

You are dispatched for a 36 year old patient in seizure. On initial assessment the patient is having a full body seizure with a blood glucose level of 4.6mmol/L. You initiate an IV. While Midazolam is being drawn up 10mg/10ml, the patient's seizure stops. A few minutes later, the patient begins to seize again. The IV is unintentionally removed and the decision is made to give Midazolam IM. You recognize that what you have drawn up is not the correct dose for the new route of administration and you dispose of the needle and waste the medication. You draw up 10mg/2ml in a fresh needle. Using aseptic technique to prep the area, you administer Midazolam IM 10mg/2ml in the right deltoid as per the directive. The seizure stops with this administration and you continue with further care and transport.

What are your next steps in making this "good catch"?

We want to hear about "good catch" calls as it assists in developing preventative plans that can assist all paramedics in their current and future practice. As we are modifying our current self-reporting tool CQI@cper.ca to be a forum for communication for self-reporting as well as good calls, bad calls and everything in between, "good catch" call details should be identified through this forum or contact can be made directly to the Quality team.

Paramedic Name:
Paramedic Email Address:
Service:
Call Date:
Call Number:
Nature of Incident:

Information that is helpful to include in your communication are call details such as the run number, the date, the service that you work for and a synopsis of the events that occurred. Please refrain from using any patient identifiers (patient name, pick up location, address, etc.) in the correspondence to maintain confidentiality. Any specifics that you observed that would assist with the understanding of how you recognized the "good catch" as well as any personal or collaborative routines that you use to assist with medication administration that may have contributed to the "good catch" are important to provide so that we can utilize those strategies for future messaging to all paramedics.

Most importantly, with all "good catch" calls there is a reminder about our culture of the "5 Rights" of medication administration. The responsibility is on the team to ensure that the "5 Rights" are checked and confirmed prior to administration. If that doesn't occur, it is the responsibility of the team to not move forward with administration and take the time to complete the check and confirmation for safe administration. With more routine practice of collaborative "5 Rights" checks and confirmation, the more "good catch" calls will occur!