

Coastal Valleys EMS Agency

Serving Mendocino, Napa and Sonoma Counties



Nancy

September 3, 2008

Steve Tharratt, MD, Director
State of California Emergency Medical Services Authority
1930 9th St
Sacramento, CA 95811

Dear Dr. Tharratt;

Enclosed is the Coastal Valleys EMS Agency application for inclusion into the Santa Barbara EMS Agency trial study of the administration of Ondansetron (Zofran) by paramedics in the Coastal Valleys Region.

We will use the training, CQI and data collection methods as detailed in the Santa Barbara study. If approved we anticipate starting the study in October 2008.

Thank you very much for the consideration of our proposal. Please contact me if any additional documentation is required

Sincerely,

Mark Luoto MD
Medical Director

REQUEST FOR APPROVAL

Form #EMSA-0391

Revised 03/18/03

Check One: Local Optional Scope of Practice Trial Study

EMS Medical Director: **Mark Luoto MD**

Local EMS Agency: **Coastal Valleys EMS Agency.**

Proposed Procedure or Medication: **Ondansetron (Zofran)**

Please provide the following information.

1. Description of the procedure or medication requested: **Ondansetron 4mg IM/IV or IO.**
2. Description of the medical conditions for which the procedure/medication will be utilized: **Intractable nausea and /or vomiting unrelieved by positioning or other measures**
3. Alternatives (Please describe any alternate therapy[ies] considered for the same conditions and any advantages and disadvantages): **Currently there are no anti-emetic therapies available to the prehospital providers in the CVEMSA region. Zofran in the generic form offers a low-cost treatment for the many patients suffering from nausea and intractable vomiting.**
4. An estimate of frequency of utilization; **Based on the statistics referenced in the Santa Barbara application, we expect 300-800 region-wide per year.**
5. Other factors or exceptional circumstances: **None expected or identified.**

Please attach the following documents. Check "yes" for each document attached; for documents not attached, check "no" and state the reason it is not attached.

6. Any supporting data, including relevant studies and medical literature: **Please reference Santa Barbara County Application.**
7. Recommended policies/procedures to be instituted regarding:
 - Use: **Please reference attached CVEMSA Protocol 9006T.**
 - Medical Control: **Please reference attached CVEMSA Protocol 9006T.**
 - Treatment Protocols; **Please reference attached CVEMSA Protocol 9006T**
 - Quality assurance of the procedure or medication: **Please reference Santa Barbara County Application.**

8. Description of the training and competency testing required to implement the procedure or medication.

The LEMSA will produce a PowerPoint presentation with an explanation of the medicine, the treatment protocol and expected use as well as a discussion of the trial study QI process that will be occurring with each use. A written test verifying competency will complete the training. This training will then be distributed to all ALS provider agencies with the requirement all paramedics complete the training process within 30 days of delivery.

9. Copy of the local EMS System Evaluation and Quality Improvement Program plan for this request: **Please reference the Santa Barbara County application.**

COASTAL VALLEYS
RECEIVED