Advanced Life Support Patient Care Standards

Summary of Changes

Version 4.2

The following changes have been made between version 4.1 and 4.2:

Appendix 1 – PCP Core Medical Directives

- **Return of Spontaneous Circulation (ROSC) Medical Directive**
  - Addition of clarification regarding IV administration under "Clinical Considerations"

New sentence: IV fluid bolus applies only to PCPs authorized for PCP Autonomous IV.

- **Cardiac Ischemia Medical Directive**
  - Addition of clarification regarding IV administration under "Clinical Considerations"

New sentence: IV condition applies only to PCPs authorized for PCP Autonomous IV.

- **Adult Analgesia Medical Directive**
  - Addition of clarification regarding IV administration under "Clinical Considerations"

New sentence: IV administration of ketorolac applies only to PCPs authorized for PCP Autonomous IV.

- **Suspected Adrenal Crisis Medical Directive**
  - Revisions to transport provision under "Clinical Considerations"

Revised sentence: ~~All patients must be transported.~~ Patients treated under this directive require ongoing monitoring at the closest appropriate receiving facility.

  - Removal of second paragraph under "Clinical Considerations"

Removal of sentence: ~~A patient with primary adrenal failure who presents with hypotension should receive hydrocortisone. However, "hypotension" is not a condition that must be present for the patient to receive hydrocortisone.~~

- **Emergency Childbirth Medical Directive**
  - Revisions to "Consider umbilical cord management" under "Treatment"

Revised sentence: ~~If a cord prolapse is present with a weak/absent cord pulse, the fetal part should be elevated. This may include inserting gloved fingers/hand into the vagina.~~

~~If a nuchal cord is present, the cord should be slipped over the neonate's head, or over the shoulders. If the nuchal cord cannot be relieved by manual means, it should be clamped and cut.~~

~~Once the neonate is delivered, the cord should be clamped and cut only if neonatal or maternal resuscitation is required, or due to transport considerations (after approximately 3 minutes; once cord pulsations have ceased).~~

If a cord prolapse is present, the fetal part should be elevated to relieve pressure on the cord. Assist the patient into a knee-chest position or exaggerated Sims position, and insert gloved fingers/hand into the vagina to apply manual digital pressure to the presenting part which is maintained until transfer of care in hospital.

If a nuchal cord is present and loose, slip cord over the neonate's head. Only if a nuchal cord is tight and cannot be slipped over the neonate's head, clamp and cut the cord, encourage rapid delivery.

Following delivery of the neonate, the cord should be clamped and cut immediately if neonatal or maternal resuscitation is required. Otherwise, after pulsations have ceased (approximately 2-3 minutes), clamp the cord in two places and cut the cord.

- Revisions to limb-presentation provisions under "Clinical Considerations"

Revised sentence: If the patient presents with limb-presentation, do not attempt to push the limb back into the vagina; discourage the patient from pushing, ~~wrap the limb~~ cover the limb using a dry sheet to maintain warmth, and initiate transport as per the *Load and Go Patient Standard* of the BLS PCS.

Appendix 2 – ACP Core Medical Directives

- **Trauma Cardiac Arrest Medical Directive**
  - Update of "Other" condition of "Manual Defibrillation" under "Conditions" (publication error)

Revised sentence: VF OR pulseless ~~VF~~ VT

- **Suspected Adrenal Crisis Medical Directive**
  - Revisions to transport provision under "Clinical Considerations"

Revised sentence: ~~All patients must be transported.~~ Patients treated under this directive require ongoing monitoring at the closest appropriate receiving facility.

- **Emergency Childbirth Medical Directive**
  - Revisions to "Consider umbilical cord management" under "Treatment"

Revised sentence: ~~If a cord prolapse is present with a weak/absent cord pulse, the fetal part should be elevated. This may include inserting gloved fingers/hand into the vagina.~~

~~If a nuchal cord is present, the cord should be slipped over the neonate's head, or over the shoulders. If the nuchal cord cannot be relieved by manual means, it should be clamped and cut.~~

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- Revisions to limb-presentation provisions under "Clinical Considerations"

Revised sentence: If the patient presents with limb-presentation, do not attempt to push the limb back into the vagina; discourage the patient from pushing, ~~wrap the limb~~ cover the limb using a dry sheet to maintain warmth, and initiate transport as per the *Load and Go Patient Standard* of the BLS PCS.

Appendix 3 – PCP Auxiliary Medical Directives

- **Cardiogenic Shock Medical Directive - Auxiliary**
  - Movement of directive from Appendix 1 to Appendix 3