

# SWORBHP LINKS

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## Final Thoughts



It is with mixed emotions that I leave the South West Ontario Regional Base Hospital Program (SWORBHP).

I've had the privilege of being a Medical Director with SWORBHP and its predecessors for more than 20 years. During that time, I watched the profession of Paramedicine grow and strengthen. Progress sometimes seemed frustratingly slow. However, compared to the development of most professions, Paramedi-

cine has evolved very rapidly. It continues to do so as more skills are added and the scope of the work expands. One of the great satisfactions from my career is knowing I was part of this.

I have had a chance to work with many great people and gotten to know a lot of paramedics who work the front lines. Paramedics are special people. A short story illustrates this. Most of us were uneasy and even a bit afraid in the early days as the COVID-19 pandemic began bearing down on us. One day in early April, I watched a young paramedic climb into the back of an ambulance to attend a coughing, hypoxic, and presumed COVID positive, child. The anticipated transfer to London was about 3 hours in a closed space, in poor weather. That paramedic exemplified to me who paramedics are. They step up to help people.

Thank you for all the help you have given me over the years. It has been my honour and pleasure to work with you. I wish I had some profound wisdom to impart. I don't so this will have to do; keep up the good work, continue to learn more, and help one another.

Best wishes,

Don

# Change in SWORBHP Medical Director Portfolio



**Dr. Sean Doran**

Local Medical Director, North/Central

With the recent retirement of Dr. Don Eby as Local Medical Director (LMD) for SWORBHP’s Northern Paramedic Services (Grey, Bruce, Huron and Perth), we have made some changes to our Medical Director portfolios. We have decided to use a hybrid model this year due to the complexity of the current situation with COVID-19 and our inability to fully mentor and support a new Medical Director at this time.

Dr. Sean Doran, the LMD for the Central SWORBHP region will take on the role of LMD for the Northern region in addition to his current role. He will oversee our quality assurance and other aspects of the Northern LMD role. Dr. Sunil Mehta will take on the new role of Local Medical Advisor and will oversee the Grey Bruce Health Sciences patch physicians, liaison with local hospitals including local destination agreement work and assist with other aspects of the LMD role. We will evaluate this model at the end of the year to determine whether we continue with it or make changes.

Dr. Mehta completed his Bachelor of Science at the University of Waterloo and then his medical training at the Schulich School of Medicine and Dentistry at Western in 2006. He subsequently completed his Family Medicine residency at Western University including the additional year of Emergency Medicine training. Dr. Mehta currently works as an Emergency Physician at GBHS - Owen Sound and has served as Chief of that department since 2015. He has also served as an investigating coroner in the region since 2016. We are very excited to have Dr. Mehta come on board and look forward to working with him.

We would like to extend our heartfelt thanks to Dr. Don Eby for his expertise and dedication as the LMD for our Northern Services over the last twenty plus years. He has been a strong advocate for paramedics and prehospital care and will be missed tremendously.

Please join me in thanking Dr. Eby and welcoming Dr. Mehta and Dr. Doran to our Northern Services.



**Dr. Sunil Mehta**

Local Medical Advisor, North

Sue Kriening  
Regional Program Manager,  
Southwest Ontario Regional Base Hospital Program

# S E R V I C E S T A T I O N



## Code Stroke Protocol



In December of 2018 a new Code Stroke Process was implemented in Southwestern Ontario with a partnership between Essex Windsor Emergency Medical Services (EMS) and Windsor Regional Hospital (WRH). An audit revealed Essex Windsor paramedics showed strength when identifying strokes in the field, however, the need for better Neurologist response to the patient’s bedside was growing. This need initiated the development of a process which led to better patient care as a whole.

Upon analysis of the current process in 2018 Essex Windsor EMS and WRH determined that a communication gap could be improved if the paramedics directly contacted the Neurologist while in the field. This conversation would then begin the 30 minute time window for the Neurologist to reach the patient’s bedside. This also allowed the paramedics to provide a real time patient assessment in order for the Neurologist to begin planning a method of treatment.

