



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE

February 1, 2023 – 9:00 A.M.

MEMBERS PRESENT

Michael Holtz, MD, CCFD, Chair
Chief Stephen Neel, MVFD
Mike Barnum, MD, AMR
Nate Jenson, DO, MFR
Jim McAllister, LVMS
Samuel Scheller, GEMS
Steve DePue, CCFD
Ryan Fraser, AirMed (Alt)

Kelly Morgan, MD
Jessica Leduc, DO, HFD
Chief Frank Simone, NLVFD
Chief Shawn Tobler, MFR
Chief Kim Moore, HFD
Nigel Walton, BCFD
Derek Cox, LVFR

MEMBERS ABSENT

Jeff Davidson, MD
John Osborn, CA
Troy Biro, AirMed

Devon Eisma, RN
Alicia Farrow, Mercy Air
Karen Dalmaso-Hughey, AMR

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
Laura Palmer, EMSTS Supervisor
Stacy Johnson, Regional Trauma Coordinator
Edward Winder, Associate General Counsel

John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Representative
Rae Pettie, Recording Secretary

PUBLIC ATTENDANCE

Sandra Horning, MD
Aaron Goldstein
Matthew Dryden
Yumi Yamamoto
Monica Gomez Lopez
Chief Scott Phillips
Ryan Young
Maya Holmes

Kat Fivelstad, MD
Benjamin Hartnell
Brett Olbur
Rebecca Carmody
James “Bud” Adams
Mathew Kaufman
Samantha Empey
Joseph DiGaetano

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

The Drug/Device/Protocol (DDP) Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday, February 1, 2023. Chairman Mike Holtz called the meeting to order at 9:00 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. Some Committee members joined the meeting via teleconference and the roll call was administered by Laura Palmer, EMSTS Supervisor, who noted that a quorum was present.

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 pertaining to items listed on the agenda. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

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

Approve Minutes for the Drug/Device/Protocol Committee Meeting: December 7, 2022

A motion was made by Chief Simone, seconded by Dr. Leduc, and carried unanimously to approve the Consent Agenda as written.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Addition of Acetaminophen to EMS Protocols

The committee reviewed and discussed the revised adult/pediatric draft pain management protocols and the acetaminophen formulary. Dr. Holtz stated they need to remove the reference to a repeat dose of acetaminophen from the formulary as it is contraindicated within four hours of the first dose. Dr. Horning recommended they also remove the language stating it is contraindicated in patients less than four months old, as that is not true if used for pain management.

Dr. Holtz referred the committee to the second pearl on both the adult and pediatric pearls that states, "Pain severity (1-10) is a vital sign to be recorded before and after medication administration and patient hand off." He recommended they remove the words "a vital sign" as we are moving away from thinking about pain as a vital sign given the recent opioid discussions. He also stated they should change the first sentence on the 4th pearl to "Consider starting at a lower initial dose and titrating to effect. Patients may not exceed the listed maximum dose without medical control orders" on the adult pearls so they have the option to start at a lower dose. Dr. Morgan suggested they also remove the reference to droperidol as it is an option for nausea and vomiting after pain medication. It was also agreed the QI metrics on the adult pearls should be mirrored on the pediatric pearls.

Dr. Holtz suggested they revise the dosing on the adult protocol to state "up to 1000 mg IV/IO/PO," and add a maximum single dose of 1000 mg on the pediatric protocol. He also suggested they add a pearl to the adult protocol that states fentanyl is the primary opioid pain medication.

A motion was made by Dr. Holtz, seconded by Chief Neel, and carried unanimously to make the following revisions to the Adult and Pediatric Pain Management protocols:

Adult Pain Management protocol:

1. Change the dosing to read, "Consider acetaminophen up to 1000 mg IV/IO/PO."
2. Strike the words "a vital sign" from the 2nd pearl to read, "Pain severity (1-10) is to be recorded before and after medication administration and patient hand off."
3. Revise the 4th pearl to read, "Consider starting at a lower initial dose and titrating to effect. Patients may not exceed the listed maximum dose without medical control orders."
4. Added "Consider early Medical Control for additional doses" to the 6th pearl.
5. Remove the 7th pearl that reads, "Administration of droperidol can result in hypotension, QT prolongation and Torsades de Pointes."
6. Add a new 7th pearl to read, "Acetaminophen is not to be used as the primary pain management medication for Chest Pain/Suspected ACS or STEMI patients."

7. Add an 8th pearl to read, "Acetaminophen should be considered the primary treatment for severe pain for patients that do not wish to receive a narcotic analgesic."
8. Add a 9th pearl to read, "Consider fentanyl as the preferred opioid agent for traumatic pain."

