



MIDDLESEX-LONDON PARAMEDIC SERVICE

1035 Adelaide Street South, London Ontario N6E1R4 | Office: 519.679.5466 | Fax: 226-270-5532

MEMORANDUM

TO: Community Partners

FROM: Community Paramedicine Management Team

DATE: June 6, 2022

RE: Community Paramedicine Patient Care Standards (CPPCS) Version 2.0 Update

On July 1, 2022, an updated version of the Middlesex-London Paramedic Service (MLPS) Community Paramedicine Patient Care Standards (CPPCS) is scheduled to be introduced to align with current best practices, and expand patient care delivery.

The CPPCS Version 2.0 Medical Directives apply to paramedics who are authorized to operate as a MLPS CPLTC Community Paramedic and provide patient care. Delegation of these Medical Directives is under the authorization of the Community Paramedicine Medical Advisor, Middlesex-London Paramedic Service, in conjunction with the patient's primary care provider.

Note: Existing primary care provider sign-offs will be applied to the updated version unless the MLPS CPLTC program is informed otherwise by the authorizing primary care provider.

Contents:

1. Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive	2
2. Acute Heart Failure Episode Medical Directive	2
3. Hypoglycemia Medical Directive	3
4. Intravenous and Fluid Therapy Medical Directive	3
5. Urinary Tract Infection Medical Directive*	4
6. COVID-19 Rapid Medical Directive	4
7. Urinalysis Medical Directive	4
8. Point-of-Care Blood Test Medical Directive	5
9. Status Epilepticus Medical Directive	5
10. Terminal Bleed Medical Directive	5
11. Palliative Patient Pronouncement Medical Directive	6
12. Palliative Care Symptom Relief Kit Utilization Medical Directive*	6
13. Osteoporosis Medication Administration Medical Directive*	6
14. Bronchoconstriction Medical Directive*	6

* NEW DIRECTIVE



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1. Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive

Changes were made to the Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive to align care with current best practices as we as expanding the heart rate condition.

CONDITONS

HR 60-139bpm

REVISED

Impact to Clinical Practice

To allow for community paramedics to provide treatment to additional patients presenting with exacerbation.

PHYCISIAN CONSULTATION POINT

Consideration

REVISED

Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement in the appropriateness of the directive based on patient presentation.

TREATMENT

Doxycycline

NEW

Impact to Clinical Practice

To align with best practice and provide an additional treatment option for consideration when determining the most appropriate first line.

CLINICAL CONSIDERATIONS

Antibiotic escalation pathway

REVISED

Impact to Clinical Practice

To support community paramedics when considering the most appropriate first line antibiotic.

2. Acute Heart Failure Episode Medical Directive

Changes were made to the Heart Failure Exacerbation Medical Directive to align care with the Heart Failure Clinic and Best Care practices.

TREATMENT

The Community Paramedic is able to provide the patient up to a 3 day supply of medication. After 3 days the patient will be required to fill a prescription to continue treatment if directed by their Primary Care Provider.

REVISED

Impact to Clinical Practice

For community paramedic practice to align care with the Heart Failure Clinic and Best Care practices.



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3. Hypoglycemia Medical Directive

Changes were made to the Hypoglycemia Medical Directive to allow for community paramedics to use more clinical judgement in the appropriateness of the directive based on patient presentation.

PHYSICIAN CONSULTATION POINT

REVISED

Consideration

Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement in the appropriateness of the directive based on patient presentation.

POST TREATMENT FOLLOW UP

REVISED

Mandatory post treatment blood glucose ≥ 5.0 mmol/L for 30 minutes prior to discharge; and
Mandatory post treatment follow up in 12 hours.

Impact to Clinical Practice

To enhance safety parameters surrounding clinical stability of the patient.

4. Intravenous and Fluid Therapy Medical Directive

Changes were made to the Intravenous and Fluid Therapy Medical Directive to allow for community paramedics to use more clinical judgement when managing fluid therapy in the community.

TREATMENT

REMOVED

Fluid bolus

Impact to Clinical Practice

Simplifies the treatment options for fluid therapy.