During the initial quarter of the protocol’s implementation, Neurologists were being notified 21 minutes earlier and arriving at the patient’s side 13 minutes faster. This process also resulted in a modest 6 minute improvement of door-to-needle time.

Success of the Code Stroke Protocol brought forth the development of a poster depicting the process. On June 12, 2019 the Abstract Review Committee from the 2019 Canadian Stroke Congress advised that the abstract entitled “Paramedic/Neurologist Communication On-Scene to Improve DTNT in Large Community Hospital in Southwestern Ontario” was accepted for paper poster display at the 2019 Canadian Stroke Congress in Ottawa. The poster was then presented by Captain Stacey Shepley at the event.

*continued on page 4...*

...continued from page 3

The interest in the innovation of the protocol then led to the submission and acceptance for the poster gallery at the EMS Today 2020 Conference in Tampa, Florida. Advanced Care Paramedic, Kristen Hamilton, was nominated to carry the torch for Essex Windsor EMS and present the poster. She was selected due to her outstanding care provided during an active Code Stroke in 2019. Kristen was provided a gold pass, where she had access to key note speakers and a wide range of education sessions. See more information here <https://www.jems.com/2020/03/04/poster-winner-announced-at-ems-today-2020/>.

Essex Windsor EMS paramedics have embraced the Code Stroke process. Their dedication and desire to provide better care to the residents of Essex Windsor has made quality of life and improved care for stroke patients a reality.

Stacey Shepley, BSCN, PCP  
Captain, Essex-Windsor EMS



## Welcome (back) to the SWORBHP Region

### Chief Mike Adair

SWORBHP is happy to welcome back Mike Adair who recently began his role as Chief of Perth County Paramedic Services in mid-June. Chief Adair started his career as a paramedic in the City of Toronto and York Region during 2002. He continued to work in various roles on the road as a PCP which included a Field Training Officer and Acting Supervisor. In 2011 Mike became an Operations Manager for Medavie Chatham-Kent Paramedic Service. He went on to work as a Deputy Chief for Waterloo Paramedic Service and subsequently as a Deputy Chief of Waterloo Fire Rescue (WFR). As Deputy Chief of WFR he helped found the Advanced Medical Oversight program which helped align patient care with paramedic care to allow for safe and efficient transfer of care and advocated for the incorporation of evidence based medical directives. In addition to this, Mike helped establish yearly physician led medical continuing medical education (CME) for firefighters, as well as a quality assurance/quality improvement medical oversight program. He was integral to major event planning for unsanctioned public gatherings and the advancement of cross training among paramedics and firefighters for such event during his tenure at WFR. Recently Mike has returned to his health care roots by becoming the Chief of the Perth County Paramedic Services.

Over the years Chief Adair has received an undergraduate degree from Trent University, a Diploma of Emergency Health Service Management from Dalhousie University, and a Master's of Leadership (Health) from Royal Roads University. Chief Adair is a Certified Health Executive with the Canadian College of Health Leaders.

On behalf of SWORBHP, congratulations to both Chief Adair and Perth County Paramedic Services on this new chapter. We look forward to working with Chief Adair in his new role.

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

## SOUTHWEST ONTARIO REGIONAL BASE HOSPITAL PROGRAM

# 2020 PARAMEDIC SERVICES WEEK

PANDEMIC: PARAMEDICS ON THE FRONT LINE

MAY 24<sup>th</sup> - May 30<sup>th</sup>, 2020

## 1,491 ENTRIES SUBMITTED

SWORBHP had daily prize giveaways from May 24<sup>th</sup>-May 30<sup>th</sup> to celebrate Paramedic Services Week! SWORBHP paramedics who entered the draw were chosen at random as the prize winners.

**Over the course of 5 days there were 1,491 entries.**



## 30 PRIZES AWARDED

None of this would have been possible without the generous donations of companies and organizations in our communities across the Southwest Ontario Region.

**This year we were able to award 30 prizes.**

## 15,056 PEOPLE REACHED

We are very thankful for all the hard work and dedication shown by paramedics and want to spread this message for Paramedic Services Week.

