

University Health Network Stabilization Centre Medical Directive For Transports Directly to Centre



A Paramedic may transport 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 transport 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 bypass to the UHN Stabilization Centre in lieu of transporting the patient to a hospital's emergency department if the patient meets the clinical conditions in this medical directive.

CONDITIONS

Paramedics may bypass a hospital emergency department and transport the patient directly to the UHN Stabilization Centre if the patient meets the following inclusion criteria:

- adult (age ≥ 16 years) with known or suspected alcohol (ethanol) or opioid intoxication

CONTRAINDICATIONS

Transport to the Stabilization Centre is **contraindicated** if a patient has **any one** of the following:

- 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) or opioid
- 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)

*Patients who require or received any one of the following medications are **NOT ELIGIBLE** for transport to the Stabilization Centre:

- 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 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 due to any other cause, the patient is NOT ELIGIBLE for transport to the Stabilization Centre.**

Vital sign parameters

The patient is excluded from being transported to the Stabilization Centre if he / she exhibited **any one** of the following vital signs **at any point while in paramedic care**:

- 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 or opioid.**

- 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, transport 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.

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 transport, the paramedic must reassess eligibility for transport to the Stabilization Centre. If no longer eligible, the paramedic must inform the destination coordinator, advise of the change in condition, and request a hospital destination.

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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