

	X05 - MEDICAL (SECTION E) CHANGE TRACKING	
	Version date: 2023-10-20	Publication Date: 2023-10-24

E01 - CROUP

2023-05-08:

- Revised repeat dosing interval to match M05.4

2022-09-08:

- New

E02 - AGITATION

2023-10-17:

- Correction of link for M34 - Haloperidol
- Identifier legend at bottom of flow chart replaces work scope statement in header

2022-09-27:

- Reformatted (works scope indicator moved into header; compliance statement is now policy A03)
- E02, E20 and E25 combined into one document
- Simplified flow chart

2021-02-19:

- Simplified flow chart
- Reformatting

2017-06-19:

- Original version

E03 - ANAPHYLAXIS

2023-02-13:

- PCP can administer hydrocortisone

2022-12-07:

- Removed 60 minute qualifier for considering hydrocortisone administration with anaphylaxis

2022-09-09

- Reformatted (works scope indicator moved into header; compliance statement is now policy A03)
- Dosing frequency changed to every 5 to 15 minutes to align with M document
- Warning about antihistamines
- Epi-Pen doses listed by age

2021-09-15:

- Revised & reformatted
- Revised indications
- Addition of scope of work statement & legend (removal of coloured boxes)
- Simplified flow chart
- Glucagon removed as rarely required in initial prehospital management
- Nebulized epinephrine removed as inferior to parenteral administration
- Removal of IV dosing until pumps are universally available

2021-02-04:

- Revised hydrocortisone dosing
- Refractory anaphylaxis transport time increased to 60 minutes

2021-01-13:

- Simplified linear flow chart & reformatting
- Modified indications and clarification of management around exposure to known allergen
- Modified to align with new guidelines (e.g., Canadian Pediatric Society)
- Addition of weight based dosing for IM epinephrine
- Removal of antihistamines which may mask signs of worsening of anaphylaxis and biphasic reactions
- Switch to hydrocortisone to simplify Shared Health ERS formulary
- Inclusion of anaphylaxis as additional reason for redirection advisory over-ride

2017-06-06:

- Original version

E04 - ACUTE CORONARY SYNDROME & STEMI

2023-06-06:

- Monitor must indicated ****STEMI**** to activate STEMI bypass
- Paramedics will call the STEMI physician for all STEMI regardless of time to SBH
- Providers with primary work scope can now use clinical judgement to consider nitrates
- Provider with basic work scope will no longer administer nitroglycerin
- Removal of requirement for “ongoing” pain to consider opiates
- Updated TNK checklist

2022-11-02:

- Paramedics will no longer contact OLMS if outside of 100-minute concentric

2022-08-21:

- Reformatted (works scope indicator moved into header; compliance statement is now policy A03)
- PCP can now administer IV fentanyl

2022-04-05:

- Improved flow chart for enhanced ease of use
- Separate EMR functions for enhanced visibility
- Providers with basic work scope (EMR) must contact OLMS to administer SL nitroglycerin, but can assist a patient with self-administration

2021-05-25:

- Addition of scope of work statement (removal of coloured boxes)
- Addition of instruction to contact OLMS for STEMI patient who cannot reach SBH within 100 minutes
- Addition of PHIA warning for transmitting of ECG
- Addition of TNK checklist to streamline process for initiating fibrinolysis
- Reformatted

2021-01-13:

- Further clarification of process for consulting Code-STEMI physician and emphasis on 100 minute concentric
- Clarification to Notes 11, 12 and 13

2020-04-08:

- Switch in sequence of steps on flow chart to emphasize that transport to PCI is the priority with STEMI
- Enoxaparin switched to PCP scope with physician order
- Inclusion of LBBB as possible criterion for STEMI bypass
- Instruction to enable providers to bypass the SBH ED if patient is unstable

<ul style="list-style-type: none"> • Further information about managing RVI <p>2019-11-25:</p> <ul style="list-style-type: none"> • Original versions from MHSAL / EMSB
E05 - ADRENAL CRISIS
<p>2023-06-05:</p> <ul style="list-style-type: none"> • New (replaces C07)
E06 – BREATHING PROBLEMS
<p>2023-09-19:</p> <ul style="list-style-type: none"> • Deleted (replaced by E07, E08, E09) <p>2023-02-22:</p> <ul style="list-style-type: none"> • PCP can administer hydrocortisone <p>2022-12-06:</p> <ul style="list-style-type: none"> • Flow chart reorganized & notes simplified • Removal of epinephrine administration in COPD due to lack of supporting evidence and risk of harm • Removal of time qualifiers for consideration of administration of second-line agents (furosemide, hydrocortisone) <p>2022-10-07:</p> <ul style="list-style-type: none"> • Reformatted (works scope indicator moved into header; compliance statement is now policy A03) & renamed • Revised flow chart & notes • Inclusion of QRG for COVID-specific directions for PPE and CPAP • Incorporates management information for heart failure / pulmonary edema care map; acute coronary syndrome; asthma; and COPD • Clarification on use of IM epinephrine for asthma / COPD only • Emphasis on CPAP and vasodilation as first line therapy in heart failure <p>2020-05-12:</p> <ul style="list-style-type: none"> • Consolidation of previous documents E06A; E06B; E06C; and E06D into single care map • Incorporation of additional information from COVID-19 care map E22 • Revised table A • Simplified flow chart • Retitled <p>2017-05-15:</p> <ul style="list-style-type: none"> • Original version
E07 - ASTHMA / COPD
<p>2023-09-17:</p> <ul style="list-style-type: none"> • New (replaces E06)
E08 - ACUTE HEART FAILURE
<p>2023-10-19:</p> <ul style="list-style-type: none"> • New (replaces E06)
E09 - RESPIRATORY DISTRESS OF UNKNOWN CAUSE
<p>2023-09-17:</p>