**SWORBHP social media posts for 2020 Paramedic Services Week reached over 15,000 people on Facebook and Twitter.**





## The Road to Rallye Rejviz Part 2 of 3

[CLICK HERE FOR PART 1](#)

At the foundation of any great team, you will find cohesiveness, communication, and a perpetual sense of trust. To say that these values are often overlooked within any multidisciplinary team would be remiss. Great things happen when everyone involved brings value, specific strengths, and truly trusts in the team's ability to function as one cohesive unit.

I begin Part 2 of this series with a brief message and words of encouragement while highlighting the theme of our training and preparation for the Rallye Rejviz 2018. Individually we had anticipated some of the difficulties involved with forming a prehospital care team comprised of members from such different backgrounds (2 x Slovakian Prehospital Physicians and 2 x Canadian Paramedics), but welcomed the challenge with open arms. After all, this would be the first team in the competition history to combine members from different continents, forming what would eventually be known as "Team Slovakia-Canada" or "Team SVCA" for short. The team members were hand-selected by its leader and Captain: Dr. Erika Jamrichová, following her inaugural residency of the International Exchange Program hosted by Essex-Windsor EMS and EMS Team Ontario.

There is an incredible amount of planning and resources that need to be procured before entering the 24-hour long competition day. The amenities that are normally taken for granted during any given shift become even more valuable when preparing for this monumental task. Our team began this process through scheduled video conferencing, uniform, and first response bag development, and finally reaching out to various stakeholders for guidance and support. The task of assembling and developing a team began in early January of 2018, roughly six months before even stepping foot on the competition grounds. Although that task was daunting at times, perseverance

and assigning manageable goals helped the pieces of this puzzle come together, while keeping our spirits optimistic.

Our hands-on training took place over a 3-week residency and was centralized around the beautiful capital of Slovakia, Bratislava. Dr. Jamrichová had organized several shadow shifts that included working in the anesthesiology department of St. Michael Hospital, extensive training with the Bratislava Fire Rescue Service, and multiple team exercises to help stimulate high-level communication skills and trust. Throughout this experience, we spent several days drilling mock scenarios, skill stations, and assigning roles within our team. We found that you could divide these roles into four categories: Leadership, Observation, Treatment, and Procedures. We will be covering these roles in greater detail in Part 3 of this series.

I want to conclude Part 2 by thanking the countless individuals, organizations, and sponsors that helped Team SVCA prepare for the Rallye Rejviz. This was truly an eye-opening experience that left me feeling privileged to learn from so many dedicated healthcare professionals.

I would also like to thank the 100's of volunteers, judges, and first responders who travel into the mountains of Czechia every year to develop and hone their crafts. Without your tireless efforts, the Rallye Rejviz would not continue to be an international hub of knowledge, compassion, and continuous growth.

Micheal Filiault, ACP, AEMCA  
Pre Hospital Care Specialist





# Paramedic Portal of Ontario

Certification & Learning Management System

## New Enhancements for Service Operators

We are pleased to announce that we have made a few enhancements with the Paramedic Portal of Ontario (PPO) for users with a Service Operator account!

### PENDING CONFIRMATION TABLE

The pending confirmations table is a place where leaders can see an overview of the submissions that have been entered by your Service. For example, new certifications, clinical inactivity (deactivation) and request for reactivation (return to practice).

### PARAMEDIC CERTIFICATION REPORT

The Paramedic Certification Report is a robust report that leaders can use to search current certification data on paramedics within their respective Service. This report offers a variety of filters which makes it flexible and easy to use.

### REQUEST NEW CERTIFICATION

We have added additional fields to the Request New Certification Form. Leaders now have the option to add further details such as the paramedic's college, graduation date and other service information.

For more information and to view training tutorials on these new enhancements, please log into the PPO and click Resources.

We hope you are enjoying the new Paramedic Portal of Ontario. If you have feedback, questions or concerns, please don't hesitate to contact [paramedicportalontario@lhsc.on.ca](mailto:paramedicportalontario@lhsc.on.ca).

