London Health Sciences Centre
Southwest Ontario Regional Base Hospital Program

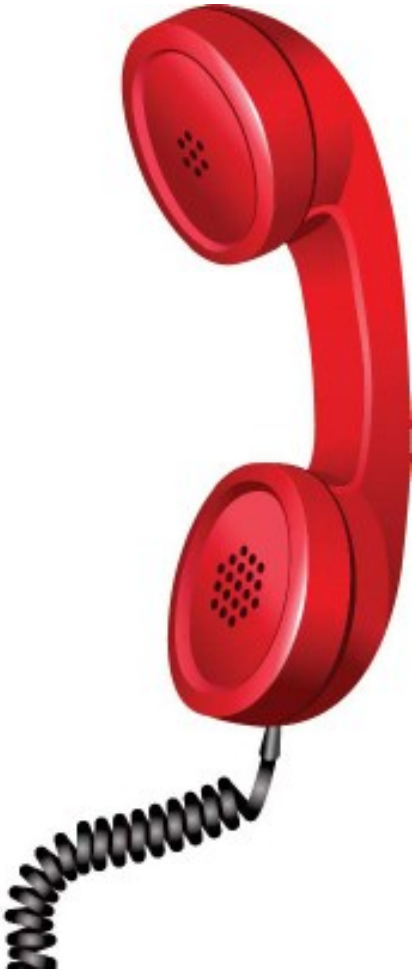
Leadership of Optimal Prehospital Care Systems

SWORBHP LINKS

SEPTEMBER 2021 I VOLUME 33

IN THIS ISSUE:

Centralized Patching Update



It's been over 9 months since we moved to a Centralized Patching model and 5 months since the decision was made to make this our permanent model. Our 10 patch physicians cover the Base Hospital Physician (BHP) line from 07:00-23:00 every day of the week. We are also covering some of the 23:00-07:00 shifts, which have historically been covered by the Emergency Department (ED) physicians at University Hospital. Throughout June, July and August we had almost 60% of these night shifts covered by one of our Centralized Patch BHPs.

The switch over of lines between BHPs has now become an automated process, thus eliminating the "human factors" issues when this was done manually. This has led to a drastic increase (100% success rate) in the calls being directed to the correct BHP.

As we have now moved to this model of BHP coverage, please note that you can no longer receive orders from physicians working at the previous patch sites. They are no longer BHPs and as such, can no longer provide medical delegation to you. If you are unable to establish BHP contact with the BHP Primary line (please attempt twice), then utilize the BHP Secondary line.

continued on page 2...

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Facilitating the delivery of excellent prehospital care while advancing safe practice and preparedness in our communities through collaborative partnerships and innovation.

...continued from page 1

In the small chance that this fails, then paramedics are to follow the direction provided in the Advanced Life Support Patient Care Standards (ALS PCS) preamble:

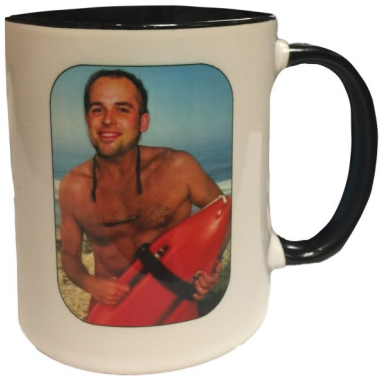
In cases where a treatment option requires the prior authorization by the BHP (i.e. mandatory provincial patch point or mandatory Base Hospital (BH) patch point) AND the BHP cannot be reached despite reasonable attempts by the paramedic to establish contact, a paramedic may initiate the required treatment without the requisite online authorization if the patient is in severe distress and, in the paramedic's opinion, the medical directive would otherwise apply. Clinical judgement must be applied and an acceptable standard of care must be met. This may be based on peer and expert review. In such cases, a paramedic should continue attempts to contact the BHP after the treatment has been initiated. All patch failures must be reported in a timely manner in accordance with local policy and procedures. Paramedics should document the attempts to patch to the BH on the Ambulance Call Report (ACR).

For medical or trauma cardiac arrests, patients should be transported as described within the mandatory patch points within these directives. Please do not call the former patch sites seeking medical orders.

It has been a very enjoyable experience as a participating BHP in this model and hopefully you have had positive experiences with this new model and will continue to support this initiate as it evolves.

