ONTARIO BASE HOSPITAL GROUP EDUCATION SUBCOMMITTEE

M E M O R A N D U M

TO: Ontario Paramedics

FROM: Ontario Base Hospital Group Education Subcommittee (OBHG ESC)

DATE: November 13, 2020

RE: Advanced Life Support Patient Care Standards (ALS PCS) version 4.8 update—Educational Summary of Changes

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On November 23, 2020, ALS PCS version 4.8 comes into force. This communication memo has been developed to coincide with the summary of changes document released by the MOH and focuses on the clinical impact to patient care within the ALS PCS version 4.8 utilized by Ontario Paramedics.

Please note that this document does not address the addition of the Auxiliary COVID-19 medical directive and will be addressed by your Regional Base Hospital program.

1) Intravenous and Fluid Therapy Medical Directive

Changes to the ACP and PCP (Auxiliary) Intravenous and Fluid Therapy Medical Directive have been made to clarify the application of the medical directive.

<u>ACP and PCP Autonomous IV - Contraindications (new)</u>

- Removal of “SBP ≥ 90 mmHg”

Impact to Clinical Practice:

ACPs and PCP autonomous IV can initiate a fluid bolus when the condition of “hypotension” is met and continue until the bolus is completed **or** the patient presents with signs of fluid overload **or** the patient is found to be normotensive at time of reassessment.

Rationale:

Removal of redundant statement within the medical directive.

Mandatory Provincial Patch Point (new)

- Wording change to include 'Patch to BHP for authorization to administer 0.9% NaCl fluid bolus **to hypotensive patients** … with suspected Diabetic Ketoacidosis (DKA).'

Impact to Clinical Practice:

Clarification of the Mandatory Provincial Patch point to emphasize the patch for patients … with suspected DKA who are also hypotensive. No change to clinical practice.

Rationale:

To clarify language regarding the Mandatory Provincial Patch point when treating a patient under 12 years of age with suspected DKA and hypotension. Too much fluid for these patient may cause cerebral edema.

Treatment (new)

- Added to note below fluid bolus dosing that maximum volume of 0.9% NaCl is lower for patients with return of spontaneous circulation.

Impact to Clinical Practice:

No change to clinical practice.

Rationale:

To complete this statement which should include both cardiogenic shock and return of spontaneous circulation patients.

Clinical Considerations (new)

- An intravenous fluid bolus may be considered for a patient who does not meet trauma TOR criteria, where it does not delay transport and should not be prioritized over management of other reversible causes.

Impact to Clinical Practice:

Allows for the initiation of an IV fluid bolus for the Trauma VSA patient as long as it does not delay transport or treatment of other reversible causes when appropriate.

Rationale:

Addresses the potential need for a fluid bolus as a reversible cause in the Trauma VSA patient who does not meet the criteria for Trauma TOR.

2) Moderate to Severe Allergic Reaction Medical Directive

Changes have been made to highlight the priority in treatment and to indicate that Diphenhydramine is now a core medication within the Medical Directive.

Clinical Considerations (new)

- Epinephrine IM administration takes priority over IV access.

Impact to Clinical Practice:

In the setting of anaphylaxis, IV access should be considered only after IM administration of Epinephrine as it is the priority treatment and reduces the chance of inadvertently administering the medication via the IV route.

Rationale:

To emphasize the priority of Epinephrine administration as a lifesaving treatment over IV access for Diphenhydramine or a fluid bolus.

3) Suspected Adrenal Crisis Medical Directive

The routes of administration have been updated for ACPs and PCP autonomous IV.

ACPs and PCP Autonomous IV - Treatment (new)

- PCP Autonomous IV routes - IM/IV
- ACP routes - IM/IV/IO/CVAD

Impact to Clinical Practice:

ACPs and PCP Autonomous IV now have additional routes available for Hydrocortisone administration.

Rationale:

Research suggests improved circulation of Hydrocortisone when using the IV routes, therefore they were added for those patients experiencing severe signs of symptoms of adrenal crisis.

4) Endotracheal and Tracheostomy Suctioning & Reinsertion Medical Directive (New)

The Endotracheal and Tracheostomy Suctioning Medical Directive has been combined with the Tracheostomy Reinsertion Medical Directive for ease of application.

Treatment (new)

- Removal of the maximum number of suctioning attempts

Impact to Clinical Practice:

Although there is no longer a maximum number of suctioning attempts, it is important to be aware of the potential effects of excessive and unnecessary suctioning to the patient and mucosal membranes.

Rationale:

This allows the paramedic to use clinical judgment while clearing the airway without the distraction of having to patch to the BHP for approval.

Treatment (change)

- Reference to infant, child and adult have been changed to specific ages.
    - Infant is now < 1 year
    - Child is now ≥ 1 year to < 12 years
    - Adult is now ≥ 12 years

Impact to Clinical Practice:

No change to clinical practice.

Rationale:

Reduces confusion by only using patient ages and removing the references to infant, child and adult patients within this medical directive.

Clinical Considerations (new)

- Utilize a family member or caregiver who is available and knowledgeable to replace the tracheostomy cannula.

Impact to Clinical Practice:

The rationale for this statement is the belief that many caregivers will be more knowledgeable and comfortable with the procedure and the specific equipment available.

Rationale:

A family member or caregiver who changes the tracheostomy cannula routinely will typically be more comfortable/confident with the procedure.

5) Pediatric Intraosseous Medical Directive

Indications (change)

- Change to 'pre-arrest state'.

Impact to Clinical Practice:

Patient must be in cardiac arrest or pre-arrest. IO initiation in the post arrest patient will require a BHP patch.

Rationale:

To align this indication with other medical directives which utilize the same wording.

6) Adult Intraosseous Medical Directive

Indications (change)

- Change to 'pre-arrest state'.

Impact to Clinical Practice:

Patient must be in cardiac arrest or pre-arrest. IO initiation in the post arrest patient will require a BHP patch.

Rationale:

To align this indication with other medical directives which utilize the same wording.

Respectfully,

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