

CPER digest

May 2015

In recognition of Paramedic Services Week, the Centre for Paramedic Education and Research (CPER) would like to take this opportunity to recognize the level of service and commitment to excellence through support and patient advocacy that the Paramedics below have displayed. The Paramedics were identified and nominated by either their peers or by the CPER internal program staff from the Quality, Education, Management and Medical Council Teams. These Paramedics will be honoured at a ceremony on June 9, 2015 when they will each be presented with the CPER Quality of Care Award.

Michael Cameron – NEMS

Randy Garrett – NEMS

Heather Little – HPS

Doug Mason – HPS/NCEMS

Roxanne Allen – ROWPS

Pam Smith – ROWPS

Dean Neumann – GWEMS

Ryan Inwood – COBAS/HPS

Eric Sault – SNAS

Laura Collins – HCEMS/SNAS

Sarah Graham – NCEMS

Dave Tyler - DCPS

On behalf of the Centre for Paramedic Education and Research, we would like to express our deepest appreciation and once again commend you for the manner in which you promote your profession.

CPER has also recognized the efforts of Paramedics through feedback on great documentation and patient care. We will continue to showcase this excellence through case study examples for future CPER digests, feedback and awards. An example of a call with excellent patient outcomes is provided below.

A 40 year old patient was outside when they were stung by a bee. The patient does not have any known allergies and is otherwise healthy. Paramedics were called when the patient began to have abdominal cramping, nausea and lightheadedness. The patient was nauseated and their blood pressure had dropped from 130/80 to 85/60. The patient presented with no respiratory or integumentary involvement. The Paramedics recognized the signs and symptoms of early anaphylaxis, involving 2 body systems – CVS and GI. GI is an uncommon and often overlooked body system involved in anaphylaxis – an important consideration emphasized during the 2014/2015 APR. The crew administered Epinephrine 1:1000 (0.5mg=0.5 mL IM in left deltoid) in a timely manner, which improved the patient's condition, preventing further decline. The patient was monitored during a brief transport to hospital with no further interventions required (diphenhydramine, Ventolin, possible repeat Epinephrine with BHP order).