Dr. Matthew Davis, MD, MSc, FRCPC
Regional Medical Director, SWORBHP

Have a Coffee and Reflect on Some Bravery



We are all sharing a coffee and reflecting on the recent Medal of Bravery awarded to our great leader Deputy Chief Justin Lammers for his heroic actions on December 9, 2019. On that day he was enjoying a well-earned vacation with his family when he spotted an exhausted looking floundering swimmer waving for help 200 feet offshore in an area known for riptides. Riptides are caused from breaks in a sandbank which cause uneven areas of acceleration of water rushing back out to sea and can basically suck people under and pull them out into the deep water. Justin advised onlookers to call 911, and then grabbed his son's bodyboard and jumped into the water swimming to the dangerous area. He then pulled the large, exhausted victim out of that area before they were both pulled out into the Palm Beach police boat. We are all honoured to work with such a brave medic.

Congratulations Justin!!

Dr. Paul Bradford, M.D. FCFP(EM), MDS, CD
Local Medical Director

Mandatory Continuing Medical Education

MCME Update:

This year for Mandatory Medical Continuing Education (MCME), we are following the same outline as last year: half of the content being delivered asynchronously via online modules and half via synchronous interactive WebEx sessions. This decision was made to continue with remote education when our planning began in January, out of an abundance of caution, not knowing what the status of the pandemic would be this fall. Hopefully next year we will see you all in person.

This year's online component modules cover a broad spectrum of topics. We chose to cover material that was new or different in paramedic practice. Topics include a focused update of the 2020 American Heart Association Guidelines, Stroke and the Los Angeles Motor Scale, COVID-19 consideration changes, centralized patching and other great material including (among other topics) a comprehensive review of capnography and how to formulate and manage a patient who was short of breath by building a differential diagnosis (DDx).

The interactive component will again be 3.5 hour sessions with small group case discussions. The topics include Emergency Child Birth (ECB) emergencies, analgesia and patients with a chief complaint of Shortness of Breath. In order to maximize our time together, we ask you to please review and independently complete the workbook prior to coming to class. We want to thank our test groups and those who volunteered their time to help us optimize our MCME.

ACP Hands-On CME:

NEW this year for our Advanced Care Paramedics (ACPs) is a Hands-On MCME session. Instead of providing solely online component for your additional 4 Continuing Medical Education (CME) points (in addition to your 8 points for MCME), we will be running in-person sessions. ACP-scope skills and knowledge will be utilized during your small group session. Each sessions will be 3.5 hours and be held in either the Leamington base for Essex-Windsor EMS paramedics, or the Southwest Ontario Regional Base Hospital Program (SWORBHP) London office for both The County of Lambton EMS and Middlesex-London Paramedic Service. There will be a short precourse to complete prior to your session. Strict infection control practices will be followed and groups are kept small (4-6 participants/session).

We are looking forward to this new initiative and will be looking for your feedback to help direct future education planning.

Sincerely,
SWORBHP Education Team

MCME Frequently Asked Questions:

The SWORBHP Education team has answered the most frequently asked questions regarding the 2021 MCME. Follow the link below to find answers to common questions such as:
https://www.lhsc.on.ca/media/10182/download

1. **I'm having to complete the same portion of the module multiple times; how do I prevent this from happening?**
2. **Which internet browsers work best for accessing the MCME modules through PPO?**
3. **How do I update my browser to ensure I'm having the best user experience?**
4. **I've finished a slide, but I want to go back to review it… How do I do this?**
5. **I've received a call, how can I ensure my current progress will be saved?**
6. **Am I able to pause the modules should I need to get up briefly?**
7. **What should I do if the audio is intermittently stopping?**
8. **Who should I contact if I'm experiencing issues with the MCME?**

MCME Submit a Question:

Have a question that was not answered in our FAQ? Submit your question(s) to our Education Team via the link below:

https://forms.office.com/pages/responsepage.aspx?id=jnn4f9lFkUuLdHDG2G_JuQmDnB6SkBVGuZ34EFc0KaZUNUgxWk9WTUhLTFRlWUYzNUI1MVdSMDFTNy4u

Sincerely,
SWORBHP Education Team

SOUTHWEST ONTARIO REGIONAL BASE HOSPITAL PROGRAM

FACTS STATS

March 31, 2020 - April 1, 2021

COMMUNICATION LINE

448 Self Reports

60 Service Inquiries

ONLINE CONTENT

8 Podcasts

44 Tips of the Week

36 AskMac

32 AskMac COVID-19

Certification Statistics

	PCP	ACP
Administrative Deactivations	102	10
Clinical Deactivations	0	0
Reactivated	107	9
Annual Mandatory CME Completion	1,241	129
Initial Certification	185	6
PCP to ACP	2	
ACP to PCP	2	