<ul style="list-style-type: none"> • New (replaces E06)
E10 - HYPOGLYCEMIA
<p>2023-06-08:</p> <ul style="list-style-type: none"> • Identifier legend at bottom of flow chart replaces work scope statement in header <p>2022-09-10:</p> <ul style="list-style-type: none"> • Reformatted (works scope indicator moved into header; compliance statement is now policy A03) • Consolidation of algorithms to simplify protocol • Revised notes for clarity • Providers with basic work scope (EMR) no longer have to contact OLMS before administering IN glucagon <p>2022-04-14:</p> <ul style="list-style-type: none"> • Reformatted (replacement of coloured boxes with scope of work statement & icons) • Revised title & content <ul style="list-style-type: none"> ○ Consolidation of adult, adolescent, and childcare maps into one document ○ Separate flow charts for adult / adolescent and child / infant ○ Revised BG lower limit for diagnosing infant & child hypoglycemia ○ Improved flow chart for enhanced ease of use ○ Use of 10% dextrose in adults & adolescents when volume is a concern • Providers with basic work scope (EMR) must contact OLMS to administer IN glucagon <p>2012-06-13:</p> <ul style="list-style-type: none"> • Original versions from MHSAL / EMSB
E13 - PEDIATRIC FEBRILE SEIZURE
<p>2023-08-06:</p> <ul style="list-style-type: none"> • New (extracted from E14 - SEIZURES)
E14 - SEIZURE
<p>2023-08-06:</p> <ul style="list-style-type: none"> • Pediatric febrile seizure has been removed • Identifier legend at bottom of flow chart replaces work scope statement in header <p>2022-09-10:</p> <ul style="list-style-type: none"> • Reformatted (works scope indicator moved into header; compliance statement is now policy A03) • Simplified flow chart <p>2020-04-07:</p> <ul style="list-style-type: none"> • Consolidation of previous documents E14.1A; E14.1B; E14.1C; E14.1D; E14.2C; and E14.2D into single care map • Removal of drug dosages (information on medications available at M02 and M07 links) • Simplified flow chart <p>2017-04-03:</p> <ul style="list-style-type: none"> • Original version
E15 - ACUTE STROKE
<p>2022-09-23:</p> <ul style="list-style-type: none"> • Reformatted (works scope indicator moved into header; compliance statement is now policy • Simplified flow chart & revised notes for improved clarity • Operational change patients must be transported to stroke centre or ED within Manitoba

- Relabeling of appendices
- Extended list of anticoagulants moved to reference section (H11)
- Possible stroke not limited to positive CPSS

2020-09-08:

- Removal of speech impairment as an indication to contact the HSC stroke neurologist

2020-08-24:

- SBH removed as stroke centre
- Addition of speech impairment as an indication to contact the HSC stroke neurologist
- Addition of 90-minute marker to consider air intercept
- Formatting / simplified flow chart

2019-09-16:

- Shared Health interim release

2017-03-26:

- Original version

E30 - PALLIATIVE CARE IN THE HOME

2022-08-22:

- Direct PCU admissions will bypass the ED

2022-08-21:

- Addition of ketamine for analgesia and crisis situations
- Addition of fentanyl for analgesia (paramedics with primary work scope can administer fentanyl by all routes for this care map)
- Revised dosing and increased frequency for midazolam, metoclopramide, ondansetron, and morphine to account for increased severity of symptoms
- SC line can be left in place

2022-07-04:

- Addition of ketamine for analgesia and crisis situations
- Addition of fentanyl for analgesia (paramedics with primary work scope can administer fentanyl by all routes for this care map)
- Revised dosing and increased frequency for midazolam, metoclopramide, ondansetron, and morphine to account for increased severity of symptoms
- SC line can be left in place
- Reformatting (work scope statement moved into header, compliance statement relocated as A03)

2022-05-16:

- Reformatted (replacement of coloured boxes with scope of work statement & icons)

2020-11-23:

- Added Appendix 2 Subcutaneous Infusion
- Added Appendix 3 Urinary Catheter Irrigation

2020-07-14:

- Original version