Michelle Priebe  
Application Support Analyst, SWORBHP

With the 2020 MCME season right around the corner, the SWORBHP team is in full planning mode. This year with the pandemic, we have had to make some changes to the delivery and content. Given the current constraints respecting physical distancing, SWORBHP has made the difficult decision to move all of our learning online. In saying that, we are planning a blend of online material with an interactive WebEx portion which we are very excited about.

Here are a few of the topics you can expect to see this year...

### **ONLINE PORTION:**

- 12 lead ECG basics review
- Adrenal Crisis
- Documentation pearls
- Understanding cannabis
- Upcoming changes to the ALS PCS

### **INTERACTIVE WEBEX PORTION:**

- Grey Zones in Paramedicine
- 12 lead ECG case studies
- Documentation learnings

**ACP paramedics will have additional material pertinent to their scope of practice. This will include case-based review learning:**

- Cannabis
- Syncope
- Hyperkalemia
- V-tach with a pulse

We look forward to working with you in a different way this fall!

Lyndsey Longeway, A-EMCA  
Education Coordinator, SWORBHP

# QUALITY ASSURANCE UPDATES

In my four plus years with SWORBHP, our quality assurance (QA) team has gone through a substantial transformation. We collaborated with Sunnybrook Centre for Prehospital Care (Sunnybrook) and Health Sciences Centre North for Prehospital Care (HSN) and spent 18 months heavily involved with planning, programming, testing and training as we moved from a manual to an electronic QA process. We officially launched our clinical auditing system: the Integrated Quality Evaluation Management Suite (IQEMS) in January 2018 and then proceeded to spend another year and a half post live, debugging, updating and testing. To compound the additional workload, we experienced several very busy Mandatory Continuing Medical Education seasons, worked with limited resourcing and became exceptionally behind in auditing; hence why many of you were being asked questions on calls you'd attended on four months prior!

I'm happy to say that we are fully staffed, caught up with auditing and have a plan in place to remain so! We are embarking on several new initiatives in 2020/21, which will see the creation of the long-awaited bi-directional feedback module in IQEMS. The bi-directional feedback will allow for multiple secure and confidential conversations to occur between our Second Level Auditors, Local Medical Directors and our paramedics. Currently our system only allows for ONE feedback request to be sent out to ONE paramedic on a call and ONE paramedic response. This new enhancement will also allow our Second Level Auditors and Local Medical Directors the ability to provide our paramedics with additional feedback on the auditing outcome.

We are also looking forward to working with Huron County Paramedic Service and their new ePCR vendor on integrating their ePCR data into the IQEMS platform. Sunnybrook, HSN and SWORBHP have also partnered with the Business Intelligence team at HSN to assist with designing and building data analytics applications, including dashboards, Key Performance Indicators and stakeholder reports.

It's definitely been a very busy four years and I wanted to take this opportunity to personally thank the SWORBHP staff for their perseverance, expertise and dedication. I can't thank you all enough for everything you have done to make this project a success!

As we all know, a change of this magnitude always has its trials and tribulations and unfortunately, things don't always go as planned. So, to all of our Stakeholders, including paramedics, Service Operators and our partners at Sunnybrook and HSN, also my sincerest thanks for your patience and support.

I look forward to working with each of you in the upcoming year as we move forward!

Debbie Janssen, BMOS  
Coordinator, Quality Assurance & Business Functions

# SWORBHP Podcast:

**Boldly going where SWORBHP  
has never gone before**



I know, I know ... the title is a tad rich for the miniscule achievement of recording and producing a few podcasts for the paramedics and Paramedic Services of the Southwest Ontario Region. Regardless, moving on from the webinar world felt like the right thing to do and so, armed with our in-house sound engineer (DJ David Arthur), 2 laptops and a microphone (anyone?). It only took a pandemic to kick things off.

SWORBHP is working on ramping up the quality of our equipment, recordings, topics and the number of available podcasts to choose from and enjoy. In response to a suggestion from one eager, early adopter ... we are taking your advice my friend as our ultimate goal will be that David and the SWORBHP Medical Directors can earn accolades via high quality podcasting a la Joe Rogan!

