



Medic Emergency Situations at Lakeridge Health – Medical Directive

Medical Advisory Committee Approved: 13MAY2021

Harmonized

A printed copy of this document may not reflect the current, electronic version on Lakeridge Health's Intranet, 'The Wave.' Any copies of this document appearing in paper form should ALWAYS be checked against the electronic version prior to use.

Authorizing Prescriber(s)

Most Responsible Practitioner (MRP)

Authorized to Whom

Staff trained as paramedics (herein referred to as medics) working at Lakeridge Health with the knowledge, skill and judgement to administer oxygen, perform blood glucose sampling, administer oral or intramuscular (IM) treatments as per the Hypoglycemia Protocol, insert a Peripheral Vascular access device (PVAD) and administer a substance by injection including 0.9% NaCl Intravenous (IV) fluid and D50W IV.

Medics who have completed training on obtaining Covid 19 nasopharyngeal swabs.

Patient Description/Population

Any adult patient for which a peripheral vascular device, and/or capillary blood glucose sample, and/or hypoglycemia protocol and/or oxygen administration and/or Covid 19 Nasopharyngeal and/or Oropharyngeal/Mid-Turbinate Swab is indicated as per the order table form in [Appendix A](#).

Order and/or Procedure

Delegated Controlled Acts within this medical directive:

- Performing a procedure on tissue below the dermis, below the surface of a mucous membrane
- Administering a substance by injection or inhalation
- Putting an instrument, hand or finger beyond the point in the nasal passages where they normally narrow

These procedures are not presented in sequential order; any one of or combination of the procedures below may be performed by an authorized healthcare professional as time permits until either an authorized prescriber or appropriate emergency response personnel are present.

Peripheral Venous Access Device Insertion (PVAD)

- Insert up to two peripheral vascular access device(s) and initiate fluid as per [Appendix A](#).
- Notify MRP and/or activate the appropriate emergency response as needed.

Oxygen Administration

- Adult patients to achieve SpO₂ of 92-98%.
- Adult patients with a known history of COPD to achieve SpO₂ of 88-92%.

- Notify MRP and/or activate the appropriate emergency response as needed.

Capillary Blood Glucose Sampling

- Perform finger puncture and glucose sampling.
- Notify MRP and/or activate the appropriate emergency response as needed.

Covid-19 Nasopharyngeal and/or oropharyngeal/Mid-Turbinate Swab

- Collect a nasopharyngeal swab. An oropharyngeal/mid-turbinate swab can be used if nasopharyngeal swabs are not available.
- Enter COVID-19 swab testing into the ordering system.
- Collect COVID-19 swab.

Hypoglycemia Protocol

- Treat blood glucose levels less than 4 mmol/L as per the Hypoglycemia Protocol (available on the wave).
- Notify MRP, most responsible nurse and/or activate the appropriate emergency response as needed.
- Document a patient note:
 - **significant event** if blood glucose value 2.8 to less than 4 mmol/L
 - **critical event** if the blood glucose is less than 2.8 mmol/L
- Wait 15 minutes from treatment and repeat blood glucose sampling.

Indications to the Implementation of the Directive

- Any patient with indications for PVAD insertion including: acute chest pain, shortness of breath, signs of dehydration, altered level of consciousness, hypotension, requires intravenous medications or if an IV or access is required in the professional judgment of the health care provider.
- Any patient with indications for oxygen administration including respiratory distress and/or evidence of hypoxemia. For adult patients: SpO₂ less than 92%; for COPD patients SpO₂ less than 88% or if oxygen is required in the professional judgment of the health care provider.

