



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
MEDICAL ADVISORY BOARD (MAB) MEETING

February 4, 2026 – 10:30 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD (Chair)
Kelly Morgan, MD, NLVFD
Chief Kim Moore, HFD
Stephen DuMontier, DO, NLVFD
Chief Ryan Thornton, MFR
Mark Calabrese, CA
Michael Whitehead, MW (Alt)
Ryan Felshaw, MW

Jessica LeDuc, DO, HFD
Chief Lansing, NLVFD
Michael Barnum, MD, AMR
Chief Daylon Woolbright, CCFD
Capt. James Whitworth, BCFD
Randall Wilbanks, LVFR
Samuel Scheller, GEMS

MEMBERS ABSENT

Ryan Hodnick, DO, Moapa
Chief Jason Douglas, MCFD
Daniel Rollins, MD, BCFD
Nate Jenson, DO, MFR
Chief Stephen Neel, MVFD

Scott Scherr, MD, GEMS
David Obert, DO, CA
Chris Fisher, MD, RTAB Rep.
Jeff Davidson, MD, MW

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
John Hammond, EMSTS Manager
Edward Wynder, Associate General Counsel
Xavier Gonzales, PhD, CH Director
Kristen Anderson, EMSTS Program/Project Coord.

Laura Palmer, EMSTS Supervisor
Dustin Johnson, EMSTS Field Rep.
Roni Mauro, EMSTS Field Rep.
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Jim McAllister
Jason Perlmutter
Braidon Green
Trevik Jenkins
Ryan Tyler
Debra Dailey
Christian Mockler
Spencer Lewis
Joshua LoMonaco
Michael Schafer

Kat Fivelstad, MD
Chris Thorpe
Kyle Zinovitch
Erik Grismanauskas
Kady Dabash-Meiningner
Mario Perkins
Jonathan Wiercinski
Sarita Lunkin
Chancelyn Sisson
Juestin Peck

CALL TO ORDER – NOTICE OF POSTING OF AGENDA

The Medical Advisory Board convened in the Red Rock Conference Room at the Southern Nevada Health District on

Wednesday, February 4, 2026. Chairman Michael Holtz called the meeting to order at 10:38 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some committee members joined the meeting by teleconference. Laura Palmer, EMSTS Supervisor, noted that a quorum was present.

DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS: Members of the public may attend and participate in the Medical Advisory Board meeting by clicking the link above or over the telephone by calling (702) 907-7151 and entering access code 963 511 485#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.

I. FIRST PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Holtz asked if anyone wished to address the Board concerning items listed on the agenda.

John Hammond introduced Devin Atwood as the new Senior Administrative Assistant for the OEMSTS. Mr. Hammond stated there was a local FBI raid of a biolab last weekend that SNHD was asked to assist with peripherally. The SNHD laboratory assisted with some translations of the mandarin Chinese that was located on scene, and with storage of some of the material that will be subsequently transferred to Quantico. He related that there is nothing to report as the investigation is still in progress.

II. ADOPTION OF THE FEBRUARY 4, 2026 AGENDA

A motion was made by Dr. Morgan, seconded by Mr. Cox and carried unanimously to adopt the February 4, 2026 Medical Advisory Board agenda.

III. CONSENT AGENDA

Dr. Holtz stated the Consent Agenda consists of matters to be considered by the Medical Advisory Board that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

A. Approve Minutes September 3, 2025 and October 1, 2025 Medical Advisory Board Meeting

A motion was made by Chief Lansing, seconded by Dr. Barnum and carried unanimously to approve the minutes for the December 3, 2025 meeting.

B. Discussion of the Southern Nevada Post Overdose Response Team (SPORT) – Brandon DeLise - Tabled

IV. DISTRICT HEALTH OFFICER REPORT

No report.