1,324 PCP
PARAMEDICS CERTIFIED WITH SWORBHP

134 ACP
PARAMEDICS CERTIFIED WITH SWORBHP

1,458 TOTAL
PARAMEDICS CERTIFIED WITH SWORBHP

QUALITY ASSURANCE

PARAMEDIC CALLS	356,390
FLAGGED AS POTENTIAL VARIANCE	13,633
ACRs ELECTRONICALLY FILTERED	67,547
ACRs MANUALLY AUDITED	13,633

SOUTHWEST ONTARIO REGIONAL BASE HOSPITAL PROGRAM

2021 PARAMEDIC SERVICES WEEK

PARAMEDIC AS EDUCATOR - CITIZEN READY | MAY 23-29, 2021

1,378
ENTRIES SUBMITTED

SWORBHP had daily giveaways which occurred from May 24-28. Winners were randomly chosen each day.

Over the course of 5 days there were 1378 entries!

31
PRIZES AWARDED

SWORBHP Medical Directors and staff donated prizes to show our sincere appreciation for all your hard work!

This year we were able to donate and award 31 prizes!

13,251
PEOPLE REACHED

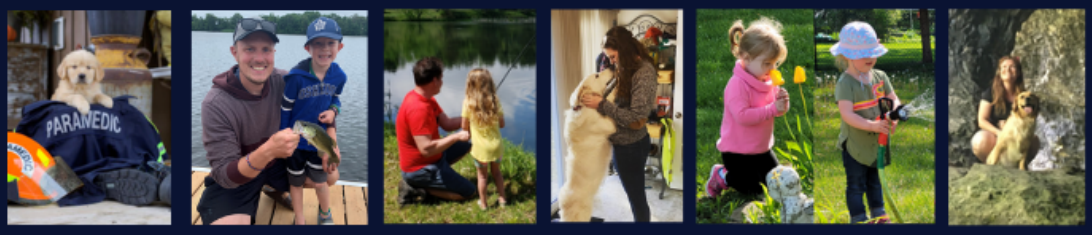
SWORBHP wanted to spread the word about Paramedic Services Week and acknowledge our paramedics!

Our social media posts reached over 13,000 people!

RESILIENCY PHOTO CONTEST

SWORBHP hosted a contest where paramedics in our region shared a photo that represented how they maintain their resiliency and recharge during these challenging times.

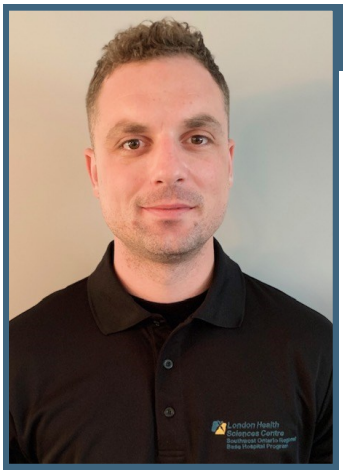
We had 15 photo submissions in total and 6 winners shown below!



SWORBHP TEAM UPDATES:

Gabrielle Willems - Welcome to the Team

Gabrielle Willems joined SWORBHP in July 2021 as a full-time Prehospital Care Specialist (PHCS). Gabrielle holds a BSc in Psychology from Wilfrid Laurier University, a BScN from the University of Toronto, and a MSc in Neuroscience from Wilfrid Laurier University. Prior to joining SWORBHP Gabrielle worked as a Registered Nurse in the ED at London Health Sciences Centre, and continues to work clinically on a casual basis. Gabrielle is committed to ensuring that current practice is evidence-informed and that social determinants of health are considered in the delivery of care. She brings a wealth of expertise in training, education and research in both clinical and academic settings.



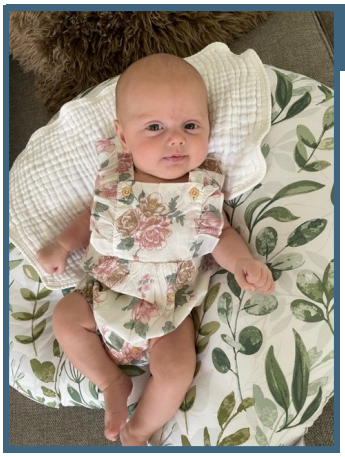
Shawn May - Welcome to the Team

Shawn May joined SWORBHP in July 2021 as a Part-time PHCS. He holds diplomas in Advanced Care Paramedicine from Fanshawe College, Advanced Emergency Medical Care Assistant from St. Clair College and currently pursing a Bachelor of Health Sciences Degree from Thompson Rivers University. Shawn currently works as a full-time Advanced Care Paramedic with Essex-Windsor EMS and has taken on various roles in leadership as an Acting-District Chief of Operations and peer education.

