be added since it was discussed heavily that elderly patients are at a higher risk for traumatic injury. Dr. Slattery stated that he would like to look at the study and see what percentage of those patients didn't meet any of the Nexus criteria but met just the age criteria when the Canadian C-spine rules were validated and suggested adding the Canadian C-Spine rule of ≥ 65 under 1.h.

- Transcutaneous Pacing

  The committee agreed to add IN route for Midazolam.

- Formulary

  i. Acetylsalicylic Acid (Aspirin)

     Mr. Vivier stated that during an acute STEMI Coumadin is not contraindicated. However, he felt it should be struck as a contraindication in the formulary as it is not a true contraindication to the use of aspirin. The committee agreed.

  ii. Midazolam (Versed)

     It was the consensus of the committee to add IO route wherever IV route is listed for pediatric patients.

Ms. Hannom stated that per the request of their medics she is asking the committee if they would reconsider having morphine back for pulmonary edema/CHF patients.

Dr. Henderson stated that all the literature is very clear not to bring it back. Ms. Young added that maybe it needs to be addressed in the education piece.

A motion was made to approve the recommended changes and modifications as discussed. The motion was seconded and passed unanimously.

D. Discussion of Legal 2000 Guidelines

Mr. Chetelat stated that the question keeps coming up whether Legal 2000 patients have a right to be transported to a hospital of their choice and according to legal opinion from the Health District they do not have the right to choose since they have been placed in legal custody.

Dr. Slattery suggested that EMS providers document their rationale of why they chose their destination. He felt this will protect the EMS provider since they are trying to go to the closest facility and level load at the same time and if it is questioned later the answer will be documented on the Patient Care Record.

A motion was made to add II.C. to read, "EMS providers will document the reason the patient was transported to the facility on the Patient Care Record." The motion was seconded and passed unanimously.

III. INFORMATIONAL ITEMS/DISCUSSION ONLY

Discussion of CyanoKit® - Sebastian Meunier

Bruce Evans introduced Mr. Meunier who is part of a French foreign exchange program coming from the University of Bourdeau, France. He added that he was given a project to research the CyanoKit® which is a product that is currently being used by the Paris Fire Brigade for over the last 10 years which has shown significant increases in the survival for smoke inhalation patients.

Mr. Meunier presented his material to the committee which included a map that showed clusters of smoke inhalation victims in the valley resulting in a transport which was taken from dispatch data.

Dr. Carrison questioned if they were assuming every smoke inhalation patient has cyanide poisoning. Mr. Evans stated that studies are now coming out saying that if these victims are coming out of an enclosed space they probably have cyanide poisoning and that most hospitals do not have the ability to sample for cyanide.

Dr. Slattery stated that it was a nice presentation and asked how long of a time period the study was and the total number of patients that were treated that fit the criteria in the protocol. Mr. Meunier stated the study was from 1989 to 2002 and there were 81 victims.

Mr. Evans thanked the committee for staying over for the presentation.

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 11:06 a.m.