V. REPORT/DISCUSSION/ACTION

A. Discussion of Proposed Pilot Study for Traumagel

Tyler Carruth, clinical manager at Cresilon, reported that the Trauma Medical Audit Committee gave them the thumbs up to move forward with the Traumagel 6-month pilot study that was proposed at the last MAB meeting as an alternative for wound packing. The plan is to utilize it at both AMR and MW. They will collect data on the number of times it's utilized and its efficacy, and a form will be provided for the receiving facilities to give feedback. The patient will be provided with a wristband containing a QR code to alert the receiving facility the "Traumagel was put in." Cresilon is also working to provide the product to the trauma coordinators to utilize in their respective departments. He confirmed Traumagel will only be utilized for patients being transported to a trauma center.

A motion was made by Dr. Barnum, seconded by Mr. Whitehead and carried unanimously to allow AMR and MedicWest to do a 6-month pilot study on Traumagel. Data following the pilot study will be submitted to the

Medical Advisory Board. The start date is March 1, 2026.

B. Committee Report: Education Committee (02/04/2026)

1. Discussion of the Formalization of Education on Neonatal Resuscitation

Mr. Tuke reported the Education Committee discussed various avenues to address current gaps in education. They also identified ways to increase the collaboration with the QI Directors Committee. The agencies agreed to bring data related to neonatal resuscitation back to the committee for review, and to include feedback from subject matter experts prior to formulating an education plan.

2. Discussion of the Paramedic Mentorship/Internship Program and Preceptor Education

Mr. Tuke reported the Education Committee accepted the finalized document with a few housekeeping changes.

A motion was made by Mr. Tuke, seconded by Chief Lansing and carried unanimously to approve the revisions made to the SNHD Mentorship/Internship Program.

C. Committee Report: Drug/Device/Protocol Committee (02/04/2026)

1. Discussion of Potential Formatting Changes to the Clark County Emergency Medical Care Protocols - Tabled

2. Discussion of Droperidol as a Mandatory Medication in Formulary

Dr. Barnum stated the DDP approved the redesignation of Droperidol as a mandatory medication.

A motion was made by Dr. Barnum, seconded by Chief Lansing and carried unanimously to approve Droperidol as a mandatory medication in the Official Paramedic Drug Inventory.

3. Discussion the OB-Uncomplicated Childbirth/Labor Protocol - Tabled

4. Discussion of the Use of Amiodarone and Lidocaine in Protocol and Formulary

Dr. Barnum stated the DDP approved the addition of Lidocaine as an alternate medication for the cardiac arrest pathway, in addition to removing all references to the number of shocks for adult and pediatric cardiac patients. The DDP also approved adding a reference to check for foreign body airway obstruction prior to using an i-gel for unresponsive pediatric patients in cardiac arrest.

A motion was made by Dr. Barnum, seconded by Chief Lansing and carried unanimously to make the following revisions to both the adult and pediatric Cardiac Arrest (Non-Traumatic) protocols:

- a) Add Lidocaine 1.0 mg/kg IV/IO; may repeat x 1 at 0.5 mg/kg if refractory;
- b) Remove all references to the number of shocks and add, "may repeat if refractory;" and
- c) Add "Consider foreign body airway obstruction" to the box at the top right corner of the pediatric Cardiac Arrest (Non-Traumatic) protocol for unresponsive cardiac arrest.

5. Discussion of the Use of Ketamine in Refractory Status Seizure - Tabled

6. Discussion of the Chest Pain/ACS and STEMI Protocols

Dr. Barnum stated the Non-Traumatic Chest Pain and Suspected Acute Coronary Syndrome was combined with the Non-Traumatic STEMI protocol to align with the most recent ACS Guidelines. The draft Chest Pain (Non-Traumatic) and Suspected Acute Coronary Syndrome/STEMI was approved by the DDP committee.

A motion was made by Dr. Holtz, seconded by Mr. Scheller and carried unanimously to accept the draft Chest Pain (Non-Traumatic) and Suspected Acute Coronary Syndrome/STEMI protocols with the following revisions:

- 1) Reverse the order of the Nitroglycerin and Pain Management boxes;
- 2) Add "consider" to the Nitroglycerin box;
- 3) Remove "(Fentanyl preferred)" from the Pain Management box and add it to the pearls; and
- 4) Add a pearl to hold the administration of Aspirin for suspected aortic dissection; and
- 5) Remove the STEMI (Suspected) protocol from the protocol manual.