Nicole Saunders - Welcome to the Team

Nicole Saunders joined SWORBHP in July 2021 as a Quality Specialist. Prior to joining SWORBHP, Nicole worked for the Southwest Local Health Integration Network (SWLHIN), first as a Contracts Coordinator with Home and Community Care, and then as a Quality Improvement Advisor. Prior to her work at the SWLHIN, Nicole worked for the University Health Network at Toronto Rehab Lyndhurst Centre for approximately 4 years. Nicole holds a Bachelors of Arts degree with a specialization in Gerontology, a post graduate certificate in Therapeutic Recreation as well as certification in Quality Improvement.

SWORBHP TEAM UPDATES:



Small but New Addition

Medical Director of Education, Dr. Lauren Valdis, and her husband Dr. Matthew Valdis were thrilled to welcome their first child, Willow Olivia Valdis, into the world, April 9, 2021.

Willow has stolen their hearts and their sleep and they could not be happier! Lauren will continue on in her role with SWORBHP. But, you won't see her back in the London EDs until April 2022.

Congratulations Lauren and Matthew!

Lyndsey Longeway - Farewell

After over three years with SWORBHP, Lyndsey Longeway, Coordinator of Education has moved on to the next phase of her career. She has accepted a position as Manager of Community Paramedicine at Medavie EMS Chatham-Kent.

During her time at SWORBHP, Lyndsey helped steer the education program. As we all know this has been a very dynamic time and with her leadership we were able to take MCME from in-person to online and interactive as a result of the COVID-19 pandemic. Other innovations in education with her at the helm, include the new certification onboarding and testing, the roll out of the new OBHG IV course and other education initiatives including the SWORBHP Podcast. She has left her mark on the program and we are thankful for the excellent leadership she has provided.

We are glad Lyndsey will be continuing to work in the prehospital world and wish her all the best in her new role.

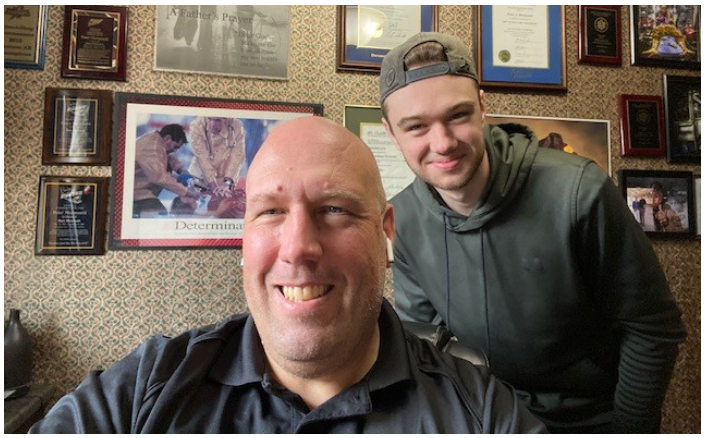
Dean Casement - Farewell

Dean joined SWORBHP in September 2019 as a full time Pre-hospital Care Specialist. During his time at SWORBHP, he was involved in the Trauma Feedback letter process and sat on the OBHG Data Quality Management Sub-committee that works on provincial quality assurance (QA) and CQI initiatives. In addition to his involvement in education and QA, Dean was also our unofficial Technical Guru when it came to learning and utilizing WebEx and our iSimulate machines.

Dean has accepted a leadership position with Medavie EMS Elgin Ontario; so although he is no longer with us we look forward to working with him in his new role.

SWORBHP TEAM UPDATES:

Peter Morassutti - Farewell



It's is with mixed emotions and with the "Fear of the GREY" that I am leaving the Southwest Regional Base Hospital Program or as I affectionately refer to it as "The Base Hospital".

I have had the privilege of being a Prehospital Care Specialist since 2008 where I have seen many changes occur over time for the progression of the Base Hospital. Albeit sometimes slow and tedious, the program has significantly changed over the years evolving into what it is today. This change that has occurred is because of YOU, the paramedics of the Base Hospital, and your unwavering commitment to patient care for the patients you have served over time and this is one of the great satisfactions I have knowing that I was a part of this.

Thank you again to my Base Hospital family, I have had the opportunity to work with many great people within the Base Hospital, Local Paramedic Services, other Base Hospitals provincially, Colleges, Allied Agencies, CACCs, Hospitals and the Ministry of Health (MOH). You are the foundation for which makes this great for the paramedics from down in the south to the furthest reaches of the north. I have gotten to know many of you and will always hold you close as the dearest of friends.

