

CPER digest

April 2015

As a follow up to the March CPER digest, this digest will highlight a response to the question “What would you do if you want to cardiovert a conscious patient in an arrhythmia and you can’t reach the BHP quickly?”

This response was submitted by one of your peers, which outlines a thorough understanding of both the Advanced Life Care Patient Care Standards and the Tachydysrhythmia Medical Directive, and what is the appropriate action to take when there is a patch failure.

- The word "quickly" can be a subjective word and paramedics may be inclined to use this in their interpretation of what constitutes contacting the BHP quickly. My interpretation of this question would be to attempt to contact the BHP as outlined in the March CPER digest. That is, attempt to contact the BHP via telephone/radio and problem-solve as needed using the decision tree in the digest, including attempts to contact the Hamilton General physician. At this point, if no BHP contact was made and the patient meets all other indications, conditions, and has no contraindications, proceeding with cardioversion as outlined in the Tachydysrhythmia Medical Directive would be justified.
- The basis for my answer includes consideration of the patching guideline found in the preamble of the Medical Directive which states, "In cases where a treatment option requires prior authorization by the BHP (i.e. mandatory provincial patch point or mandatory BH patch point) AND the BHP cannot be reached despite reasonable attempts by the paramedic to establish contact, a paramedic may initiate the treatment without the requisite online authorization if the patient is in severe distress and in the paramedic's opinion the medical directive would otherwise apply."
- In saying this, it could be argued that the subjective nature of "reasonable attempts" is open to interpretation however I believe the March CPER digest to be clear on the expectation of paramedics in terms of patching to the BHP. This, along with the clinical judgement of the paramedic, will guide the treatment on an individual patient basis.
- Finally, under the Conventions section of the Medical Directive preamble it states that the word "consider" means "...the paramedic should initiate the treatment unless there is strong clinical rationale to withhold it." The directive reads "Consider synchronized cardioversion: Administer up to three synchronized shocks in accordance with BHP direction and energy settings. (In the setting of a patch failure, the energy settings to be used are 100J, 200J and the maximum manufacturer setting.)" As mentioned above, good clinical judgement will guide the paramedic in rare cases where the BHP cannot be reached and the patient requires treatment.

Please note that if you cannot reach the BHP, you can proceed in a life threatening situation for patients who otherwise meet the directive and are in severe distress (cardioversion of a wide-complex tachycardia in a pre-arrest patient). This DOES NOT apply to patients that DO NOT meet the directive or those where it is NOT a life threatening situation (NOT for analgesia). Also note that in some circumstances, the directive provides direction of what to do if the BHP cannot be reached (VSA patient).

Paramedic Services Week is fast approaching (May 25th-29th)! To show our continued support and appreciation for all of our paramedics, CPER is planning several events that will occur throughout Paramedic Services Week. Stay tuned for further updates via email and through the upcoming May CPER digest.