We aim to ensure each podcast is relevant to current topics and interests and available via an accessible, entertaining format (there will be some growing pains so please bear with us). We welcome topic and format suggestions, special guest suggestions, and if you have an idea and would like to join us for a topic please let us know as we would love to have paramedic representatives with us in our physically-distanced recording studio.

The podcasts are currently accessible on:

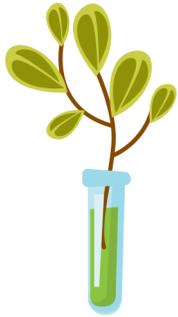
- **SWORBHP website** (<https://www.lhsc.on.ca/southwest-ontario-regional-base-hospital-program/sworbhp-podcasts>)
- **Podbean** (<https://sworbhppodcasts.podbean.com/>).

To date, there are 3 podcasts available that you should check out where Dr.'s Lauren Valdis, Matthew Davis and Sean Doran discuss various changes that have occurred since the start of the COVID-19 pandemic in Canada that directly impact paramedic practice and safety.

We are excited about this new educational format and look forward to the growth and evolution of the SWORBHP Podcast over the next few months.

Stay tuned! (Oh wait ... that's radio ... blast).

Sean Doran, BA, BSc, Bed, MD, FRCPC  
Local Medical Director, SWORBHP



## SWORBHP RESEARCH CORNER

As part of SWORBHP's 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.

### SWORBHP Study Wins Research Award

Congratulations to Dr. Danielle Kelton who was awarded best resident abstract at the Western University Department of Medicine Resident Research Day. Her research entitled "Evaluating factors related to quality of audio transmission during mandatory paramedic patches and technical barriers to efficient communication in the prehospital setting" was also accepted for presentation at the 2020 Canadian Association of Emergency Physicians Conference. Congratulations also to her supervisors and co-authors Dr. Sean Doran, Kristine VanAarsen, and Dr. Matthew Davis.

We will highlight this award-winning research in our next addition of the LINKS newsletter.

### What's New

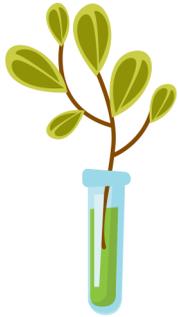
#### **Evaluating clinical and situational factors related to likelihood of physician authorization of time-sensitive procedures during mandatory paramedic patches**

*Kelton, D., Doran, S., VanAarsen, K., Davis, M.*

Dr. Danielle Kelton, a fourth year EM resident recently had 3 abstracts accepted for presentation at the Canadian Association of Emergency Physicians Conference which was to be held in Ottawa. These 3 studies examined paramedic patches.

In one of the studies entitled "Evaluating clinical and situational factors related to likelihood of physician authorization of time-sensitive procedures during mandatory paramedic patches", 56% of requested patch orders were granted. Of the 44% of requested orders not granted, the most commonly cited reason was close proximity to the hospital, followed by low likelihood of the intervention making a clinical impact in the prehospital setting. All requests to perform needle thoracostomy, administration of atropine for bradycardia and treatment of unstable hyperkalemia were granted.

This small study suggests that requests to perform certain critical and potentially time sensitive interventions are more likely to be granted and raises the question if these patch points are required. Furthermore, the interplay between proximity to hospital and the decision to proceed with an intervention can potentially inform future modifications to directives to facilitate timely, safe and efficient care.



## SWORBHP RESEARCH CORNER

As part of SWORBHP's 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 Done

#### Evaluation of the Uptake of a Prehospital Cardiac Arrest Termination of Resuscitation Rule

*Teefy, J., Cram, N., Van Zyl, T., VanAarsen, K., McLeod, S., Dukelow, A.*

Dr. John Teefy and Dr. Natalie Cram, SWORBHP Fellow 2015-16, led a study entitled: "Evaluation of the Uptake of a Prehospital Cardiac Arrest Termination of Resuscitation Rule" that has recently been published in the *Journal of Emergency Medicine*. Previous research focused on creation and validation of a basic life support rule for termination of resuscitation (TOR) in non-traumatic out-of-hospital cardiac arrest (OHCA). This rule is now used to identify patients who would not be successfully resuscitated or would not have a favorable outcome. Although now widely implemented, translational research regarding in-field compliance with TOR criteria and barriers to use is scarce. As such, Dr. Cram and the research team decided to assess the compliance rate, barriers to its use, and effect on ambulance transport rates after implementing the TOR criteria for OHCA.

