CPER digest October 2018

A Paramedic crew is dispatched to a residence for a 30 year old male patient who is unconscious. The patient's living room where he is found is scattered with drug paraphernalia. There is no one else on scene to question about history, medications or allergies. The patient's vital signs are as follows: HR – 128bpm, strong/regular, RR – 6/min, shallow/regular, SP02 78% on room air, ETCO2 – 74mmHg, BP – 109/52, GCS 3, pupils are pinpoint and non reactive.

The primary Paramedic is trained to the PCP/PCP-IV level and the secondary Paramedic is trained to the ACP level.

While on scene, the two Paramedics work collaboratively to ensure that the patient receives the most appropriate treatment. Together, they provide ventilatory support with an OPA, NPA and BVM, check a blood glucose level and assess for naloxone. The primary Paramedic (PCP/PCP-IV) and the secondary Paramedic (ACP) discuss what treatment options are appropriate for this patient. The secondary Paramedic (ACP) provides ventilatory support via BVM while the primary Paramedic (PCP/PCP-IV) looks for possible IV access (if PCP-IV) and evaluates their extrication. The secondary Paramedic (ACP) notes improved respiratory effort with bagging with decreased ETCO2 values and a good wave form (42mmHg). There is a difficult extrication down a flight of narrow stairs which will make it difficult to continue ventilating the patient. The crew makes the decision to administer naloxone SC as per the Opioid Toxicity Medical Directive.

What should be included in the Paramedic crew's discussion prior to making a transport decision?

Both Paramedics should discuss the treatment plan, potential patient status changes and when other crew members should be updated. Remember to discuss the "what ifs" and what needs to be done (i.e. Update, pull over and switch providers, etc.).

Given the patient's status at transport (assisting ventilation with improved respiratory effort), and with the discussion complete regarding the patient care plan during transport, which Paramedic should continue care during transport?

A PCP/PCP-IV can manage this patient during transport as the patient has been provided with interventions that are within the scope of the PCP/PCP-IV to manage (OPA, BVM, and naloxone administration). As part of your ongoing assessment and management of this patient, consider when your ACP partner needs to be involved in primary management.

An ACP can manage this patient during transport as the patient has been provided with interventions that are within the scope of the ACP to manage (OPA, BVM, and naloxone administration). Consider that your PCP/PCP-IV partner should be included in the initial assessment and management plan to deliver collaborative care.

**Remember – The Provision of care was not solely created to determine what Paramedic should be in the back of the vehicle with a patient during transport. It was designed to support Paramedics with decision making and crew collaboration. Our goal is to support the best care for our patients while ensuring that both PCPs and ACPs have opportunities to provide patient care. It highlights and supports the guiding principle of on-going collaboration and communication between crew members to ensure that all decision-making reflects the best interest of the patient as well as supports the skill and ability of our PCPs and ACPs.

Use this link to review the current guidelines and policies for the Provision of Care in an ACP/PCP crew (C-007) as well as the Provision of Care in the Presence of Auxiliary Medical Directives. These can be found in the CPER Policy Manual.pdf (Aug 2018). The Provision of Care Module is also available for review on eMedic.

www.cper.ca/resources