- Any patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia indicating a need for capillary blood glucose sampling.
- Any patient residing on a Lakeridge Health unit in a Covid 19 outbreak and/or any patient with a potential exposure to another person with a declared Covid 19 positive result.
 - Any patient, with a blood glucose level less than 4 mmol/L

Contraindications to the Implementation of the Directive

The medical directive must not be implemented in the following circumstances:

- The patient refuses to consent to the procedure
- Procedure specific contraindications in the Order Table within [Appendix A](#)

Consent

The medic implementing the medical directive must obtain consent, if the patient is capable of providing it. In an emergency situation, if the patient is not capable of providing consent, the medic may administer treatment without consent if, in his or her opinion, all of the following are true:

- the patient is incapable with respect to the treatment;
- the patient is experiencing severe suffering or is at risk, if the treatment is not administered promptly, of suffering serious bodily harm; and
- it is not reasonably possible to obtain a consent or refusal on the person's behalf, or the delay required to do so will prolong the suffering that the patient is experiencing or will put the patient at risk of suffering serious bodily harm.

Documentation Requirements

In addition to standard documentation practices, the medic implementing this medical directive must document in the order section of the chart (if documenting electronically, document in assessment form or patient note) the following:

- The procedure performed on the patient
- The name of this medical directive
- The name of the implementer
- Legible signature of implementer including credentials (unless documenting electronically)
- Date and time (unless documenting electronically)



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For example, July 20, 2017 1000 IV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr as per Medic Emergency Situations Medical Directive, B. Smith Medic

OR

July 20, 2017 2200 PIV inserted and infusing 0.9% Sodium Chloride at 30 mL/hr and Oxygen administered to keep SpO₂ between 88-92% as per Medic Emergency Situations Medical Directive, K. Smith Medic

Review/Evaluation Process

This medical directive is to be reviewed every two years by Interprofessional Practice.

References

Central East Prehospital Care Program (2019). *Advanced Care Paramedic Scope of Practice*.

Central East Prehospital Care Program (2019). *Primary Care Paramedic Scope of Practice*.

Emergency Health Regulatory and Accountability Branch Ministry of Health and Long-Term Care (2020). *Advanced Life Support Patient Care Standards*.

Emergency Health Regulatory and Accountability Branch Ministry of Health and Long-Term Care (2019). *Basic Life Support Patient Care Standards*

Georgian Bay Hospital (2015). *Emergency Department Medical Directive: General Procedures*.

Georgian Bay Hospital (2015). *Emergency Department Medical Directive: General Procedures Order Table*.

Healthcare Consent Act, (1996). *Emergency treatment without consent*. S25

Rouge Valley Health System (2009). *Medical Directive & Delegated controlled acts- Management of Hypoglycemia & Obtaining venous sample to confirm point of care capillary glucose results for adult patients*.

Rouge Valley Health System (2008). *Medical Directive & Delegated Controlled Acts- Initiation of peripheral/central access intravenous access in a cardiac emergency*

Regulated Health Professions Act (1991). S 27, 28(1) retrieved from: <http://www.ontario.ca/laws/statute/91r18>



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This table must **not** be used independently apart from the Medical Directive

Appendix A: Order Table Form

Order	Indication	Contraindication
Initiate intravenous with 0.9% Sodium Chloride to saline lock OR 0.9% Sodium Chloride at 30 mL/hr	Acute chest pain, shortness of breath, signs of dehydration, altered level of consciousness, hypotension, requires intravenous medications Or, if an IV is required in the professional judgment of the health care provider.	
Oxygen Administration	All patients: Respiratory Distress, Evidence of hypoxemia All Patients (except COPD patients): SpO ₂ less than 92% COPD Patients: SpO ₂ less than 88% Or, if oxygen is required in the professional judgment of the healthcare provider.	All Patients: SpO ₂ 99-100% COPD patients: SpO ₂ greater than 92%
Capillary Blood Glucose sampling	Patient exhibiting signs and symptoms of possible hypoglycemia or hyperglycemia.	
Covid 19 Nasopharyngeal and/or Oropharyngeal/Mid-Turbinate Swab	Any patient residing on a Lakeridge Health unit in a Covid 19 outbreak and/or any patient with a potential exposure to another person with a declared Covid 19 positive result.	
Hypoglycemia Protocol (refer to the wave)	Any patient with a blood glucose less than 4 mmol/L	