

University Health Network Stabilization Centre Medical Directive For Transports Redirected from a UHN Emergency Department to Centre



A Paramedic may redirect a patient to the University Health Network Stabilization Centre under the auspices of this Medical Directive if certified and authorized.

INDICATIONS

Toronto Paramedic Services may redirect a patient to the Stabilization Centre established by the University Health Network (UHN) at 750 Dundas Street West (Toronto) for patients who are suspected to be under the influence of alcohol (ethanol) or an opioid, in whom there are no contraindication, immediate threat to life, or need for time-sensitive medical or surgical intervention.

Paramedics may be redirected from a UHN Emergency Department (Toronto General Hospital or Toronto Western Hospital) to the UHN Stabilization Centre if the patient meets the clinical conditions in this medical directive.

CONDITIONS

Paramedics may be redirected from a UHN Emergency Department to the UHN Stabilization Centre if the patient meets **ALL FOUR** of the following inclusion criteria:

- adult (age ≥ 16 years) with known or suspected alcohol (ethanol), opioid, or other recreational drug intoxication **and**
- no acute medical needs based on hospital assessment **and**
- patient would benefit from consultation with peer support or harm reduction services **and**
- patient has been assessed by the Emergency Department physician (or physician designate) and deemed appropriate for redirection

CONTRAINDICATIONS

The decision to redirect from a UHN Emergency Department to the UHN Stabilization Centre is that of the Emergency Department physician (or physician delegate).

Paramedics **MUST** report to the assessing physician (or physician delegate) if a patient has **any one** of the following contraindications to redirection:

- history or evidence of significant recent trauma or injury
- respiratory distress
- requires acute intervention by paramedics or hospital staff for life-threatening or time-sensitive condition
- administration of symptom-relief medication* by bystanders, first responders or paramedics
- new focal neurological deficit
- known or suspected toxic ingestion or exposure not related to alcohol (ethanol), opioid, or other recreational drug
- exposure to pepper spray or other crowd-control agent
- exhibits ongoing agitation or violent behaviour
- requires physical and / or chemical restraint

- CTAS 1
- abnormal vital sign (see below)

*Paramedic MUST include in their report to the assessing physician (or physician delegate) if the patient requires or received any one of the following medications:

- salbutamol
- epinephrine
- nitroglycerine
- glucagon
- oral or parenteral dextrose
- ketorolac (toradol™)
- diphenhydramine (benadryl™)
- dimenhydrinate (gravol™)

Patients who require or received acetaminophen or ibuprofen tablets by mouth or naloxone by any route **ARE ELIGIBLE** for transport to the Stabilization Centre.

Note: In order to be appropriate for redirection to the Stabilization Centre, the patient must be able to ambulate and verbalize UNLESS the patient's inability to do so is related to ethanol or opioid ingestion. **If the inability to ambulate or verbalize is suspected to be due to any other cause, Paramedics MUST report the information to the assessing physician (or physician delegate) .**

Vital sign parameters

Paramedics MUST report to the assessing physician (or physician delegate) if he / she exhibited **any one** of the following vital signs **at any point while in care of paramedics or hospital staff:**

- pulse <50 or >110 beats per minute
- respirations <10 or >24 breaths per minute
- systolic blood pressure <100 or >150 mm Hg
- oxygen saturation <93% on room air or requirement for supplemental oxygen to maintain >93%
- temperature <35.5 or >38°C
- point of care glucose <5.0 or >14.0 mmol/l

TREATMENT and PRECAUTIONS

The paramedic will obtain a complete medical history, including intoxicant use, perform patient assessment, and obtain vital signs (**pulse, respirations, blood pressure, oxygen saturation, temperature, GCS**) and point-of-care **glucometry**. The assessment and findings must be documented in the electronic patient care record.

Signs and symptoms of intoxication may include slurred speech, disinhibited behaviour, central nervous system depression, and altered coordination. **In order to be appropriate for the Stabilization Centre, the patient's primary source of intoxication must be ingested ethanol, opioid, or other recreational drug.**

- Ingested ethanol intoxicants such as hairspray, mouthwash, and hand sanitizer are also appropriate for transport to the Stabilization Centre.
- Ingested methanol (windshield washer fluid) or ethylene glycol (antifreeze) are **NOT** appropriate for transport to the Stabilization Centre.
- Inhaled intoxicants such as solvent, gasoline, paint and lacquer thinner are **NOT** appropriate for transport to the Stabilization Centre.

While the inability to ambulate or verbalize may be due to intoxication, these may also mimic a head injury or stroke. If a head injury or stroke is suspected, redirection to the Stabilization Centre is **NOT** appropriate..

If the patient has been exposed to capsaicin (pepper spray, bear spray, mace, or similar) or other crowd control agent, decontamination is required. Transport to the Stabilization Centre is **NOT** appropriate until the patient has been decontaminated (either on scene or at the hospital).

Manifestation of serious head injury may be identical to, or clouded by, substance intoxication. Paramedics should be reminded that mixed and / or unknown overdoses can cause multiple signs and symptoms, and that some medical conditions (e.g. hypoglycemia, electrolyte deficiency, hypovolemia, arrhythmia, seizure, sepsis, meningitis) may result in symptoms similar to intoxication. If the assessment suggests an acute injury or medical condition, paramedics should consider management via established medical directives for these purposes (e.g. seizures, hypovolemia, arrhythmias) and transport the patient to a hospital.

If the patient's condition changes at any point in time during care, the paramedic must reassess eligibility for redirection to the Stabilization Centre. Paramedics should inform the triage nurse (or designate) with any change in patient condition.

If the Emergency Department physician (or physician designate) deems the patient eligible for redirection to the Stabilization Centre, the paramedic must contact the destination coordinator, advise of the change in destination, and request redirection to the Stabilization Centre. **Paramedics must document on the electronic patient care report the name of the Emergency Department physician (or physician delegate) who assessed the patient and deemed appropriate for the Centre.**

On arrival at the Stabilization Centre, paramedics will transfer patient care to the Stabilization Centre intake staff. **Paramedics must obtain a final and complete set of vital signs (pulse, respirations, blood pressure, oxygen saturation, and GCS) just prior to transfer of care, document these on the electronic patient care report, and note the time of transfer of care.**

APPROVAL



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