

WHAT'S NEW?

To all ERS staff,

Here are some revised care maps and 3 new destination protocols for Winnipeg.

These will be coming into effect on **August 13th 2024**.

We urge all paramedics to review.

If you have any questions, talk to your clinical manager, or contact either of us!

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REVISED B03.1 - WINNIPEG DESTINATIONS FOR ACUTE CARE REVISED

This one has been extensively revised.

- It has been renamed & renumbered (from B03) to allow for the creation of two new protocols listed below.
- The flow chart has been simplified and the more information has been added to the tables A and B.
- The criteria to transport major trauma and major burns victims to HSC have been defined to better align with the trauma destination protocols.
- Non-traumatic cardiac arrest with ROSC has been divided by age. Transport patients 17 years & over to St. Boniface Hospital. Those under 17 go to Children's Hospital.
- New protocols for maternal & newborn emergencies and mental health & addictions conditions have been created.
- The requirement that the patient be ambulatory to transport to urgent care centers has been removed. In its place we have added the provision that patient's must be able to care for themselves.

NEW B03.2 - WINNIPEG DESTINATIONS FOR MATERNAL & NEWBORN CARE NEW

NEW B03.3 - WINNIPEG DESTINATIONS FOR MENTAL HEALTH & ADDICTIONS NEW

REVISED E04 - ACUTE CORONARY SYNDROME REVISED

- It has been retitled to be inclusive of NSTEMI & unstable angina.
- There is direction for 12 lead monitoring or repeat ECGs if the patient remains symptomatic. Quantitative ST segment findings for ICP providers and modified Sgarbossa criteria for ACP providers have been added as indications to call the Code-STEMI physician.
- Definitions (appendix B) and a list of symptoms have been added (appendix C),

REVISED F03 - BURNS REVISED

- Indication to transport to HSC have been added.