7. Discussion of the Pediatric Respiratory Distress Protocol

Dr. Barnum stated the current pediatric Respiratory Distress protocol was branched into three separate protocols to address wheezing/bronchospasm, stridor/croup/upper airway, and foreign body airway obstruction separately. After some discussion, the draft protocols were approved by the DDP committee.

A motion was made by Dr. Barnum, seconded by Mr. Felshaw and carried unanimously to accept all three draft pediatric respiratory protocols with the following revisions:

- 1) Remove “Consider SLAT technique” from page one of the Foreign Body Airway Obstruction protocol;
- 2) Add “(1 mg/ml)” after the Epinephrine 1:1000 reference on the Wheezing/Bronchospasm protocol;
- 3) Add “(1 mg/ml)” after the Nebulized Epinephrine 1:1000 reference on the Stridor/Croup/Upper Airway protocol;
- 4) Add telemetry icon to the “Consider Cricothyrotomy” box on the Stridor/Croup/Upper Airway and Foreign Body Airway Obstruction protocols; and
- 5) Add End Tidal CO₂ monitoring to the list of QI Metrics on all three protocols.

8. Discussion of the Adult Respiratory Distress Protocol

Dr. Barnum stated the DDP approved the draft adult Respiratory Distress and Foreign Body Airway Obstruction protocol, with a few revisions.

A motion was made by Dr. Holtz, seconded by Chief Lansing and carried unanimously to accept the draft adult Respiratory Distress and Foreign Body Airway Obstruction protocols with the following revisions:

- 1) Remove “Consider SLAT technique” from page one;
- 2) Change the Albuterol dose from 5-10 mg to 2.5-10 mg;
- 3) Add “(1 mg/ml)” after the Epinephrine 1:1000 reference on the Respiratory Distress protocol;
- 4) Change the Ipratropium dose from 1.0-1.5 mg to 0.5-1.5 mg; and
- 5) Change the SpO₂ oxygen saturation from >92% to >94%.

9. Discussion of the Pediatric Behavioral Emergencies Protocol

Dr. Barnum stated the ED/EMS Regional Leadership Committee discussed the addition of Droperidol to the newly approved pediatric Behavioral Emergencies Protocol. After a discussion with Dr. Horning, it was agreed it would be more beneficial for the paramedics to have a set dose instead of a range. Dr. Holtz proposed they revise the Droperidol dose to 0.2 mg/kg IV/IM, with a max dose of 5 mg.

A motion was made by Dr. Barnum, seconded by Mr. Felshaw and carried unanimously to revise the Droperidol dose in the pediatric Behavioral Emergencies protocol to 0.2 mg/kg IV/IM, with a max dose of 5 mg.

VI. INFORMATIONAL ITEMS/ DISCUSSION ONLY

A. ED/EMS Regional Leadership Committee Update - No report

B. QI Directors Committee Update

Dr. Young reported that the committee will begin reviewing outcomes related to neonatal emergencies. They will also review the addition of QI metrics on all protocols.

C. Report from State EMS

Ms. Sullivan reported the 2025 year in review recap for the program is available for viewing on their website.

D. Emerging Trends

Dr. Morgan stated the National Association of EMS Physicians conference was held the prior week, which included the new Mountain West chapter. She met with the regional medical directors that were present to brainstorm and to discuss best practices. She is looking forward to future collaboration with that group.

Dr. Morgan noted that CARES 2.0 (Cardiac Arrest Registry to Enhance Survival) is the next generation registry,

and we'll be seeing additional updates to the registry for everybody participating. She encouraged everyone to continue to provide outcome data, so we can continue to strive to make improvements in our system.

Dr. Holtz stated CCFD's whole blood project was started a little over a month ago. It's going well, and they hope to bring outcome data back to the Board soon.

VII. BOARD REPORTS

No report.

VIII. SECOND PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Committee's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Committee on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Committee on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Committee on behalf of the group. Once the action item is closed, no additional public comment will be accepted. Dr. Holtz asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, he closed the Public Comment section of the meeting.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 10:59 a.m.