# Pediatric Provincial EMS PEOLC ATR Protocol

April 1, 2019





- Collaborative practice may not be possible depending on availability of other health care
- providers in off hours Paramedic consults OLMC if collaborative practice
- attempt is unsuccessful
- EMS resource dispatched with no lights and sirens and no allied resources (police, fire, etc.) Paramedic alerted that event is for pediatric PEOLC Assess, Treat and Refer

Clinician communicates with family/palliative physician or NP as possible

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while enroute Paramedic provided with clinician name and contact information via Mobile Data Terminal (MDT)

#### **Develop Care Plan**

- Patient confirmed as a pediatric PEOLC in discussion with clinician (if available) and/or online physician (patient's family/pediatric
- palliative physician, pediatric palliative physician on call and/or EMS Online Medical Consultation (OLMC) physician) Patient's primary/pediatric palliative care physician is consulted regarding on scene treatment (Patient may have EMS Specialized Freatment Protocol available). If unable to contact primary/pediatric palliative care physician contact OLMC physician
- Care plan is created in line with patient/family's wishes and/or Goals of Care designation
- BLS practitioners who determine that the patient may benefit from ALS intervention contact dispatch to request ALS response if available as per zone's capacity
- Clinician (if available) initiates arrangements for additional on-going resources (e.g. oxygen, equipment, medications, etc.) as required
- Clinician (if available) determines need and timeline to proceed to scene (or remain on scene) for additional follow-up with patient as required
- · Paramedic may consider engagement of community paramedics as per zone's capacity and local practice

#### **Initiate Patient Treatment**

- Paramedics initiate and provide treatment as discussed, in collaboration with clinician (if on scene)
- Care is provided within scope of practice, local service standards and protocols
- Online physician is re-consulted as necessary during treatment
- Care is provided in line with patient/family's wishes and/or Goals of Care designation In consultation with the patient, family, clinician (if available), and online physician, Paramedic supports non-transport decision if requested
- or provides transport to acute care or hospice setting if desired

### **Event Closure and Referral**

- Paramedic Responsibilities
- Paramedic completes standard patient care record (PCR) AND PEOLC Assess, Treat and Refer form OR PEOLC Assess, Treat and Refer fields on ePCR
- Paramedic ensures family/patient understand they may call their community team (eg. home care) or 911 again if needed If clinician enroute to scene, EMS places call to clinician through dispatch to complete transfer of care
- Paramedic does not need to remain on scene until clinician arrival (if enroute)
- Paramedic leaves copy of Assess, Treat and Refer form OR pamphlet with patient/family
- Paramedic transmits ePCR
- Once event has resolved, Paramedic departs from scene
- Clinician (if involved at time of event) Responsibilities
- If clinician on scene at Paramedic departure, clinician assumes care as per local practice
- Clinician arranges additional on-going resources (e.g. oxygen, equipment, medications, etc.) as required Clinician contacts family/pediatric palliative physician or NP (if not done prior) for follow up
- Clinician completes relevant documentation as per local practice

## Clinician is defined as any regulated healthcare practitioner, as per zones capacity

- Online Physician is defined as the patient's family/pediatric palliative physician, palliative physician on call and/or EMS Online Medical Consultation (OLMC) physician
  - Paramedic is either a basic life support or advanced life support professional working for Emergency Medical Services

Resolved is defined as meeting the patient's needs and current wishes for care after discussion with patients and families Collaborative Practice is defined as inter-professional and inter-organizational communication and decision making to provide patient centered care (via phone and/or on scene)