



## **MINUTES**

### **EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM**

#### **DIVISION OF COMMUNITY HEALTH**

#### **DRUG/DEVICE/PROTOCOL (DDP) COMMITTEE**

**June 4, 2025 – 9:00 A.M.**

#### **MEMBERS PRESENT**

Kelly Morgan, MD, Chair  
Jessica Leduc, DO, HFD  
Chief John Lansing, NLVFD  
Chief Kim Moore, HFD  
Chief Frank Simone, NLVFD  
Sean Collins, CCFD  
Stacy Pokorny, MWA  
Derek Cox, LVFR  
Mark Calabrese, CA (Alt)

Mike Barnum, MD, AMR  
Michael Holtz, MD, CCFD  
Chief Jennifer Wyatt, CCFD  
Capt. James Whitworth, BCFD  
Chief Shawn Tobler, MFR  
Todd Ford, HFD  
Michael Whitehead, AMR  
Jim McAllister, LVMS

#### **MEMBERS ABSENT**

Alicia Farrow, Mercy Air  
Jeff Davison, MD, MW  
Nate Jenson, DO, MFR  
Sydni Senecal, OptimuMedicine

Troy Biro, Guardian Flight  
Jerad Eldred, MD, NLVFD  
Chief Stephen Neel, MVFD  
David Obert, CA, CA

#### **SNHD STAFF PRESENT**

John Hammond, EMSTS Manager  
Laura Palmer, EMSTS Supervisor  
Stacy Johnson, EMSTS Regional Trauma Coordinator  
Roni Mauro, EMSTS Field Representative  
Kristen Anderson, EMSTS Senior Admin. Assistant

Dr. Cassius Lockett, District Health Officer  
Christian Young, MD, EMSTS Medical Director  
Dustin Johnson, EMSTS Field Representative  
Edward Wynder, Associate General Counsel  
Rae Pettie, Recording Secretary

#### **PUBLIC ATTENDANCE**

Sandra Horning, MD  
Louis Grahovac  
Braeden Alter  
Carlyn Kennedy  
Jillyan Smith  
Jeanne Miranda  
Kaiden Zentek  
Rebecca Carmody  
Stephen Damentier  
Noah Velgos  
Francesco Solari  
Chris Thorpe  
Thomas Welch

Kat Fivelstad, MD  
Brian Slattery  
Adolfo Acosta  
Joseph Jakicevic  
Jared Gifford  
Jose Ruiz  
Daisy Johnson  
Patricia Spencer  
Oziel Sarellano  
Logan Bilharz  
Bobby Williams  
Eric Grismanauskas  
Brett Olbur

**PUBLIC ATTENDANCE (Cont.)**

Chris Dobson  
Sun Kang  
Dylan Caha  
Ashley Tolar  
Sarita Lundin  
Daniel Nixon  
Tony Greenway

Scott Rye  
Stacy Pokorny  
Thomas Sullivan  
Nicholas Hoffman  
Christopher Richards, DO  
Tyler Basaldua  
Bryce Wilcox

**I. CALL TO ORDER AND ROLL CALL**

The Drug/Device/Protocol (DDP) Committee convened in the Red Rock Conference Room at the Southern Nevada Health District on Wednesday June 4, 2025. Chairman Kelly Morgan, MD, called the meeting to order at 9:05 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. Dr. Kelly Morgan noted that a quorum was present.

**II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS**

Members of the public may attend and participate in the Drug, Device, and Protocol Committee meeting over the telephone by calling (415)655-0001 and entering access code 2556 178 0455. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on. To provide public comment over Webex, please click on the hand icon to raise your hand during the comment period and wait to be called on.

**III. 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. Morgan asked if anyone wished to address the Board concerning items listed on the agenda. Seeing no one, she closed the public comment portion of the meeting.

**IV. ADOPTION OF THE JUNE 4, 2025 AGENDA**

A motion was made by Dr. Holtz, seconded by Chief Moore, and carried unanimously to adopt the June 4, 2025 Agenda as written.

