

	<b>G03 - ADULT TRANSPORT TEAM PCP WORK SCOPE</b>	
	POLICY & PROCEDURE (TRANSPORT)	
Version date: 2023-11-18	Effective date: 2023-12-12	

<b>TABLE A: PROCEDURES</b>
<b>PATIENT ASSESSMENT</b>
<ul style="list-style-type: none"> <li>• Making &amp; communicating a diagnosis</li> </ul>
<ul style="list-style-type: none"> <li>• Receiving a report of test (<i>not including ECG interpretation for Code-STEMI</i>)</li> </ul>
<b>AIRWAY &amp; BREATHING</b>
<ul style="list-style-type: none"> <li>• Blind-insertion airway device insertion</li> </ul>
<ul style="list-style-type: none"> <li>• Conscious sedation recovery</li> </ul>
<ul style="list-style-type: none"> <li>• Gastric Tube Insertion through established I-gel airway</li> </ul>
<ul style="list-style-type: none"> <li>• Oxygen administration</li> </ul>
<ul style="list-style-type: none"> <li>• Oxygen administration by titration</li> </ul>
<ul style="list-style-type: none"> <li>• Pharyngeal airway insertion - oral / nasal</li> </ul>
<ul style="list-style-type: none"> <li>• Tracheostomy management-positive pressure ventilation &amp; suctioning (<i>cuffed-tube only</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Tracheostomy management -relieving an obstruction via suctioning (<i>cuffed-tube only</i>)</li> </ul>
<b>CIRCULATION</b>
<ul style="list-style-type: none"> <li>• Defibrillation, automated with rhythm interpretation <sup>6</sup></li> </ul>
<ul style="list-style-type: none"> <li>• Defibrillation, automated without rhythm interpretation</li> </ul>
<ul style="list-style-type: none"> <li>• Defibrillation, manual <sup>6</sup></li> </ul>
<b>TRAUMA &amp; SURGICAL</b>
<ul style="list-style-type: none"> <li>• Eye irrigation</li> </ul>
<ul style="list-style-type: none"> <li>• Management of an impaled object</li> </ul>

<ul style="list-style-type: none"> <li>• Wound irrigation</li> </ul>
<b>VASCULAR ACCESS</b>
<ul style="list-style-type: none"> <li>• Intravenous cannulation</li> </ul>
<b>MEDICATION ADMINISTRATION</b>
<ul style="list-style-type: none"> <li>• By Auto-injector</li> </ul>
<ul style="list-style-type: none"> <li>• By buccal, oral, or sublingual</li> </ul>
<ul style="list-style-type: none"> <li>• By inhalation with MDI</li> </ul>
<ul style="list-style-type: none"> <li>• By inhalation with nebulizer</li> </ul>
<ul style="list-style-type: none"> <li>• By intramuscular injection</li> </ul>
<ul style="list-style-type: none"> <li>• By intranasal administration</li> </ul>
<ul style="list-style-type: none"> <li>• By intravenous injection into a peripheral line</li> </ul>
<ul style="list-style-type: none"> <li>• By intravenous injection into a peripherally inserted central catheter (PICC)</li> </ul>
<ul style="list-style-type: none"> <li>• By subcutaneous injection</li> </ul>
<b>MANAGEMENT OF DEVICES ESTABLISHED BY ANOTHER HEALTH CARE PROVIDER</b>
<ul style="list-style-type: none"> <li>• Central venous catheter (capped only)</li> </ul>
<ul style="list-style-type: none"> <li>• Central venous catheter (in use)</li> </ul>
<ul style="list-style-type: none"> <li>• Gastric tube (<i>oral / nasal</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Jackson-Pratt (wound) drain</li> </ul>
<ul style="list-style-type: none"> <li>• Peripherally inserted central catheter (<i>capped only</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Peripherally inserted central catheter (<i>in use</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• Peripheral intravenous catheter</li> </ul>
<ul style="list-style-type: none"> <li>• Percutaneous gastrojejunostomy tube</li> </ul>
<ul style="list-style-type: none"> <li>• Thoracostomy (chest) tube with any drainage system (<i>gravity only</i>)</li> </ul>
<ul style="list-style-type: none"> <li>• TR Band™ radial artery compression device<sup>6</sup></li> </ul>

<ul style="list-style-type: none"> <li>Urinary bladder irrigation (<i>Kelley</i>)</li> </ul>
<ul style="list-style-type: none"> <li>Urinary catheter (<i>transurethral or suprapubic</i>)</li> </ul>

