	A02 - PHYSICIAN ORDERS & CLINICAL SUPPORT	
	POLICIES & PROCEDURES	
Version date: 2022-08-25	Effective Date: 2022-09-27 (0700 hrs)	

SECTION A - PHYSICIAN ORDERS

1. The EMS/PT medication documents (section M) are **standing orders** from ERS medical leadership. They enable a paramedic to administer a medication under a specified set of conditions which include the indications, contraindications, route, dosing, and frequency of administration.

Paramedics must consult with an EMS/PT medical lead or an ERS-affiliated doctor to administer a medication in any way other than what is specified in the standing order (eg. different dosing, increased frequency, alternative route).

Any direction from the physician will only apply to this specific patient encounter and their current situation and condition. Any variation must be within the College of Paramedics of Manitoba (CPMB) scope of practice and individual competency (including managing potential adverse occurrences). It may be provided verbally when required, such as during patient transport.

Paramedics must not carry out a physician's order that they reasonably believe to be inaccurate, incorrect, or inappropriate to the particular patient and situation.
2. Under exigent circumstances, a paramedic may receive a **delegation** to perform a reserved act that is not within their usual scope of work from an EMS/PT or ERS-affiliated physician. Delegations cannot be made to an emergency medical responder (EMR).

A delegation must fall within the paramedic's professional scope of practice and individual competency, and must comply with section 4.8 of the CPMB General Regulation. It is given on a one-time basis and applies only to this specific patient and their current situation and condition. It should be made in writing, where possible, but can be provided verbally in emergency situations.
3. **EMS/PT medical leads** who can provide orders or delegations include all of the following:
 - a. The on-line medical support (OLMS) physicians.
 - b. The ERS Chief Medical Officer.
 - c. The EMS/PT Medical Director or Associate Medical Director.
 - d. The Winnipeg Fire Paramedic Service (WFPS) Medical Director or Associate Medical Director.
4. **ERS-affiliated doctors** who can provide orders or delegations include all of the following:
 - a. The referring or receiving physician for a patient on an interfacility transfer (IFT) for the particular patient only.
 - b. The Shock Trauma Air Rescue Society (STARS) or Lifeflight transport physician (TP).
 - c. The Code-STEMI physician or interventional cardiologist ("cath-lab" doctor) for a patient with a suspected ST elevation myocardial infarction (STEMI) only.
 - d. The on-call stroke neurologist providing consultation to a stroke centre or telehealth stroke site for a patient with a suspected acute stroke only
 - e. The on-call LVAD *cardiologist* for a patient with a left ventricular assist device (LVAD) only.
5. An individual who is present at a call and self-identifies as a medical doctor (**on-scene physician**) but is not an EMS/PT or ERS-affiliated physician as listed above *may* give select orders to paramedics but cannot delegate a reserved act. **Paramedics have the right to refuse an order from an on-scene physician.**

Paramedics may only carry out an order from an on-scene physician if they reasonably believe that the individual holds a current valid license from the College of Physicians and Surgeons of Manitoba (CPSM), is competent to give the order, and remains available to support the order.

If an on-scene physician performs a reserved act that is beyond the scope of practice of a paramedic (eg. endotracheal intubation) the physician must accept responsibility for that patient and directly accompany the patient during transport.

6. While the following individuals may be able to provide expertise, support and some clinical assistance to paramedics, they cannot provide physician orders or delegations.
 - a. The LVAD *coordinator* (this is usually a nurse specialist).
 - b. The EMS/PT on-call superintendent or supervisor (OCS).
 - c. A registered nurse in a referring facility, such as a nursing station.
7. For anticipated clinical care that may or will be required during patient transport and is not already covered by an EMS/PT care map or medication standing order, a physician order must be obtained in writing, accompany the patient, and remain attached to the patient care record (PCR).
8. For unexpected critical or time-sensitive issues that may arise during patient transport, a verbal order from a physician can be accepted. The order must be received directly from the physician, and must be appropriately documented in the PCR, including the name and role of the individual who gave the order (eg. J Smith, OLMS).



SECTION B - CLINICAL SUPPORT

1. Paramedics may contact the OLMS physician *at any time* for assistance with clinical issues and destination decision support. The OLMS physician is contacted through the Medical Transportation Coordination Centre (MTCC). In high risk situations (eg. obstetrical emergencies) contact should be made as early as possible.
2. Paramedics must contact the OLMS physician if the patient's condition and the clinical requirements are not met by a current care map or medication document.
3. Paramedics must contact the OLMS physician when directed to do so as in the following specific care maps:
 - a. C01 - Basic Resuscitation
 - b. D01- Basic Newborn Resuscitation
4. When directed in a specific care map, paramedics must contact the ERS-affiliated physician or clinical coordinator. If unable to reach the designated individual, paramedics should contact the OLMS physician.
 - a. For a patient who meets the criteria for possible trauma bypass to the Health Sciences Centre (HSC) contact the STARS transport physician (B04).
 - b. For a patient with a suspected STEMI who meets the criteria for transport to the "cath lab" at St. Boniface Hospital (SBH) contact the Code-STEMI physician (E04A).
 - c. For a patient with a suspected acute stroke who meets the criteria for transport to HSC, contact the HSC stroke neurologist (E15A).
 - d. For a patient with an LVAD, contact the LVAD coordinator regardless of the complaint or destination. If the coordinator cannot be reached, contact the LVAD cardiologist (C08AB).
5. During an interfacility transfer (IFT) paramedics should first attempt to contact the referring physician for medical support. The referring physician may advise paramedics to contact the receiving physician or OLMS as appropriate.

If unable to reach the referring or receiving physician, paramedics should contact the OLMS physician for assistance. The referring physician should be updated as soon as possible thereafter.

SECTION C - ON LINE MEDICAL SUPPORT (OLMS)

1. OLMS is provided on a rotating basis by one of the Shared Health ERS medical directors or associate medical directors.
2. The OLMS physician can be reached by contacting the Medical Transportation Coordination Centre (MTCC) Paramedic Line at **1-800-689-2166**. In areas of the Province where cellular service is poor or lacking, paramedics should contact MTCC by radio.
3. When consulting the OLMS physician, provide the following information to assist with clinical decision-making:
 - Your name and CPMB subregistration (EMR, PCP, PCP-IC, ACP) or your ERS scope of work (basic, primary, intermediate, advanced) if different from your CPMB subregistration.
 - Your current location, including whether you are on scene or transporting from the scene.
 - The patient’s name and age, and the patient’s gender if relevant (eg. lower abdominal pain in a young female)
 - A brief and focused description of the situation.
 - Any relevant scene information (eg. MVC with two occupants dead on scene).
 - Any relevant background information (eg. major trauma patient on “blood thinners”)
 - The values of all vital signs, including the blood glucose and Glasgow coma score if relevant.
 - Your clinical assessment of the patient.
 - A focused clinical question.
 - The location of, and transport time to, the closest ED and/or the closest designated site if relevant (eg. laboring patient with an obstetrical facility 60 minutes away, but an open ED 10 minutes away).
 - Any barriers to prompt, safe transport (eg. white-out weather conditions).

APPROVED BY	
	
Medical Director, EMS/PT	Associate Medical Director, EMS/PT

VERSION CHANGES (refer to X01 for change tracking)

- Compliance statement moved out of header to become policy & procedure A03
- Work scope statement added to header
- Clarification of standing order and delegation to align with CPMB regulations
- Removal of “interim order” (replaced by direction to consult medical lead)
- Clarification of on-scene physician role