

## Treatment

| Consider epinephrine    |                      |
|-------------------------|----------------------|
|                         | <b>Route</b>         |
|                         | IM                   |
|                         | <b>Concentration</b> |
|                         | 1 mg/mL = 1:1,000    |
| <b>Dose</b>             | 0.01 mg/kg*          |
| <b>Max. single dose</b> | 0.5 mg               |
| <b>Dosing interval</b>  | Minimum 5 min        |
| <b>Max. # of doses</b>  | 2                    |

\*The epinephrine dose may be rounded to the nearest 0.05 mg

| Consider diphenhydramine |                  |               |
|--------------------------|------------------|---------------|
|                          | <b>Weight</b>    | <b>Weight</b> |
|                          | ≥25 kg to <50 kg | ≥50 kg        |
|                          | <b>Route</b>     | <b>Route</b>  |
|                          | IV/IM            | IV/IM         |
| <b>Dose</b>              | 25 mg            | 50 mg         |
| <b>Max. single dose</b>  | 25 mg            | 50 mg         |
| <b>Dosing interval</b>   | N/A              | N/A           |
| <b>Max. # of doses</b>   | 1                | 1             |

### Clinical Considerations

Epinephrine administration takes priority over IV access.

IV administration of diphenhydramine applies only to PCPs authorized for PCP Autonomous IV.

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# Endotracheal and Tracheostomy Suctioning & Reinsertion Medical Directive

A Primary Care Paramedic may provide the treatment prescribed in this Medical Directive if authorized.

## Indications

Patient with endotracheal or tracheostomy tube

AND

Airway obstruction or increased secretions.

## Conditions

| Suctioning   |     | Emergency tracheostomy reinsertion |                                                                                                                                                                                                                                                                           |
|--------------|-----|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>   | N/A | <b>Age</b>                         | N/A                                                                                                                                                                                                                                                                       |
| <b>LOA</b>   | N/A | <b>LOA</b>                         | N/A                                                                                                                                                                                                                                                                       |
| <b>HR</b>    | N/A | <b>HR</b>                          | N/A                                                                                                                                                                                                                                                                       |
| <b>RR</b>    | N/A | <b>RR</b>                          | N/A                                                                                                                                                                                                                                                                       |
| <b>SBP</b>   | N/A | <b>SBP</b>                         | N/A                                                                                                                                                                                                                                                                       |
| <b>Other</b> | N/A | <b>Other</b>                       | Patient with an existing tracheostomy where the inner and/or outer cannula(s) have been removed from the airway AND<br>Respiratory distress AND<br>Inability to adequately ventilate AND Paramedics are presented with a tracheostomy cannula for the identified patient. |

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## Treatment

| Consider hydrocortisone |              |
|-------------------------|--------------|
|                         | <b>Route</b> |
|                         | IM/IV        |
| <b>Dose</b>             | 2 mg/kg*     |
| <b>Max. single dose</b> | 100 mg       |
| <b>Dosing interval</b>  | N/A          |
| <b>Max. # of doses</b>  | 1            |

\*Dose should be rounded to the nearest 10 mg

### Clinical Considerations

IV administration of hydrocortisone applies only to PCP's authorized for PCP Autonomous IV.

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## Contraindications

| Suctioning | Emergency tracheostomy reinsertion |
|------------|------------------------------------|
| N/A        | Inability to landmark or visualize |

## Treatment

| Consider suctioning     |                        |                         |                         |
|-------------------------|------------------------|-------------------------|-------------------------|
| <b>Age</b>              | < 1 year               | ≥ 1 year to < 12 years  | ≥ 12 years              |
| <b>Dose</b>             | suction at 60-100 mmHg | suction at 100-120 mmHg | suction at 100-150 mmHg |
| <b>Max. single dose</b> | 10 seconds             | 10 seconds              | 10 seconds              |
| <b>Dosing interval</b>  | 1 minute               | 1 minute                | 1 minute                |
| <b>Max. # of doses</b>  | N/A                    | N/A                     | N/A                     |

### Consider emergency tracheostomy reinsertion

The maximum number of attempts is 2

### Clinical Considerations

#### Suctioning:

Pre-oxygenate with 100% oxygen.

In an alert patient, whenever possible, have patient cough to clear airway prior to suctioning.

#### Emergency tracheostomy reinsertion:

A reinsertion attempt is defined as the insertion of the cannula into the tracheostomy.

A new replacement inner or outer cannula is preferred over cleaning and reusing an existing one.

Utilize a family member or caregiver who is available and knowledgeable to replace the tracheostomy cannula.

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# Assessment of Patients with Possible COVID-19 Medical Directive – AUXILIARY

A Primary Care Paramedic may provide the treatment prescribed in this Medical Directive if authorized.

## Indications

Confirmed COVID-19 or suspected COVID-19 with mild acute respiratory illness characterized by a combination of 2 or more of the following: fever, new onset of cough, worsening chronic cough, shortness of breath or difficulty breathing, sore throat, runny nose/nasal congestion (without any known cause).