TABLE B: MEDICATIONS		
MEDICATION	INDICATION	ROUTE
<ul style="list-style-type: none"> <li>Acetaminophen</li> </ul>	<ul style="list-style-type: none"> <li>Mild / moderate pain / fever</li> </ul>	Oral
<ul style="list-style-type: none"> <li>Acetylsalicylic acid (ASA)</li> </ul>	<ul style="list-style-type: none"> <li>Suspected ACS</li> </ul>	Oral
<ul style="list-style-type: none"> <li>Antibiotics</li> </ul>	<ul style="list-style-type: none"> <li><i>Refer to G01 and /or G02</i></li> </ul>	
<ul style="list-style-type: none"> <li>Dextrose 10%</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycemia</li> </ul>	IV
<ul style="list-style-type: none"> <li>Dextrose 50%</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycemia</li> </ul>	IV
<ul style="list-style-type: none"> <li>Dimenhydrinate</li> </ul>	<ul style="list-style-type: none"> <li>Nausea / vomiting</li> </ul>	Oral / IV
<ul style="list-style-type: none"> <li>Diphenhydramine</li> </ul>	<ul style="list-style-type: none"> <li>Pruritis due to anaphylaxis</li> </ul>	Oral / IM / IV
<ul style="list-style-type: none"> <li>Epinephrine</li> </ul>	<ul style="list-style-type: none"> <li>Anaphylaxis</li> </ul>	IM
	<ul style="list-style-type: none"> <li>Croup</li> </ul>	Nebulizer <sup>1</sup>
<ul style="list-style-type: none"> <li>Fentanyl</li> </ul>	<ul style="list-style-type: none"> <li>Analgesia</li> </ul>	IN / IM / IV
<ul style="list-style-type: none"> <li>Glucagon</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycemia</li> </ul>	IV / IM/ SC
<ul style="list-style-type: none"> <li>Glucose</li> </ul>	<ul style="list-style-type: none"> <li>Hypoglycemia</li> </ul>	Oral
<ul style="list-style-type: none"> <li>Hydromorphone</li> </ul>	<ul style="list-style-type: none"> <li>Moderate / severe pain</li> </ul>	
<ul style="list-style-type: none"> <li>Ibuprofen</li> </ul>	<ul style="list-style-type: none"> <li>Mild / moderate pain or fever</li> </ul>	Oral
<ul style="list-style-type: none"> <li>Ketorolac</li> </ul>	<ul style="list-style-type: none"> <li>Moderate / severe pain</li> </ul>	IM / IV
<ul style="list-style-type: none"> <li>Lorazepam</li> </ul>	<ul style="list-style-type: none"> <li>Severe anxiety / agitation</li> </ul>	Oral
<ul style="list-style-type: none"> <li>Metoclopramide</li> </ul>	<ul style="list-style-type: none"> <li>Severe nausea / vomiting</li> </ul>	IM / IV
<ul style="list-style-type: none"> <li>Midazolam</li> </ul>	<ul style="list-style-type: none"> <li>Active seizures only</li> </ul>	IN / IM / IV
<ul style="list-style-type: none"> <li>Naloxone</li> </ul>	<ul style="list-style-type: none"> <li>Respiratory depression from opioid toxicity</li> </ul>	IN / IM / IV

• Olanzapine	• Methamphetamine psychosis	Oral
• Nitroglycerin	• Chest pain /discomfort cardiac patient	Sublingual
• Salbutamol	• Asthma / COPD / dyspnea / anaphylaxis	MDI / Nebulizer <sup>1</sup>
• Saline solution (0.9%)		IV
• Tranexamic acid	• Hemorrhagic shock	IV
<b>MEDICATION INFUSIONS ESTABLISHED BY ANOTHER HEALTH CARE PROVIDER</b>		
• Dextrose (≥ 10%)		
• Fosphenytoin		
• Glucagon		
• Heparin		
• Insulin <sup>4</sup>		
• N-acetylcysteine		
• Naloxone		
<ul style="list-style-type: none"> <li>• Intravenous Fluid (IVF) - and standard solution <ul style="list-style-type: none"> <li>○ IVF w/ bicarbonate</li> <li>○ IVF w/ calcium</li> <li>○ IVF w/ magnesium</li> <li>○ IVF w/ phosphate</li> <li>○ IVF w/ potassium (<i>up to 40 mEq per liter</i>)</li> </ul> </li> </ul>		
• Octreotide		
• Pantoprazole		
• Phenytoin		
• Total parental nutrition (TPN)		

NOTES
<ol style="list-style-type: none"> <li>1. Medication administration by nebulizer is contraindicated during the COVID pandemic (refer to A09).</li> <li>2. In the event of unanticipated clinical situations during transport, paramedics will follow the Shared Health ERS medication protocols (M documents) which are standing orders that authorize the administration of these medications, and the pertinent patient care map.</li> <li>3. Medication infusions established by another health care provider at the referring site are to be managed during transport as per Shared Health ERS transport care map G01. They require advance consultation with the referring prescriber or clinical service lead (CSL) and a written order from the prescriber.</li> <li>4. If titration is required a written order outlining the titration parameters is required from the prescriber or designate.</li> <li>5. Scheduled and PRN medications that are to be administered during patient transport should be administered as per G02. They require a written order from the prescriber. Consider advance consultation with the referring prescriber or CSL.</li> <li>6. Additional training may be required by ERS and/or the College of Paramedics of Manitoba (A06).</li> </ol>



LINKS
<ul style="list-style-type: none"> <li>• A06 - EMERGENCY MEDICAL SERVICE WORK SCOPE</li> <li>• A09 - MEDICAL PROCEDURES DURING COVID</li> <li>• G01 - ESTABLISHED MEDICATION INFUSIONS</li> <li>• G02 - SCHEDULED MEDICATIONS</li> </ul>



APPROVED BY	
	EMS Medical Director

VERSION CHANGES (refer to X07 for change tracking)
<ul style="list-style-type: none"> <li>• Addition of hydromorphone</li> </ul>