I have had many mentors along the way and have had many learning opportunities as well. From Tre to Sue, who have managed the program from its inception I will be forever grateful. To Dr. Lewell, and now Dr. Davis, thanks for being the Regional Medical Directors and forging our program ahead. To my Local Medical Directors, Lauren Valdis, Don Eby, Mike Peddle, Adam Dukelow, Sean Doran and Sunil Mehta, and many EMS fellows, I say thanks for putting up with the constant questions, what ifs and changing of scenarios overtime, you guys make one heck of a team to work with.

Now for the hardest part, to my mentor, my leader and my true friend, Dr. Paul Bradford. You took a chance on me back on that day, back in October 2008, and I have never looked back. You taught me many things over the years. You taught me about accountability, you taught me integrity and you taught me how to lead. I am forever in your debt and I can only hope to continue this on in my new role as Deputy Chief. I am also 100% certain that if I am not living up to this, I will clearly hear (loud and clear) it from Lasalle all the way to Chatham.

Thank you to all my paramedic colleagues, you have provided me with some profound knowledge and wisdom over the years. Please remember to take care of one another in these trying times and remember that I am only a phone call away if needed.

As a final thought, it has been a great adventure and keep up the good work that you are putting forth. It has been a great honor and pleasure to work with you, beside you and for you. As I try and figure out this new adventure, I can't help to live in the "GREY" but want and to leave you with this…

Stay strong, stay vigilant, and continue to take care of one and other, *this is not GOOD BYE but See You Later*.

Peter Morassutti

CULTURAL DIVERSITY

Hello SWORBHP Region! Hope you are all staying healthy during this pandemic. I have been a certified NAEMSE Educator since 2010. The goal of the NAEMSE (National Association of EMS Educators), is to instruct and provide formal education in education for Instructors and Educators at a national level. NAEMSE is a credentialing body specific for Emergency Medical Services (EMS) education and I am proud to have the Educator status.

I was approached in 2017/18 as to my interest in participating in a committee that was being formed within the NAEMSE with the goal of addressing cultural competency as it pertains to EMS educators. I accepted being a member without hesitation, in part due to the realization that there are knowledge gaps in the EMS industry as to Cultural differences; and as a part-time Advanced Care Paramedic I felt that would be a great opportunity to be a voice for the "boots on the ground medics" as to needs associated with Cultural Diversity.

The goals of the committee were established and there was an overarching desire to have the committee write a position paper on what Cultural Diversity is; the impacts on the people and communities in which we serve in the capacity of paramedic or EMT's; that formal EMS education methods may need to be modified based on the particular needs of an associated culture; and that we need to be cognizant of our interactions because we do not live in a one size fits all world.

The committee recognizes that there are many facets to a whole that encompasses Cultural Diversity. The position paper recommends six different ideals that include:

- Regardless of culture, all are entitled to equal EMS education;
- Regardless of culture all society members are entitled to evidence-based care;
- EMS educators need training and retention of cultural humility/competency ideals;
- Institution of a culturally diverse workforce to reinforce cultural understanding;
- EMS education programs to recruit, enroll, and retain minority students; and
- EMS employers need to increase recruitment, employment, and retention of minority providers.

The position paper was adopted by the NAEMSE Board of Directors in July 2019; was accepted for publication in December 2019; the accepted version was posted online in January 2020; and the publishing date was February 2020 in Prehospital Emergency Care Volume 24 Issue 6 which can be found here: https://www.tandfonline.com/eprint/YIZDTI4CXCP5RNVRPISI/full?target=10.1080%2F10903127.2019.1709001&

It has been a humbling experience to be part of such a great group of EMS Educators from the continental United States and being the only Canadian member on the Cultural Competency Committee. It was interesting to compare Cultural Diversity issues as they pertain to the different countries. My hope is that this publication will serve as a positive movement forward to enhance cultural awareness as it pertains to our communities as a whole, and to provide a greater appreciation/understanding through ongoing training for paramedics to have the ability to care for the said members of our communities in which we serve.

Dwayne Cottel, B.A., ACP, A-EMCA, CQIA, NCEE
Prehospital Care Specialist

SWORBHP RESEARCH CORNER

As part of SWORBHPs commitment contributing to the prehospital literature and seek out evidenced based answers to pre-hospital questions, the purpose of this section is to highlight a current research project that is occurring in the SWORBHP region as well as one that has been completed.

What's New

Comparing the frequency of ST-elevation myocardial infarction bypasses and their associated short-term outcomes during and before the COVID-19 pandemic.

Lawrence Yau MD, Branka Vujcic MSc, Matthew Davis MD MSc.

Awarded top resident research award at the Canadian Association of Emergency Physicians National Conference.