This was accomplished by completing a retrospective chart review of patients  $\geq 18$  years with OHCA. Data from regional Emergency Medical Services agencies were collected to determine TOR rule compliance for patients meeting criteria, barriers to use, and effect of a TOR rule on ambulance transport.

This study identified 552 patients with OHCA's. Ninety-one patients met TOR criteria, with paramedics requesting TOR in 81 (89%) cases and physicians granting requests in 65 (80.2%) cases. Perceived barriers to TOR compliance included distraught families, nearby advanced-care paramedics, and unusual circumstances. Reasons for physician refusal of TOR requests included hospital proximity, patient not receiving epinephrine, and poor communication connection to paramedics. Total high priority transports decreased 15.6% after implementation of a TOR rule.

In summary, the study found high compliance after implementation of a TOR rule and identified potentially addressable barriers to TOR use. Appropriate application of a TOR rule led to reduction in high-priority ambulance transports, potentially reducing futile use of health care resources and risk of ambulance motor vehicle collisions.

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



# SICK OR NOT SICK: THE PEDIATRIC PATIENT

I work for a service that utilizes a separate pediatric bag as many of you do. We check the supplies in the pediatric bag, and move on to our next task. Let's be honest, it's not one of our common call types as we do not encounter a high volume of pediatric calls (unless you have the unfortunate luck, like I do).

The pediatric population tends to make many providers more uncomfortable than the adult population for many reasons. Why is this? I would guess it is a combination of the frequency and familiarity with pediatric patients. This is especially true for providers who aren't parents or caregivers who may have minimal experience interacting with children. The following provides a brief review of assessing the pediatric patient and how to determine if they are sick.

## A FIVE - STEP PROCESS:

As paramedics we define a neonate from birth to 30 days old. A general age cut off between adults and pediatrics is 18 years... Of course, each age range presents differing developmental milestones and vital sign ranges.

Remember, your assessment begins before you arrive on scene with any prearrival details from dispatch. Scene safety, PPE protections (mask, gown, gloves and goggles per your local protocols), and situational awareness always apply.

### STEP 1: PAT

What do you hear and see when you enter the room? What is your overall impression? What are the parents or caregivers doing?

**PAT (Pediatric Assessment Triangle: Appearance, Breathing, Circulation).**

### STEP 2: LOOK

**LOOK** at the patient. What is the breathing rate? What is their skin color? Is there cyanosis (a particularly bad sign in kids)? What is their level of consciousness? Are there any rashes or hives? Swelling? Any obvious bleeding, fractures, or deformities?



# SICK OR NOT SICK: THE PEDIATRIC PATIENT

## STEP 3: LISTEN

**LISTEN.** What do you hear? Stridor? Stridor with crying? Abnormal cry? Asthmatics that are too tight to wheeze? Is this a septic child with a weak cry? Start without a stethoscope and then listen with it.

## STEP 4: FEEL

**FEEL.** Check brachial pulses. Is the patient tachycardic? Bradycardic (brady = bad)? Is there normal capillary refill? Any bleeding present? Note the skin temperature? Is the patient febrile?

## STEP 5: MOVEMENT

What can the patient do in terms of **MOVEMENT**? In terms of normal development, the following are benchmarks for infants:

- 2 months: smile
- 4 months: roll over
- 6 months: sit up
- 9 months: cruise/crawl
- 12 months: walk

**This 5 step process will help you quickly determine if your pediatric patient is  
“SICK or NOT SICK.”**

**In the next links newsletter we will be following up with Pediatric Vital Signs  
and Tips.**



## SWORBHP Ask MAC Highlights

Follow us on social media where we advertise when new Ask MAC, Tips of the Week (TOTW) and other educational content goes up. The following are examples of recent Ask MAC and Ask MAC COVID-19 posts.

