Draft Minutes of Meeting – Subject to Change Upon Approval by the Education Committee at their next regularly scheduled meeting

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

EDUCATION COMMITTEE

February 7, 2024 – 8:00 A.M.

MEMBERS PRESENT

Chief Frank Simone, Chairman, NLVFD
John Osborn, CA (Alt)
Chief Kim Moore, HFD (Alt)
Troy Tuke, RN
Michael Whitehead, AMR
Spencer Lewis, MFR
Ryan Young, PIMA
Debra Dailey, EMSTC
Rebecca Carmody, CCFD
Matthew Dryden, LVFR
Braiden Green, CSN

MEMBERS ABSENT

Chris Notaro, Mercy Air
Ryan Fraser, AirMed

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Med. Director
Scott Wagner, EMSTS Field Representative
Stacy Johnson, EMSTS Regional Trauma Coordinator
Nicole Charlton, EMSTS Program/Project Coordinator
John Hammond, EMSTS Manager
Roni Mauro, EMSTS Field Representative
Rae Pettie, Recording Secretary
Edward Wynder, Associate General Counsel

PUBLIC ATTENDANCE

Sandra Horning, MD
Todd Ford
Rae Niedfeldt
Michael Schafer
Derek Cox
Andrew Janoski
Brandon Diaz
Collin Burpee
Dan Shinn
Dylan Hoemberg
Jasmine Pantoja
Jessica Leduc, DO
Johnny Romero
Kelly Morgan, MD
Mike Barnum, MD
Morgan Dover
Sean Collins
Shannon Ruiz, PharmD
Chief Stephen Neel
Chief Shawn Tobler
Tyler Jubala
Stephanie Teague
Joe Digaetano
Aiden Hurley
Ashley Tolar
Bryce Wilcox
Connor Muir
Danny Perez
Fabrizio Maggio
Chief Jennifer Wyatt
Jim McAllister
Kady Dabash-Meininger
Mark Mikhail
Michael Holtz, MD
Najee Harris
Shakira Maldonado
Stacy Pokorny
Syndi Senecal

PUBLIC ATTENDANCE (Cont.)

Walter West
Mark Calabrese
Jeff Davidson, MD
Patrick Watson
Yahaira Fuentes
Daniel Lentz
Jeremy McKillips

CALL TO ORDER - NOTICE OF POSTING OF AGENDA

Chairman Frank Simone called the meeting to order at 8:03 a.m. and stated the Affidavit of Posting was posted in accordance with the Nevada Open Meeting Law. All Committee members joined the meeting by teleconference and the roll call was administered by Nicole Charlton 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. Chairman Simone 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

Chairman Simone stated the Consent Agenda consisted of matters to be considered by the Education Committee 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 Education Committee Meeting: October 4, 2023

Chairman Simone asked for a motion to approve the October 4, 2023 minutes of the Education Committee meeting. *A motion was made by Ms. Carmody, seconded by Mr. Lewis, and carried unanimously to approve the minutes as written.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Discussion of Education on Non-Invasive Positive Pressure Ventilation Protocol

Mr. Young suggested the committee add some emphasizing points to address continuous monitoring of End Tidal CO2, inspiratory rates, and hypoxic patients. He stated that even seasoned providers struggle with the contraindications of altered mental status (AMS), emphasizing that it needs to be secondary to continued deterioration. He noted that we get patients all the time that are altered because they're hypoxic. Then we put BiPAP or CPAP on them and they start to improve. We don't want providers to say, "Oh, they're altered, I can't do this," and then opt to go straight to an endotracheal tube or ventilations. Chief Simone stated that it has to be acute in nature, secondary to continued deterioration, instead of a chronic component compared to dementia, or somebody who has a baseline of AOx1 because that's their baseline. For that point it would be an acute AMS, secondary to respiratory distress, identified from the hypoxia.

Mr. Whitehead asked whether their intention is to emphasize that a patient who is experiencing shortness of breath that is working their way towards AMS can still be coached. Mr. Dryden stated, "Yes, that's why they followed up with monitoring CO2, so we would hopefully still see good waveform and that they're still breathing on their own." Mr. Whitehead agreed with the verbiage so they can coach the individual and avoid somebody going directly to intubation. He noted that a coachable stage would be of great benefit to our patients. Dr. Young stated that in the E.R. they use the terminology "inability to follow commands." He stated that GCS assessment is a great example where somebody could still be altered, but still follow some basic commands.

A motion was made by Mr. Lewis, seconded by Mr. Dryden, and carried unanimously to add the following emphasizing points to the Protocol Outline for Non-Invasive Positive Pressure Ventilation (NIPPV):

- *Using continuous monitoring of nasal cannula End Tidal CO2 to trend improvement before increasing pressure.*

- *Recommend starting inspiratory IPAP and EPAP at 10 and 5 for obstructive patients.*
- *For patients that are acutely altered due to hypoxia but are still able to follow commands, NIPPV is not a contraindication and is a preferred treatment and the patient may benefit from its use.*

B. Discussion of Education on the Hyperkalemia Protocol

The committee discussed whether they need to define "well-ventilated" as an emphasizing point. Mr. Ford stated the term is straight from AHA. If you don't have control of the airway and can't manage it, if you give Sodium Bicarbonate and they're unable to get the acid out by the lungs, then you'll make them more metabolic, acidotic, and you will increase harm, rather than good. So, if there is hypoxia or a respiratory component, make sure you have proper airway management before giving Sodium Bicarbonate. For the intubated patient, after the airway is secured, confirm with EtCO2, proper tidal volume, proper compliance, and proper trending of EtCO2 and SPO2. He stated that they need to reinforce that you have to have widening QRS, bradycardia, or cardiac arrest before initiating treatment. You can't just have the suspicion of Hyperkalemia and start your treatment.

After much discussion, the committee agreed to table the agenda item until after the Drug/Device/Protocol committee and Medical Advisory Board approves the finalized protocol.

C. Discussion of Education on Changes in Push Dose Pressors Across all Related Protocols – Tabled

D. Discussion of Education on the Bradycardia Protocol – Tabled

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

None

V. 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. Chairman Simone 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.

VI. ADJOURNMENT

There being no further business to come before the Committee, Chairman Simone adjourned the meeting at 8:55 a.m.