The purpose of this study was to examine the frequency and short-term outcomes of patients transported by Emergency Medical Services (EMS) under ST-Elevation Myocardial Infarction (STEMI) bypass protocol before and during the initial three reopening stages of the COVID-19 lockdown in Ontario. The pre-COVID-19 cohort included patients from March 11 to July 17 in 2017, 2018, and 2019. The COVID-19 cohort included patients from March 11 to July 17 in 2020. These cohorts were used to help control for any naturally occurring increase or decrease in STEMI bypass from year to year.

Standardized variables collected included history, hospital length of stay, admission rates, discharge diagnosis, and mortality rates. 156 patients were enrolled. Total number of STEMI bypasses in 2017, 2018, 2019, 2020 were 38, 37, 34, and 41 respectively. There was no statistical difference when examining hospital LOS, ICU admission rates, in hospital and out of hospital 30-day mortality rates between the COVID-19 and pre-COVID-19 cohorts. There was a greater proportion of patients discharged with a diagnosis of STEMI in the COVID-19 cohort compared to the 2017 and 2019 pre-COVID-19 cohorts (p=0.02;0.01), but not when compared to the 2018 pre-COVID-19 cohort (p=0.11).

During the initial re-opening stages of the COVID-19 pandemic, there was a similar total number of STEMI bypasses when compared to similar to previous three years. There also appears to be no significant differences in the short- term outcomes for these patients. As such, our hypothesis that fewer patients utilized 9-1-1 for STEMI, or waited longer to call 9-1-1 appears to be unfounded.

Dr. Matthew Davis, MD, MSc, FRCPC
Regional Medical Director, SWORBHP

SWORBHP RESEARCH CORNER

As part of SWORBHPs commitment contributing to the prehospital literature and seek out evidenced based answers to prehospital questions, the purpose of this section is to highlight a current research project that is occurring in the SWORBHP region as well as one that has been completed.

What's Done

STEMI Management in Windsor-Essex-Chatham-Kent: A Retrospective Chart Review Assessing Guideline Adherence and Treatment Outcomes

Mason Leschyna MD, Lauren Valdis MD, Paul Bradford, MD

The Canadian Cardiovascular Society (CCS) Guidelines on Managing STEMI recommend primary percutaneous coronary intervention (PCI) if achievable within 120 minutes of STEMI diagnosis. Otherwise, they recommend fibrinolysis. The aim of this study is to assess adherence to these guidelines within Windsor-Essex and Chatham-Kent.

This was a retrospective chart review of all patients presenting to the Windsor Regional Hospital (WRH) Cardiac Catheterization lab in the first six months of the 2019 reporting year with a diagnosis of STEMI as well as all ED patients at WRH, Erie Shores Healthcare, and Chatham Kent Health Alliance with a diagnosis of STEMI.

Of all 171 visits analyzed, 86% had initiation of Primary Percutaneous Coronary Intervention (PCI) within 120 minutes of STEMI diagnosis. Factors associated with delays beyond the recommended window included cardiac arrest, arrival by EMS, and proximity of the initial hospital to the catheterization lab. Transport times were consistent for each site and most of the variability was found to result from delays in requesting transportation as well as transportation arrival. All cases had actual transport times of less than 90 minutes. Future efforts should work to decrease the delay in requesting and obtaining transfers services at regional EDs to maximize the number of patients receiving Primary PCI within the CCS window of less than 120 minutes.

