

# Basic Life Support Patient Care Standards

## Summary of Changes

Please contact [ParamedicStandards@ontario.ca](mailto:ParamedicStandards@ontario.ca) with questions or comments.

### Version 3.2

The following changes have been made between version 3.1 and 3.2:

- Minor wording revisions and housekeeping edits to various standards

#### Definitions

- New definition for “Patient Priority System”

#### Patient Assessment Standard

- Clarification of C-spine precautions to align with *Spinal Motion Restriction (SMR) Standard*

#### Oxygen Therapy Standard / Oxygen Therapy and COPD

- Revised Paragraph 1 regarding oxygen saturation for COPD patients experiencing increased dyspnea, a decreased level of consciousness, an altered mental status, and/or has suffered major trauma

#### Field Trauma Triage Standard

- New definitions for “Regionally Designated Equivalent Hospital” and “Transport Time”
- Revised “General Directive”
- Revised “Procedure” Paragraph 1.a regarding physiological criteria:
  - ◆ For background information on “patient follows commands” please refer to:  
Hopkins, E., Green, S. M., Kiemeny, M., & Haukoos, J. S. (2018). A Two-Center Validation of “Patient Does Not Follow Commands” and Three Other Simplified Measures to Replace the Glasgow Coma Scale for Field Trauma Triage. *Annals of Emergency Medicine*, 72(3), 259-269. doi:10.1016/j.annemergmed.2018.03.038
  - ◆ As per Hopkins et al. (2018): “patient does not follow commands” (ie, GCS motor score <6)” (p. 1)

- Revised “Procedure” paragraphs to include references to “regionally designated equivalent hospital”, as appropriate
- Inclusion of “\*Note” at the end of “Procedure” regarding amendments to the transport time

### Air Ambulance Utilization Standard

- Removal of word “helicopter” from “General Directive” as there may be on-scene fixed wing response in certain circumstances
- Update of clinical criteria for acute stroke to <6 hours for time of onset or last known to be normal to align with *Cerebrovascular Accident (CVA, “Stroke”) Standard*
- Removal of note regarding the determination of closest appropriate hospital
- Removal of various “Guidelines”
  - ◆ Inclusion of link to Ornge’s Aviation Safety Department’s Aircraft Safety website

### Intravenous Line Maintenance Standard

- Revisions to “General Directive” regarding flow rate and solution

### Research Trial Standard

- **NEW STANDARD**

### Cerebrovascular Accident (CVA, “Stroke”) Standard

- Inclusion of ventilation provisions (Paragraph 5)
- Revisions to “Acute Stroke Bypass Protocol”:
  - ◆ Revised provision regarding the determined time of symptom onset or time the patient was last seen in his/her usual state of health
  - ◆ Inclusion of “\*\*\*Note” regarding “most appropriate” Designated Stroke Centre destination

### Respiratory Failure Standard

- Revised ETCO<sub>2</sub> “Guideline” value

### General Trauma Standard

- Paragraph 4 re-ordered to Paragraph 2

- Update to extrication procedure, now Paragraph 3
- Update to “Guideline” for “Trauma and the pregnant patient”

#### Blunt/Penetrating Injury Standard / Head Injury

- Revised ETCO<sub>2</sub> value and signs of “cerebral herniation”