



# London Health Sciences Centre

## Southwest Ontario Regional Base Hospital Program

Date April 27<sup>th</sup>, 2018  
To SWORBHP Paramedics  
From Dr. Matthew Davis, Regional Medical Director

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Subject ALS PCS 4.5 Changes

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On May 1<sup>st</sup>, Version 4.5 of the Advanced Life Support Patient Care Standards (ALS PCS) will come into force. This version represents “partial updates” as per the *Living Standards Framework*.

You will notice that there are multiple new auxiliary directives including PCP Analgesia, ACP Analgesia and PCP/ACP Emergency Tracheostomy Reinsertion. We are currently working with all Paramedic Services in the Region and are recommending the endorsement of these auxiliary directives. For Paramedic Services that choose to adopt these directives, we will provide training during our annual CME this upcoming fall. **You are required to continue to follow the Core Directives within the ALS PCS 4.5 until you have received your training and are authorized to perform the new auxiliary directives.**

Below are the main changes in the ALS PCS 4.5 that you need to be aware of:

### **PREAMBLE**

- Added statement regarding the rounding of medication doses

“Medication doses may be calculated based upon weight or other factors and result in a fraction that cannot be measured accurately. Depending on the delivery method used, medication doses may require rounding from the exact dose calculated. In these cases, the medication dose delivered will be rounded to the closest dose that can accurately be measured.”

### **PCPs**

#### ***Home Dialysis Emergency Disconnect Medical Directive***

- Updated the third Indication for clarity

“There is no family member or caregiver who is available and knowledgeable in dialysis disconnect.”

### **ACPs**

#### ***Home Dialysis Emergency Disconnect Medical Directive***

- Updated the third Indication for clarity

“There is no family member or caregiver who is available and knowledgeable in dialysis disconnect.”

#### ***Combative Patient Medical Directive***

- Updated the Indications

“Combative or violent or agitated behaviour that requires sedation for patient safety”

- Updated the Treatment table for midazolam to include Age limit and combined the IV and IM route columns

This is just a change in the appearance in the table and the table now includes the age condition.

- Updated Clinical Considerations

“Do not co-administer midazolam and ketamine unless direction received from BHP.” – **NOT APPLICABLE UNTIL AUTHORIZED**

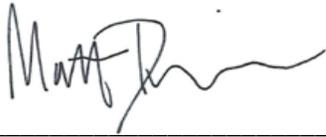
“If ketamine emergence reaction develops, a BHP patch is required if further sedation orders are required.” – **NOT APPLICABLE UNTIL AUTHORIZED**

“Consider obtaining IV access once patient has been sedated” – **APPLICABLE**

“End tidal CO2 monitoring is recommended once patient has been sedated” - **APPLICABLE**

If there are any questions, please feel free to contact one of the Prehospital Care Specialists and they would be happy to further clarify.

Sincerely,



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Regional Medical Director – SWORBHP

SWORBHP Prehospital Care Specialist Contact Information

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