**V. CONSENT AGENDA**

Items for action to be considered by the Drug/Device/Protocol Committee which may be enacted by one motion. Any item may be discussed separately by Committee Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes February 5, 2025 Drug/Device/Protocol Committee Meeting (for possible action)

A motion was made by Chief Moore, seconded by Chief Tobler, and carried unanimously to approve the Consent Agenda.

**VI. REPORT / DISCUSSION / ACTION**

**A. Discussion and Recommendation to Revise the Pediatric Pain Management Protocol**

Dr. Morgan reported the Pediatric Pain Management protocol was approved at the last meeting, and the revised pediatric dosing chart was brought back for review and approval.

A motion was made by Chief Moore, seconded by Dr. Holtz, and carried unanimously to approve the Pediatric Oral Acetaminophen Dosing Chart to be added to the Pediatric Pain Management protocol as a reference.

**B. Discussion and Recommendation to Revise the Electrical Therapy/Transcutaneous Pacing Protocol**

Dr. Morgan related that at the last meeting the committee discussed removing the overdrive pacing of tachycardias refractory to drug therapy or electrical cardioversion. She stated that it's something rarely done by

physicians, and to ask the paramedic providers to do it without appropriate training is probably inappropriate, so it should be removed from the protocol under “Indications.”

A motion was made by Dr. Holtz, seconded by Chief Lansing, and carried unanimously to remove “D. Overdrive pacing of tachycardias refractory to drug therapy or electrical cardioversion” from the Electrical Therapy/Transcutaneous Pacing protocol.

C. Discussion and Recommendation to Change Scope of Practice to Allow AEMTs and Paramedics to Continue Administration of IV Antibiotics During Interfacility Transports

Mr. Scheller stated Guardian Elite Medical Services mainly does interfacility transports. They are often tasked with transporting patients with already established antibiotics. Many of these patients are placed on a dial flow by the facilities. Therefore, they’re not utilizing the CCT pumps although the current protocol requires them to send a CCT unit. In his research throughout the state and country he found it is common practice to allow AEMTs and Paramedics to put those medications on a dial flow and continue infusion. If this is permitted in Clark County, it will free up the CCT resources which will result in a reduction of costs for the payor while providing an ambulance with a much quicker response for interfacility transport.

Mr. Scheller referred to the white paper he submitted that depicts one year’s data. He reported there were 38 instances where a patient on a CCT unit had an antibiotic drip in place in which they didn’t use a pump. It happens quite regularly, with AMR and MedicWest likely seeing it more frequently. Dr. Young asked the physicians in the room if there are any antibiotics that can’t be stopped for an hour. Are there clinical conditions that require a continuous infusion of antibiotics, which are typically given as pushes. Mr. Scheller stated he agrees the antibiotics could be stopped during transport. However, the ordering physician often requests them to continue the antibiotics during transport. He noted that when they arrive at the receiving facility it is often immediately stopped because they cannot accept the outside antibiotic. This practice is depleting the already limited CCT resources in the valley. Mr. Calabrese stated the problem is the transport starts off at a higher level than is necessary. By the time the CCT unit arrives, the antibiotic has already been infused as the patient is normally infused in about 30 minutes. By the time the CCT unit arrives the call is now at a BLS level. Mr. Scheller stated that if they have a CCT unit with a patient on an antibiotic drip and they receive a Code 3 CCT call, they must turn it down because they’re already tied up with that patient.

The committee discussed the concerns of the receiving facility, including patient safety related to completing the infusion and being able to monitor the process. Dr. Holtz agreed this should be allowed for all situations having to do with interfacility transport. There may be some issues for the education committee to deal with in terms of certain reactions to certain antibiotics, the most common being anaphylaxis due to allergic reactions, which they are obviously equipped to deal with. Education for some other of the more antibiotic-specific things like Red Man Syndrome, also known as Vancomycin Infusion Reaction, can be addressed in education.

Mr. Scheller referred the committee to the Inter-facility Transfers protocol (pg. 93) for Washoe County. He suggested we mirror the last bullet point in our Inter-Facility Transfer of Patients by Ambulance protocol, as that is also being utilized by the State of Nevada. It was agreed that if a specialized rate is utilized for an antibiotic for some reason, it would have to be on a dial flow.