Dr. Matthew Davis, MD, MSc, FRCPC
Regional Medical Director, SWORBHP

Ontario Base Hospital Group Updates

Dr. Matthew Davis

Pediatric Cuffed Endotracheal Tubes (ETTs) to Replace Non-Cuffed ETTs

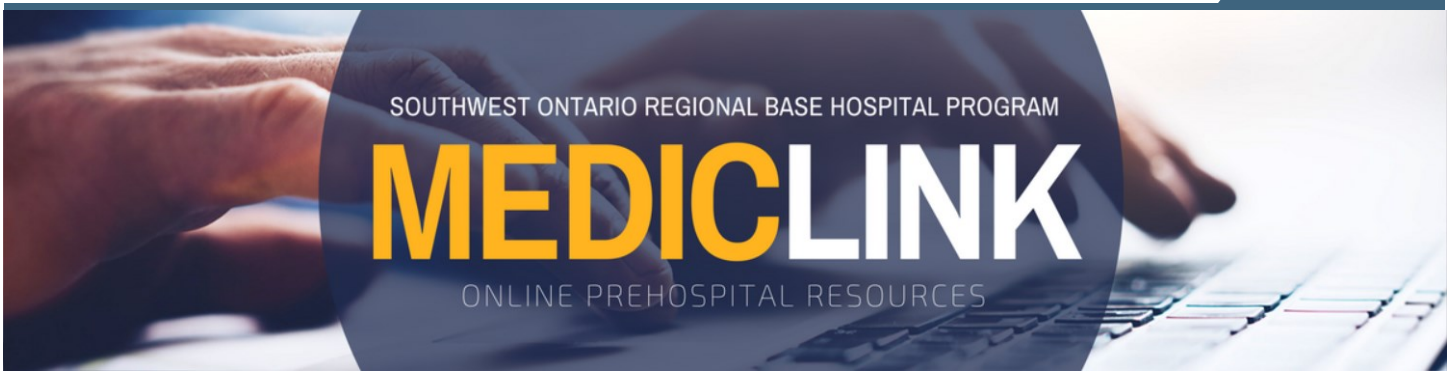
The use of uncuffed endotracheal tubes for advanced airway management in pediatric patients was initially in place to prevent post extubation stridor and optimize tube size calculation. Recent evidence suggests this risk is no different between modern cuffed and uncuffed tubes. Furthermore, the use of cuffed endotracheal tubes can minimize cuff leak, decrease risk of aspiration and decrease need for tube exchange, as well as allow for higher inflation pressure delivery in setting of obstructive respiratory pathology. In doing so, the use of cuffed endotracheal tubes standardizes equipment across all sizes ensuring familiarity with use of device for infrequent practitioners of airway management, while also improving accuracy of waveform capnography. The most recent 2020 PALS Guidelines have adopted the use of cuffed endotracheal tubes and state that is "reasonable to choose cuffed ETTs over uncuffed ETTs for intubating infants and children".

As such, the Ontario Base Hospital Group Medical Advisory Committee (OBHG MAC) has unanimously endorsed the use of cuffed pediatric ETTs and has made the recommendation to the Ministry to update the Equipment Standards to incorporate cuffed pediatric ETTs instead of uncuffed tubes. Once updated, SWORBHP will communicate with all of our ACP Services and provide some teaching pearls surrounding pediatric cuffed ETTs.

OBHG MAC Endorses New PCP Analgesia, Combative Patient and Seizure Medical Directives

At the March 2021 OBHG MAC meeting, three new Primary Care Paramedic (PCP) medical directives were tabled and endorsed. After collaborative work with multiple stakeholders and the development of a paper outlining the evidence, feasibility and logistics of incorporating certain controlled substances within the PCP ALS PCS medical directive, there was support from the OBHG MAC to incorporate morphine, fentanyl and midazolam within the PCP scope of practice. As such, the tabled PCP Auxiliary Analgesia Medical Directive would authorize the use of morphine and/or fentanyl for analgesia, the PCP Auxiliary Combative Patient Medical Directive would authorize the use of midazolam for sedation and the PCP Auxiliary Seizure Medical Directive would authorize the use of midazolam for actively seizing patients.

Given the large volume of education and training that would be required to incorporate these medications within the PCP ALS PCS, the OBHG MAC would require the MOH to fund additional training time in order for Base Hospital to certify PCPs in these directives. Furthermore, given the increase in PCP scope of practice over the years, the OBHG MAC is also requesting an increase in yearly CME time with our PCPs. Without additional funding for training we would not be able to proceed with authorizing these medical directives. Next steps include the MOH requesting stakeholder feedback then determining an in-force date for implementation. We are awaiting Ministry approval and have yet to be given a time frame as to when approval of all the appropriate logistical aspects will occur so that these directives can be implemented.



SWORBHP AskMAC Highlights

Follow us on social media where we advertise when new AskMAC, TOTW and other educational content is posted. You can also subscribe to our website updates to receive an email when we post new content.

As far as the contraindications for ketorolac and ibuprofen, what are the medications that are classified as anticoagulation therapy? I know daily ASA is not but are all blood thinners? Or just specific ones? We have been seeing a lot of eliquis and xarelto lately for example.

Posted on: April 27, 2021

Anticoagulation therapy includes:

- Warfarin (oral)
- Low Molecular Weight Heparin and Unfractionated Heparin (injection medications)
- Direct-Acting Oral Anticoagulants (DOACs, as the name entails, oral). These include: dabigatran (Pradaxa), apixaban (Eliquis), edoxaban (Lixiana), rivaroxaban (Xarelto)