You can also subscribe to our website updates to receive an email when we post new content.

[Askmac.sworbhp.ca](http://Askmac.sworbhp.ca)



What is the best method to cover the King LT suction port? You mentioned this practice during your 2nd podcast.

Per the Equipment Standards there is no required type of adhesive to be carried. However, we suggest the following adhesive ranking (*highest-to-least recommended*):

1	Waterproof Tape
2	Transpore Tape
3	Tegaderm
4	Paper Tape

No matter which adhesive used, remember to monitor the integrity of coverage, as the adhesive may come off during transport.

This practice of covering the suction port will help “close the circuit” and minimize risk of aerosolization while utilizing the King-LT during this pandemic.



**?** I wanted to clarify, which drugs/treatments are contraindicated after the patient is found to be hypotensive, even if the BP normalizes either with or without IV bolus therapy?

The OBHG Companion Document weighs in on this and states for the Cardiac Ischemia Medical Directive that, “if a patient’s vital signs fall outside the medical directive’s parameters (i.e. hypotension), the patient can no longer receive that medication, even if the patient’s vital signs return to acceptable ranges”.

Other situations are less clear. Medical Council has discussed this and agreed upon the following:

Iatrogenically caused:	Patient requires fluid bolus to normalize BP:	Patient’s BP returns to normotensive without intervention:
<b>NO</b>	<b>NO</b>	<b>YES</b>
If the hypotension is after receiving a medication (iatrogenically caused) then they should not receive that medication again, even if the blood pressure normalizes, with or without IV bolus therapy. Since it has caused a negative response, it should be withheld to prevent the same response occurring with further administration.	If the patient requires a fluid bolus to normalize their blood pressure, they should not receive a medication that could again decrease their blood pressure. These patients have demonstrated their hemodynamics are tenuous with little reserve for a medication that could then decrease their BP again.	If the patient’s BP returns to normal without intervention, then it is reasonable to administer medication whose condition is “normotension”.
<b>Example:</b> A patient becomes hypotensive after receiving fentanyl for analgesia. They should NOT receive further fentanyl, even if their BP normalizes (with or without IV fluid bolus therapy).	<b>Example:</b> A patient is initially hypotensive, but their BP normalizes with IV fluid bolus. They should NOT be considered for a medication that lists normotension as a condition.	<b>Example:</b> A patient is initially hypotensive, but their BP normalizes without IV fluid bolus. They CAN be considered for a medication that lists normotension as a condition.

**As always, if there is an extenuating circumstance in which critical patient needs are required that fall outside this instruction, a BHP patch can be considered.**

# SOUTHWEST ONTARIO REGIONAL BASE HOSPITAL PROGRAM FACTS STATS

## 2019/2020 AT A GLANCE

### COMMUNICATION LINE

- 297** Self Reports
- 60** Service Inquiries
- 6** Other Inquiries

### ONLINE CONTENT

- 3** Podcasts
- 35** Tip of the Week
- 17** AskMac
- 37** AskMac COVID-19

### Certification Statistics

	PCP	ACP
Administrative Deactivations	111	12
Clinical Deactivations	2	0
Reactivated	68	9
Annual Mandatory CME Completion	1161	126
Initial Certification	115	2
PCP to ACP	12	
ACP to PCP	5	

**1258 PCP**

PARAMEDICS CERTIFIED  
WITH SWORBHP

**138 ACP**

PARAMEDICS CERTIFIED  
WITH SWORBHP

**1396 TOTAL**

PARAMEDICS CERTIFIED WITH SWORBHP

### TOTAL PATCH PHONE INTERACTIONS

LAMBTON	128
LONDON	403
OWEN SOUND	170
WINDSOR	601
REPORTED PATCH FAILURES	23

## STAY CONNECTED WITH SWORBHP:



### 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 the LINKS, please send to:

**Julie Oliveira**

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