

 Shared health Soins communs Manitoba	X05 - MEDICAL (SECTION E) CHANGE TRACKING	
	Version date: 2024-01-20	Publication Date: 2024-02-13

E01 - CROUP
<p>2023-08-05:</p> <ul style="list-style-type: none"> Identifier legend at bottom of flow chart replaces work scope statement in header <p>2023-05-08:</p> <ul style="list-style-type: none"> Revised repeat dosing interval to match M05.4 <p>2022-09-08:</p> <ul style="list-style-type: none"> New
E02 - AGITATION
<p>2023-10-17:</p> <ul style="list-style-type: none"> Correction of link for M34 - Haloperidol Identifier legend at bottom of flow chart replaces work scope statement in header <p>2022-09-27:</p> <ul style="list-style-type: none"> Reformatted (works scope indicator moved into header; compliance statement is now policy A03) E02, E20 and E25 combined into one document Simplified flow chart <p>2021-02-19:</p> <ul style="list-style-type: none"> Simplified flow chart Reformatting <p>2017-06-19:</p> <ul style="list-style-type: none"> Original version
E03 - ANAPHYLAXIS
<p>2023-08-06:</p> <ul style="list-style-type: none"> Identifier legend at bottom of flow chart replaces work scope statement in header <p>2023-02-13:</p> <ul style="list-style-type: none"> PCP can administer hydrocortisone <p>2022-12-07:</p> <ul style="list-style-type: none"> Removed 60 minute qualifier for considering hydrocortisone administration with anaphylaxis <p>2022-09-09:</p> <ul style="list-style-type: none"> 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 <p>2021-09-15:</p> <ul style="list-style-type: none"> 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

2023-11-27:

- TNK checklist should be performed earlier while waiting for Code-STEMI physician
- Modified flow chart
- Identifier legend at bottom of flow chart replaces work scope statement in header

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
- Further information about managing RVI

2019-11-25:

- Original versions from MHSAL / EMSB

A05 - ADRENAL CRISIS

2023-08-04:

- Identifier legend at bottom of flow chart replaces work scope statement in header
- hydrocortisone may be given by IM route if vascular access not available

2023-06-05:

- New (replaces C07)

E06 – BREATHING PROBLEMS

2023-09-19:

- Deleted (replaced by E07, E08, E09)

~~2023-02-22:~~

- ~~• PCP can administer hydrocortisone~~

~~2022-12-06:~~

- ~~• 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)~~

~~2022-10-07:~~

- ~~• 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~~

~~2020-05-12:~~

- ~~• 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~~

~~2017-05-15:~~

- ~~• Original version~~

E07 - ASTHMA / COPD
<p>2024-01-15:</p> <ul style="list-style-type: none"> • Known exposure to COVID added <p>2023-09-17:</p> <ul style="list-style-type: none"> • New (replaces E06)
E08 - ACUTE HEART FAILURE
<p>2024-01-15:</p> <ul style="list-style-type: none"> • Known exposure to COVID added <p>2023-10-19:</p> <ul style="list-style-type: none"> • New (replaces E06)
E09 - RESPIRATORY DISTRESS OF UNKNOWN CAUSE
<p>2024-01-15:</p> <ul style="list-style-type: none"> • Known exposure to COVID added <p>2023-09-17:</p> <ul style="list-style-type: none"> • New (replaces E06)
E10 - HYPOGLYCEMIA
<p>2023-08-06:</p> <ul style="list-style-type: none"> • Identifier legend at bottom of flow chart replaces work scope statement in header <p>2023-06-08:</p> <ul style="list-style-type: none"> • Inclusion of nasal glucagon powder when glucagon solution is no longer available <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
E11 - HYPERKALEMIA
<p>2023-11-09:</p> <ul style="list-style-type: none"> • New (replaces M10)

<ul style="list-style-type: none"> Removal of insulin & dextrose from prehospital treatment
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>2024-01-19:</p> <ul style="list-style-type: none"> Simplified flow chart & notes Revised indications & contraindications Direction to go to tele-stroke site if within one hour Identifier legend at bottom of flow chart replaces work scope statement in header <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 <p>2020-09-08:</p> <ul style="list-style-type: none"> Removal of speech impairment as an indication to contact the HSC stroke neurologist <p>2020-08-24:</p> <ul style="list-style-type: none"> 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 <p>2019-09-16:</p> <ul style="list-style-type: none"> Shared Health interim release <p>2017-03-26:</p> <ul style="list-style-type: none"> Original version

E16 - PALLIATIVE CARE

2024-01-15:

- Replaces E30A from pilot project
- Indications include requirement for LEAP training
- Flow chart corrected to indicate PCP can administer fentanyl by any route
- IN ketamine removed
- Replacement of scopolamine (no longer available) with atropine at ICP level
- Identifier legend at bottom of flow chart replaces work scope statement in header

~~E30 — PALLIATIVE CARE IN THE HOME~~

2024-02-13:

- Deleted (replaced by E16)

~~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