TREATMENT

REVISED

Max. volume

Impact to Clinical Practice

To align with best practice while taking into consideration potential underlying cardiac related chronic conditions.

CLINICAL CONSIDERATIONS

REVISED

Managing a maintenance infusion to a maximum of 60ml/hr

A community paramedic may consider to re-establish IV access without receiving written/verbal orders, if in alignment with the patient's goals of care and current clinical status in the case where IV access has been lost.

Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement when managing fluid therapy and IV access in the community.



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5. Urinary Tract Infection Therapy Medical Directive

***NEW DIRECTIVE**

Implementation of the Urinary Tract Infection Medical Directive to allow for community paramedics to treat known or suspected urinary tract infections in in collaboration with the Primary Care Provider.

6. COVID-19 Rapid Medical Directive

REMOVED

Changes were made to the COVID-19 Rapid Medical Directive Therapy Medical Directive to align with the detection of COVID-19 patient priority guidelines.

7. Urinalysis Medical Directive

Changes were made to the Urinalysis Medical Directive to allow for community paramedics to use more clinical judgement when assessing a patient exhibiting signs and symptoms suggestive of a urinary tract infection.

INDICATIONS

Received written/verbal orders

REMOVED

Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement when considering to assess for a urinary tract infection.

PHYSICIAN CONSULTATION POINT

Consideration

REVISED

Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement in the appropriateness of the directive based on patient presentation.

8. Point-of-Care Medical Directive

Changes were made to the Point-of-Care Medical Directive to allow for community paramedics to use more clinical judgement where they feel the patient may benefit from the directive to support patient management.

INDICATIONS

Received written/verbal orders

REMOVED

Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement to determine laboratory values pertaining to organ function and/or existence of medical diseases or conditions in order to support patient management.

PHYSICIAN CONSULTATION POINT

Consideration

REVISED



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Impact to Clinical Practice

To allow for community paramedics to use more clinical judgement in the appropriateness of the directive based on patient presentation.

9. Status Epilepticus Medical Directive

Changes were made to the Status Epilepticus Medical Directive to align with palliative care best practice.

PHYSICIAN CONSULTATION POINT

Moved

REVISED

Impact to Clinical Practice

To allow for community paramedics to initiate treatment prior to contacting the palliative care physician for consultation.

10. Terminal Bleed Medical Directive

Changes were made to the Terminal Bleed Medical Directive to align with palliative care best practice.

PHYSICIAN CONSULTATION POINT

Moved

REVISED

Impact to Clinical Practice

To allow for community paramedics to initiate treatment prior to contacting the palliative care physician for consultation.

11. Palliative Patient Pronouncement Medical Directive

Changes were made to the Palliative Patient Pronouncement Medical Directive to align with the regional Expected Death in the Home (EDITH) Protocol.

TREATMENT

Revised to improve clarity and understanding pertaining to a community paramedic's role and responsibility with regards to process following pronouncement and death notification.

REVISED

CLINICAL CONSIDERATIONS

Expected Death in the Home (EDITH) Protocol

NEW

Impact to Clinical Practice

To support community paramedics in clinical decision making regarding appropriateness of the directive.

APPENDIX A

To support a community paramedic's understanding pertaining to role and responsibility with regards to process death notification following pronouncement.

NEW



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12. Palliative Care Symptom Relief Kit Utilization Medical Directive

***NEW DIRECTIVE**

Implementation of the Palliative Care Symptom Relief Kit Utilization Medical Directive to allow for community paramedics using a patient's symptom relief kit (SRK) if authorized by the Primary Care Provider.

13. Osteoporosis Medication Administration Medical Directive

***NEW DIRECTIVE**

Implementation of the Osteoporosis Medication Administration Medical Directive to allow for community paramedics to support with community-based treatment of bone loss or high risk of getting fractures.

14. Bronchoconstriction Medical Directive*

***NEW DIRECTIVE**

Implementation of the Bronchoconstriction Medical Directive to allow for community paramedics to treat respiratory distress due to suspected bronchoconstriction independent of the COPDE Medical Directive.