	A08 - MEDICATION ORDERS	
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EMR / PCP / ICP / ACP		ALL AGES

A paramedic cannot exceed their professional scope of practice, regardless of the physician's order.

A paramedic has a professional obligation to not carry out an order that they reasonably believe to be inaccurate, incorrect, or inappropriate to the patient and situation.

SECTION A: STANDING ORDER & AUTHORIZATION TO VARY A STANDING ORDER

- While medication administration is within a paramedic's professional scope of practice, a paramedic requires a physician's order to administer the specific medication.

The ERS medication documents (section M) are **standing orders** from ERS medical leadership. They enable a paramedic to administer a particular medication under a certain set of conditions which include the indications, contraindications, route, dosing, and frequency of administration.
- To administer a medication in a manner other than that specified in a medication document, a paramedic requires an order from an ERS or ERS-affiliated physician authorizing them to vary the standing order.

A paramedic can accept this order from any of the following **ERS physicians**.
 - The on-line medical support (OLMS) physician.
 - The Provincial EMS Medical Director.
 - The Provincial EMS Associate Medical Director.
 - The Winnipeg Fire Paramedic Service Medical Director.
 - The Winnipeg Fire-Paramedic Service Associate Medical Director.
 - The ERS Chief Medical Officer.
A paramedic can accept this order from any of the following **ERS-affiliated physicians**.
 - The Virtual Emergency Care & Transport Resource Service (VECTRS) emergency physician (VEP).
 - The Shock Trauma Air Rescue Service (STARS) or Lifeflight transport physician (TP).
 - The Code-STEMI physician or interventional cardiologist for issues related to an ST elevation myocardial infarction (STEMI) only.
 - The stroke neurologist providing medical coverage to a stroke center or telehealth stroke site for issues related to an acute stroke only.
 - The VAD cardiologist for issues related to a left ventricular assist device (LVAD) only.
- The order will authorize a paramedic to vary some or all of the conditions specified in the standing order, as follows.
 - A paramedic with the primary (PCP) or intermediate (ICP) work scope can accept an order to vary the dose or repeat dosing of a medication, but not the indications, contraindications or route of administration.
 - A paramedic with the advanced (ACP) work scope can accept an order to vary any of the conditions.
 - A paramedic with the basic (EMR) work scope cannot accept any order to vary any of the conditions.

4. The order is given on a one-time only basis. It applies solely for this specific patient and this particular situation. The order must comply with section 4.8 of the CPMB General Regulation, and must be within the paramedic's knowledge and competency.
5. A non-physician cannot authorize a paramedic to vary a standing order. However, in exigent circumstances, the VEP may designate the VECTRS advanced care paramedic (VACP) to convey the order to the paramedic.
6. The paramedic will repeat the order back to the VEP or VACP to confirm reception and understanding
7. VECTRS will document the order in the VECTRS Emergency Department Information System (EDIS) electronic patient record. The paramedic will appropriately document the order in the patient care record (PCR).

SECTION B: MEDICATIONS NOT COVERED BY STANDING ORDER



1. During an interfacility transfer (IFT), a patient may require one or more scheduled or unscheduled (i.e. PRN) medications not covered by the ERS medication documents. To administer any medication during the IFT, a paramedic must have a copy of a written order from the prescribing or referring physician.
2. The order must comply with section 4.8 of the CPMB General Regulation, and must be within the paramedic's knowledge and competency.
3. In an exigent circumstance, such as an unanticipated critical or time-sensitive issues, a referring physician may provide a medication order verbally.

The order must be received directly from the physician. The paramedic will repeat the order back to the referring physician to confirm reception and understanding, and appropriately document the order in the patient care record (PCR).

LINKS / REFERENCES

- A01 - EMS OVERVIEW
- A02 - PRESCRIBED MEDICATIONS DURING IFT
- A07 - VECTRS / OLMS
- CPMB PRACTICE DIRECTION - DELEGATION OF RESERVED ACTS

APPROVED BY

	
EMS Medical Director	EMS Associate Medical Director

VERSION CHANGES (refer to X01 for change tracking)

- Retitled
- Sections A & B combined
- Sections D and E removed (section D will become separate policy document)
- VECTRS will provide on-line medical support
- VECTRS EP added to list of ERS-affiliated physicians
- Revised notes for greater clarity and ease of use