### AND

The crisis is straining the resources of the host community

## Conditions

| Patient disposition |                                                                                                          | Nasopharyngeal OR nasal OR pharyngeal swab |                                                                                                                                |
|---------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Age                 | ≥ 18 years to < 65 years                                                                                 | Age                                        | ≥ 18 years                                                                                                                     |
| LOA                 | unaltered                                                                                                | LOA                                        | N/A                                                                                                                            |
| HR                  | < 110 bpm                                                                                                | HR                                         | N/A                                                                                                                            |
| RR                  | < 22 breaths/min                                                                                         | RR                                         | N/A                                                                                                                            |
| SBP                 | normotension                                                                                             | SBP                                        | N/A                                                                                                                            |
| Other               | CTAS 3, 4 or 5<br>SpO <sub>2</sub> ≥ 94%.<br>If temperature ≥ 38° C,<br>does not appear<br>septic/unwell | Other                                      | Patient is being released from care<br><b>AND</b><br>Meets COVID-19 testing criteria OR<br>as requested by local Public Health |

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## Contraindications

| Patient disposition                                                                                                                     | Nasopharyngeal OR nasal OR pharyngeal swab                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Patient and/or substitute decision maker (SDM) cannot demonstrate decision-making capacity based on the Aid to Capacity Evaluation Tool | Recent significant facial trauma (all)                                                                     |
| Pregnancy                                                                                                                               | Current epistaxis <b>OR</b><br>significant abnormality of the nasal anatomy (nasopharyngeal or nasal swab) |
|                                                                                                                                         | Significant abnormality of the oral anatomy (pharyngeal swab)                                              |

## Treatment

| Mandatory Provincial Patch Point                             |
|--------------------------------------------------------------|
| Patch to BHP for authorization to consider release from care |

| Consider patient disposition* (if authorized) |                                                            |                                                                                                                 |
|-----------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                               | Transport to closest most appropriate emergency department | Consider release from care (following BHP patch)                                                                |
| CTAS                                          | 1 & 2<br><br>3 with comorbidity or immunocompromise        | 3 with mild or no respiratory distress (without comorbidity/immunocompromise)<br>4 & 5 without immunocompromise |

\*Assess for safety to remain at home including clinical criteria above, and the following: patient is unaltered, the patient can self-isolate, the patient has access to food, phone, and other necessities, and appropriate caregivers are available (if needed).

Prior to a release from care, the patient and/or SDM must be provided with contact information for their Local Public Health Unit, education on self-isolation and symptom management, and information for accessing assessment centres. Paramedics must document these instructions and patient and/or SDM consent to the plan of care in the remarks section of the Ambulance Call Report. Advise the patient that if the problem persists or worsens they should seek further medical attention.

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Consider obtaining nasopharyngeal OR nasal OR pharyngeal swab (if available and authorized)  
If swab obtained, complete the lab requisition and transport the specimen as per local arrangement.

## Clinical Considerations

### Base Hospital Physician Patch:

When a patch is made to the BHP, the Paramedic will provide the following: patient's COVID-19 screening result, history of illness and symptoms, all past medical history, vital signs, and assessment findings, in addition to patient and/or SDM's wishes, and follow-up plans (if known).

### Immunocompromised definition:

Patient or caregiver states immunocompromised, cancer treatment within past 6 weeks, HIV/AIDS, organ transplant patient, substance-use disorder, and any immunosuppressive medications.

### Comorbidity definition:

Hypertension, cardiovascular disease, cerebrovascular disease, diabetes, chronic lung disease, chronic kidney disease, immunocompromised.

### Mild Respiratory Distress definition:

Patient may report dyspnea on exertion, but there is mild or no increased work of breathing, patient able to speak in sentences, and RR < 22 breaths/min **AND** SpO<sub>2</sub> ≥ 94%.

# Intravenous and Fluid Therapy Medical Directive - AUXILIARY

A Primary Care Paramedic may provide the treatment prescribed in this auxiliary Medical Directive if authorized for PCP Autonomous IV.

## Indications

Actual or potential need for intravenous medication **OR** fluid therapy.

## Conditions

| IV Cannulation |           | 0.9% NaCl Fluid Bolus |             |
|----------------|-----------|-----------------------|-------------|
| Age            | ≥ 2 years | Age                   | ≥ 2 years   |
| LOA            | N/A       | LOA                   | N/A         |
| HR             | N/A       | HR                    | N/A         |
| RR             | N/A       | RR                    | N/A         |
| SBP            | N/A       | SBP                   | Hypotension |
| Other          | N/A       | Other                 | N/A         |

## Contraindications

| IV Cannulation                                 | 0.9% NaCl Fluid Bolus |
|------------------------------------------------|-----------------------|
| Suspected fracture proximal to the access site | Fluid overload        |

## Treatment

| Consider IV cannulation |
|-------------------------|
|-------------------------|

Consider 0.9% NaCl maintenance infusion

|                          | Age                   | Age         |
|--------------------------|-----------------------|-------------|
|                          | ≥2 years to <12 years | ≥12 years   |
|                          | Route                 | Route       |
|                          | IV                    | IV          |
| <b>Infusion</b>          | 15 ml/hr              | 30-60 ml/hr |
| <b>Infusion interval</b> | N/A                   | N/A         |
| <b>Reassess every</b>    | N/A                   | N/A         |
| <b>Max. volume</b>       | N/A                   | N/A         |

Mandatory Provincial Patch Point

Patch to BHP for authorization to administer 0.9% NaCl fluid bolus to hypotensive patients ≥2 years to <12 years with suspected Diabetic Ketoacidosis (DKA)

Consider 0.9% NaCl fluid bolus

|                          | Age                   | Age       |
|--------------------------|-----------------------|-----------|
|                          | ≥2 years to <12 years | ≥12 years |
|                          | Route                 | Route     |
|                          | IV                    | IV        |
| <b>Infusion</b>          | 20 ml/kg              | 20 ml/kg  |
| <b>Infusion interval</b> | N/A                   | N/A       |
| <b>Reassess every</b>    | 100 ml                | 250 ml    |
| <b>Max. volume*</b>      | 2,000 ml              | 2,000 ml  |

\*The maximum volume of NaCl is lower for patients in cardiogenic shock and return of spontaneous circulation.