A motion was by Mr. Scheller, seconded by Mr. Calabrese, and carried unanimously to add the following bullet points to the Inter-Facility Transfer of Patients by Ambulance protocol:

- Transport of patient with IV antibiotic:
  - Obtain and document name of antibiotic
  - Obtain and document dose and rate of administration
  - If unfamiliar with antibiotic, ask about any specific side effects
  - Monitor medication to ensure proper administration rate during transport
  - Monitor patient for signs and symptoms of any side effect and/or allergic reactions such as nausea/vomiting, diarrhea, changes in LOC, rashes, swelling, SOB, or changes in BP. If any changes are noted: Discontinue IV, initiate appropriate treatment, document changes, and inform staff at receiving facility.

D. Discussion and Recommendation to Revise the Childbirth/Labor Protocol

Dr. Holtz reviewed changes to the revised Childbirth/Labor and Obstetric Emergencies protocol that were discussed at the last meeting. He stated there will be a specific protocol to address Preeclampsia. The committee previously agreed to add language for post-partum care and to delay clamping the cord for at least 60 seconds. They also agreed to remove the recommendation for nasal and mouth suctioning as evidence shows there is no benefit.

Dr. Barnum suggested they rename the protocol “Uncomplicated Childbirth/Labor” instead of “Normal Childbirth/Labor.”

A motion was made by Dr. Holtz, seconded by Chief Lansing, and carried unanimously to approve the revised Childbirth/Labor protocol as written, and to retitle it “Uncomplicated Childbirth/Labor.”

E. Discussion and Recommendation to Revise the Obstetric Emergencies Protocol

Dr. Holtz explained that the Obstetric Emergencies protocol includes common emergencies the providers may encounter: prolapsed umbilic cord; presentation of single limb, such as arm or leg; breech delivery; postpartum hemorrhage; shoulder dystocia; and 3<sup>rd</sup> trimester bleeding. Ms. Johnson asked whether they should incorporate the language from the Trauma Field Triage Criteria protocol that states if a patient is pregnant  $\leq 20$  weeks estimated gestational age they should be transported to a trauma center. After some discussion, the committee agreed to add a box to the top of the protocol that states, “Facility notification telemetry immediately upon recognition of OB emergency.”

Ms. Carmody announced that Clark County Fire Department would like TXA to be added to the postpartum hemorrhage box as a treatment since it’s included in the National EMS Standards. After some discussion, the committee agreed to table the discussion for the next meeting, along with neonatal resuscitation and preeclampsia.

A motion was made by Mr. Cox, second by Chief Moore, and carried unanimously to make the following revisions to the draft OB-Obstetric Emergencies Protocol:

- Add a box at the top that states, “Facility notification telemetry immediately upon recognition of OB emergency;”
- Under “Prolapsed umbilic cord” remove the last two bullet points;”
- Under “Presentation of single limb such as arm or leg” put “Do not attempt delivery” in bold/red;”
- Move “Postpartum hemorrhage” to the end of the list, and;
  - Add a reference to the Shock and Hemorrhage Control protocols;”
  - Add a telemetry box that states, “Consider TXA” that includes the dosing from the formulary.”

Dr. Morgan noted that the above revisions will be made and brought back to the next meeting for further discussion.

F. Discussion and Recommendation to Revise the Neonatal Resuscitation Protocol - Tabled

**VII. BOARD REPORTS**

No report.

**VIII. SECOND PUBLIC OPINION**

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. Morgan asked if anyone wished to address the Board regarding items listed on the agenda.

1. Jim McAllister, Medical Supervisor for the Las Vegas Motor Speedway, announced he will be semi-retired after 40 years of service, primarily as a paramedic/firefighter for Las Vegas Fire & Rescue. He announced that Patricia Spencer will be acting in the role until they find a replacement. The committee thanked him for his service.
2. Derek Cox thanked Dr. Holtz for the time and effort he spent revising the draft protocols.

**IX. ADJOURNMENT**

There being no further business to come before the Committee, the meeting was adjourned at 10:05 a.m.