

Guideline for Provision of Care During Transport

As an extension of Policy C-007: Provision of Care in an Advanced Care Paramedic / Primary Care Paramedic (ACP/PCP) Crew, this accompanying guideline will outline conditions when it is reasonable for a PCP to assume care or continue to provide care to a patient during transport when working as an ACP/PCP crew. The guiding principle is that on-going communication between the ACP and the PCP must occur during every patient encounter, so as to ensure that all decision-making reflects what is in the best interest of the patient. This guideline also outlines the provision of care in the situation of crew configurations at the same level (ACP/ACP or PCP/PCP) with the presence of one Paramedic being certified and authorized to perform specific auxiliary medical directives.

PCP Care may be appropriate en-route:

- Where the patient is NOT LIKELY to deteriorate en-route and will NOT LIKELY require ACP intervention. This would be determined following advanced assessment and through communication between the ACP and PCP on the expected clinical course of the patient. Some examples include but are not limited to:

Salbutamol	The patient has been given Salbutamol for asthma/COPD exacerbation where the patient is unlikely to require CPAP/ventilation
Non-Cardiac Chest Pain	The patient has suspected non-cardiac chest pain without concern for deterioration
Extremity or other injuries	The patient has extremity or other injuries where opioids are not indicated and other serious trauma is not suspected

- Where an ACP intervention or advanced assessment has occurred and where the expected clinical course of the patient has shown improvement. Some examples include but are not limited to:

Dextrose (D50W)	The patient has been given dextrose IV for hypoglycemia with resolution of symptoms and blood glucose level improvement
Diphenhydramine (Benadryl)	The patient has been given diphenhydramine IM/IV for a single system local allergic reaction
Dimenhydrinate (Gravol)	The patient has been given dimenhydrinate IM/IV for nausea and/or vomiting
Normal Saline TKVO	An IV has been initiated TKVO as a means for a drug administration route
Resolved chest pain	The patient is currently pain free with unremarkable 12 lead ECG
CVA	The patient presents with stroke symptoms, meets guidelines for bypass, IV TKVO initiated

ACP Care would be appropriate en-route:

- Where an ACP intervention or advanced assessment has occurred and continued ACP intervention is required
OR
- where communication between the ACP and the PCP regarding the results of the advanced assessment deems that the clinical course of the patient may result in deterioration en-route, the ACP is to provide care during transport.

Controlled Substances	The patient requires or has received controlled substance medications (any morphine or midazolam administration)
Synchronized Cardioversion	The patient has received or is anticipated to receive synchronized cardioversion
Needle Thoracostomy	The patient may require or has received needle thoracostomy

*As well as other procedures and skills that are outlined in Policy C-005: Advanced Care Paramedic Scope of Practice and all appendices pertaining to the ACP Scope of Practice.

Note that this guideline is predicated on what is reasonable to expect en-route. Not all concerns and changes in patient condition can be anticipated. As such, in an ACP/PCP configuration, if the PCP cares for the patient en-route and the patient's condition changes, communication en-route is paramount. The crew may need to pull over and change providers en-route in the best interest of the patient.

After communicating with the PCP, as the senior medical authority on scene in an ACP/PCP crew configuration, the ACP will make the decision as to who attends the patient en-route to hospital.

PCP/PCP or ACP/ACP Crew Configuration with Auxiliary Directives:

The situation may exist where two Paramedics of the same level (PCP/PCP or ACP/ACP) are working together where only one Paramedic is certified and authorized to perform a specific Auxiliary Medical Directive.

The Paramedic who is certified and authorized in the Auxiliary Medical Directive will initiate this care for the patient when it has been determined that the patient may or will require treatment under the Auxiliary Medical Directive such as IV access.

PCP or ACP (not certified in a specific auxiliary directive) care would be appropriate en route:

- Where the patient is NOT LIKELY to deteriorate en-route and will NOT LIKELY require further auxiliary intervention . This would be determined following advanced assessment and through communication between the crew on the expected clinical course of the patient.

OR

- Where an auxiliary intervention has occurred and where the expected clinical course of the patient has shown improvement. Some examples include but are not limited to:

Dextrose (D50W)	The patient has been given dextrose IV for hypoglycemia with resolution of symptoms and blood glucose level improvement
Diphenhydramine (Benadryl)	The patient has been given diphenhydramine IM/IV for a single system local allergic reaction
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