Pediatric Pain Management protocol:

1. Change the dosing to read, "Acetaminophen 15 mg/kg IV/IO/PO; maximum single dose 1000 mg slow IVP over 2 min."
2. Switch the order of fentanyl and morphine on the algorithm.
3. Strike the words "a vital sign" from the 2nd pearl to read, "Pain severity (1-10) is to be recorded before and after medication administration and patient hand off."
4. Add language to the 4th pearl to read, "Starting at a lower initial dose and titrating to effect is recommended. Patients may not exceed listed maximum dose without direction from Medical Control."
5. Add language to the 6th pearl to read, "Consider early Medical Control for additional doses."
6. Add a 7th pearl to read, "Consider fentanyl as the preferred opioid agent for traumatic pain."
7. Mirror the QI Metrics as listed on the adult protocol pearls.

B. Discussion of Overdose/Poisoning Protocol

Dr. Morgan stated the current Overdose/Poisoning protocol states to give an initial dose of Narcan at 0.4 mg - 2 mg IN/IM/IV/IO. She suggested they add "titrated to increase in respiratory effort" so the patient wakes up slowly. She explained that the providers are experiencing an increase in patients waking up too quickly after giving a 2 mg dose, resulting in combativeness and creating major safety issues for both providers and patients. A pearl was added to the back of the protocol for emphasis.

Dr. Holtz remarked the protocol is written to go straight to intubation or extraglottic airway, if indicated prior to the administration of Narcan. The committee agreed to replace the two boxes with one box that refers the provider to the Ventilation Management protocol to manage the airway. Dr. Morgan also stated they should strike the word "consider" from the "Consider Vascular Access" and "Consider Cardiac Monitor" boxes. A patient that is hypoxic should be put on a cardiac monitor. The same should be mirrored on the pediatric protocol. Ms. Palmer asked if they have concerns about providers putting an IO in people that need Narcan if they remove "consider" from the vascular access box. It was agreed to leave it as is. Chief Simone noted the education component will be the key to all the changes they make.

The committee agreed to remove the reference "Calcium Chloride is contraindicated in patients taking digitalis products" from the pearls as the stone heart theory has been debunked.

Chief Tobler asked whether they need to include information that is already listed on the General Adult Assessment protocol. Dr. Holtz stated there are things that appear in every single protocol, such as ventilatory management and vascular access. He suggested they try to maintain consistency throughout the manual. Mr. Hammond stated that the EMS Field Reps are in the process of reviewing the entire protocol manual to address inconsistencies. He stated they should not try to address educational shortcomings with a protocol change; they need a protocol manual that is effective for the provider. The medication routes for the entire protocol manual are listed from least to most invasive (IN/IM/IV/IO). Dr. Morgan stated she has been encouraging the crews to use naloxone IM and IV because the efficacy and predictability of the medication is much better than the intranasal route. Chief Simone stated the education should address IM/IV is the preferred route of administration.

A motion was made by Mr. Cox, seconded by Chief Simone, and carried unanimously to make the following revisions to the Adult and Pediatric Overdose/Poisoning protocols:

1. Strike the "Extraglottic Airway Device if indicated" box (adult protocol).
2. Strike the "Endotracheal Intubation if indicated" box.
3. Strike the word "Consider" from the "Consider Cardiac Monitor" box.
4. Revised AEMT box to read, "Naloxone 0.4 mg – 2 mg IN/IM/IV/IO titrated to increase in respiratory effort; may repeat to a max dose of 10 mg."

5. Add “IV/IM are the preferred routes” to the pearls.
6. Add a 2nd pearl to read, “Narcan should be administered in small increment doses IV to address respiratory depression and ensure adequate ventilation. Monitor patient to watch for any signs of respiratory depression reoccurring” to the pearls.
7. Strike “Calcium Chloride is contraindicated in patients taking digitalis products” from the pearls.

C. Discussion of Hospital Reference List in Protocol Manual

Ms. Palmer stated that it’s been difficult keeping the available resources up to date on the hospital reference list since changes can occur on a daily basis. The EMS Office has received complaints when the list has not been updated. Mr. Hammond noted that every incidence of change to the protocol manual requires that a new version be published. A back-end tracking issue results when new effective dates need to be rolled out. Dr. Young suggested they remove the Hospital Reference List from the protocol manual and place a downloadable version on the EMS webpage.

A motion was made by Dr. Barnum to remove the Hospital Reference List from the protocol manual with the understanding the EMS Office will post a dated, downloadable version on the EMS webpage. The motion was seconded by Chief Neel and carried unanimously.

D. Discussion of Pediatric Respiratory Distress Protocol - Tabled

E. Discussion of Adult and Pediatric Ventilation Management Protocols - Tabled

IV. INFORMATIONAL ITEMS/ DISCUSSION ONLY

Chief Neel reported that the Moapa Valley Fire District has utilized AEMTs to apply CPAPs to two patients successfully, with no issues to report.

V. SECOND PUBLIC COMMENT

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VI. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 9:53 a.m.