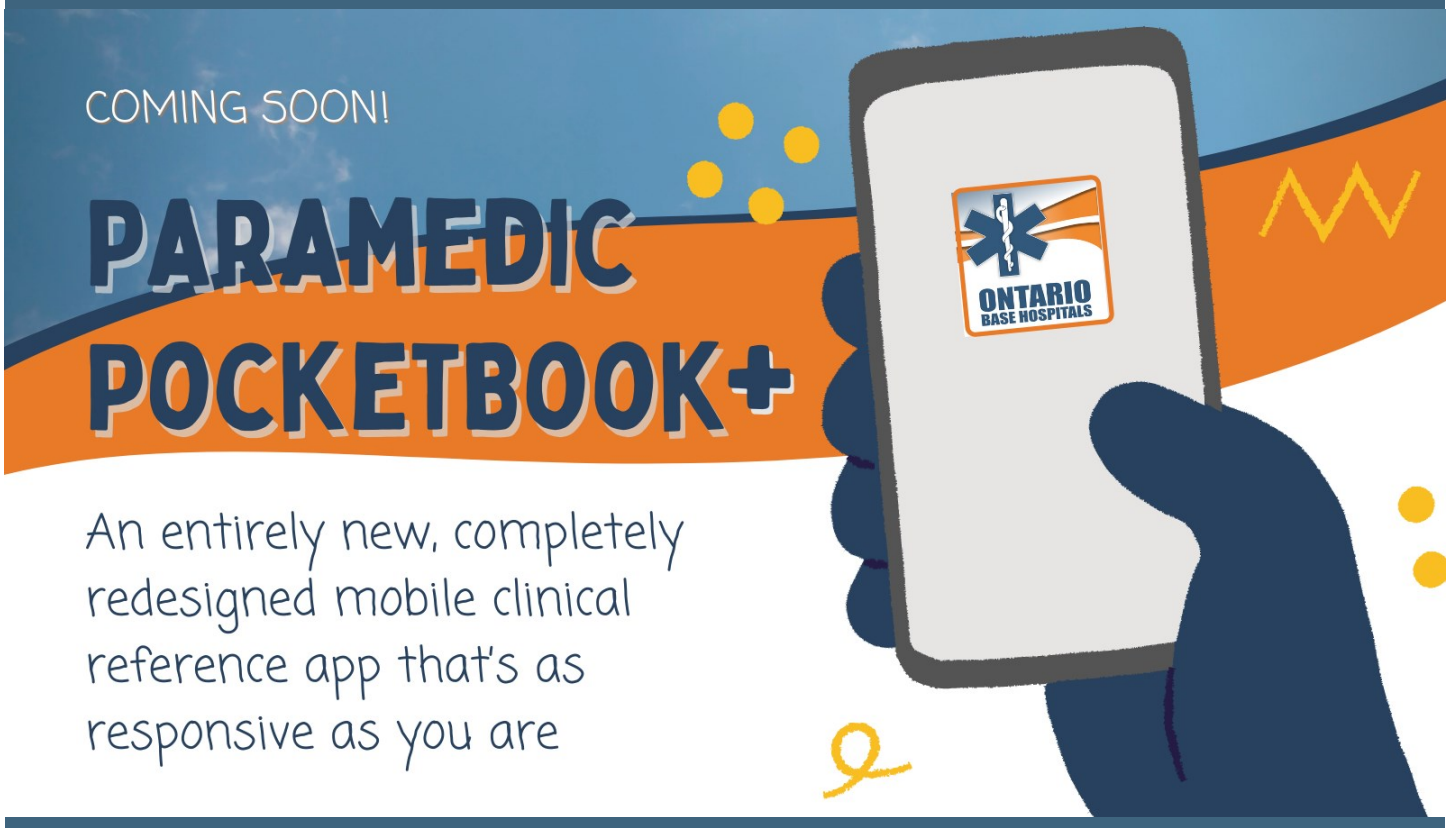
This last class of medications has been increasingly popular and continues to have extended uses. Therefore, you will likely see more patients on these medications and become more familiar with them over time.

Note that there is also a very helpful Anticoagulant Reference Card in the OBHG app "Medical References" section. It is very comprehensive and easy to follow. Make sure to check it out!

Need some clarification on when we do pulse checks during medical arrest protocol. Do we perform a pulse check after a no shock advised?

Posted on: January 29, 2021

Pulse checks should occur concurrently with each rhythm analysis. They should not occur between 2min pulse/rhythm checks unless there is a change in patient condition (patient moans, begins moving etc.). The reason behind not checking for a pulse between pulse/rhythm checks is that we want to reduce peri-analysis CPR pause. Remember that it takes at least 20 second to regain forward flow after a pause in CPR.



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Dr. Matthew Davis

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Susan Kriening

COMMENTS OR SUGGESTIONS

SWORBHP LINKS is a Newsletter developed by the Southwest Ontario Regional Base Hospital Program.

If you have comments or feedback on the newsletter, or have an article you would like to have considered for publication in a future edition of **LINKS**, please send to:

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