Paramedics and the Palliative Care Response

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In the past ....

- Patients don’t stay at home
- What do I do?
- How do I make sure that there are no “heroics”?
- What do I tell the family?
- How do I describe the dying process?
The Profession

- Over 6,000 paramedics in Ontario
- Legislated and regulated under the Ambulance Act and related regulations and standards
- Medical Authority delegated through a Base Hospital
- Majority of services dispatched through the Province based on each municipalities deployment plan
The Medicine

- In Ontario every paramedic is governed under a Physician’s Medical License
- Permits paramedics to administer medications, provide invasive procedures, pronounce patients, and other delegated medical acts
- ACP – Advanced Care Paramedic
- PCP – Primary Care Paramedic
# Medical Scope of a Paramedic

## Primary Care Paramedics (PCP)
- Cardiac monitoring
- 12 lead cardiac acquisition
- Semi Automatic External Defibrillation
- Blood Glucometry
- Symptom Relief Drug Administration
  - ASA
  - Nitroglycerin
  - Epinephrine
  - Glucagon/Oral Glucose
  - Ventolin

## Advanced Care Paramedic (ACP)
- Advanced patient assessment
- 12 lead acquisition/interpretation
- Manual defibrillation
- IV/IO therapy
- Cricothyrotomy
- Laryngoscopic removal of foreign body a/w obstruction
- Oral/Nasal Intubation
- Needle Thoracostomy
- Synchronized Cardioversion
- Transcutaneous Pacing
- 15 additional drugs for administration – IV/IM/SC/PO
Anatomy of a 9-1-1 Call

1. Citizen identifies emergency
2. Citizen calls 9-1-1
3. ASK: Police, Fire, Ambulance?
4. Mississauga Central Ambulance Communications Centre (CACC)
5. Call answered and the location for assistance is confirmed
6. Closest available Paramedic crew or neighbouring provider is assigned the call
7. Paramedics arrive scene and assess Patient. A transport decision is made or patient refuses transport
8. Paramedics depart scene with patient and is assigned a hospital by the dispatcher
Principles

- Palliative response is a means to maintain and respect the quality of life for both the patient and their family
- The patients expressed desires must be respected
- The family is just as important as the patient
The Response

- Generally the call details will not indicate a palliative response
- Multiple responders may attend
- Medical delegations will be carried out if there is not a DNR
- Paramedics will treat the patient with dignity
Paramedic Family Interaction

Often times when families resort to calling 911 and Paramedics arrive; the family can appear stressed, anxious and distraught. They sometimes may be indecisive with regards to treatment and transport to hospital.
Paramedic Family Interaction

Paramedics assess the patient, speak with the family and attempt to assist in making the best decision for the patient.
Do Not Resuscitate

Paramedics often respond to medical emergencies where the patients may not wish for advanced treatment or resuscitation if a cardiac arrest occurs.
DNR Confirmation Form

- Each DNR Confirmation Form contains a unique seven digit serial number in the upper right corner.
- This serial number assists paramedics in determining the authenticity of the form. This serial number also allows for patient tracking if needed.
- The DNR Confirmation Form is referred to as a “Durable Document” which means that it can be reused for the same patient as many times as necessary.
DNR Confirmation Form

- The DNR Confirmation Form has no expiry date
- The DNR Confirmation Form **must** be signed by one of the following
  - Medical Physician
  - Registered Nurse
  - Registered Nurse in the Extended Class
  - Registered Practical Nurse
Do Not Resuscitate Confirmation Form
To Direct the Practice of Paramedics and Firefighters after February 1, 2008
Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:

<table>
<thead>
<tr>
<th>Patient's name – please print clearly</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
</tbody>
</table>

1. “Do Not Resuscitate” means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Chest compression;
   - Defibrillation;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transcutaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.

2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☐) has been met and documented in the patient’s health record.

☐ A current plan of treatment exists that reflects the patient’s expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient’s plan of treatment.

☐ The physician’s current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☐ of the following:
☐ M.D. ☐ R.N. ☐ R.N. (EC) ☐ R.P.N.

<table>
<thead>
<tr>
<th>Print name in full</th>
<th>Given Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
</tbody>
</table>

Signature Date (yyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.
What Can Paramedics Provide to the Support Agencies?

- Education – regarding the role of a paramedic
- Network support as part of the overall health system strategy
- Frontline experience
- Assistance in emergency situations
How Can the Medical Community and Support Agencies Assist Paramedics?

- Educate the family on the role of a paramedic and how initiating their response may conflict with the patients end of life wishes.
- If paramedics are required; support agencies can, where attending, advise the paramedics of the patients wishes.
Take Away Points

- Paramedics must follow specific guidelines set out by the Ministry of Health and the Paramedic’s Base Hospital Physician
- Do Not Resuscitate Confirmation Form
  - What is it?
  - Where can I get it?
- Educating the palliative patient, family and medical community regarding the role of a Paramedic on what to expect is paramount!
Future thoughts.....

- Explore a palliative registry for paramedics
- Explore a community paramedicine model for palliative patients
- Paramedics become part of the broader system response
Closing

There are five things that you cannot recover in life:

The Stone...........after it's thrown
The Word............after it's said,
The Occasion......after it's missed, and
The Time.............after it's gone.
A person.............after they die
Our approach is the difference,