Medics On Scene CPGs Section 1

The Clinical Procedures and Guidelines (CPGs) that MOS works under are the Ambulance NZ CPGs created by the National Ambulance Sector Clinical Working Group. These are the same guidelines used by St John and Wellington Free Ambulance. Not all of the sections and medications will pertain to us in our event environment. (For example, MOS does not carry antibiotics as the expectation for us to have administer such medication is exceedingly low/non-existent.)
The below is a summary of the more pertinent areas:

CPG 1.2

Standing Orders

This section talks about the wording of “must” and “should”. It is important to understand that we are working under the umbrella of the Ambulance NZ standards and that preforming procedures or giving medications outside of these guidelines could be audited by not just our Medical Director but also the Medical Directors or St John and Wellington Free Ambulance. For Registered Nurses and ICPs there is some room to clinically justify decisions and practice outside of the guidelines, however these situations will be scrutinised carefully to determine that best clinical practice was followed. For this reason it is recommended that when preforming skills or giving medication we are all well versed in the guidelines provided.

General Principles of Treatment

Medications and fluid doses within the guidelines are written for adults. Patients who weigh 45kg or greater will have their weight rounded up to 50kg and can use adult dosing. However, use caution with patients who may be physiologically unstable and reduce dosages accordingly.

Seeking Clinical Advise from Personnel that are not on the Scene

The number for the Clinical Desk in the Wellington Call Centre which dispatches the Hawke’s Bay Region is 04 802-0678. Unless you are affiliated with St John or Wellington Free the Clinicians will be limited in the advise that they can give you within the scope of the CPGs as they have no way of identifying you. However, if you have a patient that is presenting critical/status 2 or deteriorating it is good practice to speak with a clinician as they have the ability to upgrade the priority of the response or the level of care responding to you. It is important to realise that when you call 111 that call-takers do not have a medical background and MUST follow scripted questions. It is only if your call gets referred on to a clinician that you will be able to discuss aspects of the patients care. After you have answered the call-takers questions you may ask to be connected with the Clinical Desk if you have specific concerns (or if they are busy on another job request to have the Clinical desk call you back). If the Clinical Desk is busy the call-taker may ask if you want to be put through to a Clinician at another call centre. This is an option you can take if you feel it is necessary. The Clinical Desk may also choose to call you back on-scene without you requesting it if they choose. This could be for many reasons but one such reason is that if all resources are in use they may need to ask more questions about your patient to determine if the they need to redirect a crew from another job to your job. All calls to the

three National Call Centres and Clinical Desks are recorded and can be audited at the discretion of St John and Wellington Free Ambulance.
MOS is also going to put a system in place where an ICP, RN-EC2 or Medical Director is available to receive calls from scene and that number will be included in the Job Information Package.

CPG 1.3

Providing Treatment that Differs from that Authorised in these CPGs

Please read through section 1.3 carefully and consider how they apply to your Authority To Practice (ATP)

When a Problem is Immediately Life Threatening and No Contact is Possible with the Clinical Desk

We often attend events that are outside of cell phone range. However, in these situations MOS will do their best to provide a Satellite Phone which can call 111 on and be connected with the Clinical Desk. However, if a Clinician is not immediately available in very rare circumstances you may work outside of your ATP. If you choose to do so it is critical that you have a sound understanding of the skill or drug and are able to competently perform such skills or administer such medications within the confines of these CPGs. All skills performed and medications administered outside of your ATP will be audited to determine if they were necessary and complied with Best Practice as set out in the CPGs. One such example is the administration of IM Adrenaline for anaphylaxis.

The Frequency of Vital Signs Recording

Vital Signs must be recorded before and after the administration of medications except in such cases where the situations prevents you obtaining VS or obtaining them will significantly delay urgent treatment of your patient. Such situations include a patient who is seizing or a patient with a severe head injury and is now combative. Clinical judgement is required these situations and VS such as respirations (effective, not effective, WNL-within normal limits, shallow, rapid); perfusion (flushed, cyanotic, clammy), and the motor component of the GCS can and should always be recorded. Any changes in the patients presention, LOC, pain level should prompt another set of VS being taken.

CPG 1.4

Analgesia

Please make sure you have a good understanding of the medications within you Scope of Practice. It is advised that for all medications that you administer, you refer to your CPGs and verbalise with the patient the possibility of any contraindication/cautions and have a second person visually and verbally check all drug doses you are administering.
The doses 1.5g paracetamol and 600mg ibuprofen are loading doses only for patients over 80kg. Patients must be advised of this and informed that subsequent doses i.e. paracetamol every 4 hours for pain is the normal dose of 1g.

CPG 1.7

Calling the Clinical Desk

Use of ISBAR

Identify yourself
Situation – why you are calling
Background – a brief description of MOI/injury i.e. 16yom fall riding MX, R femur fx
Assessment – GCS, VS, medications given/skills performed
Recommend and review – it is good practice to repeat back to the Clinician any advice given so that all instructions are clear and understood.

CPG 1.10

Handover

Things can go a lot smoother with patient handovers if you are able to speak "ambo-speak". Giving a handover using IMIST AMBO helps to achieve this. I would recommend also introducing yourself first and give your ATP. The attending crew then has the opportunity to communicate at the correct level i.e they shouldn't be using terminology that ICPs would use when speaking together if you are a First Responder. Always ask for clarification if you do not understand something.

CPG 1.11

Informed Consent

A competent patient has the right to refuse treatment. Our obligation is to do our best to inform a patient of possible consequences if they choose not to follow advice. Advise the Event Organisers of any concerns. They have the ability to stop competitors from participating or evicting event goers/calling police in the case of drunk and disorderly.

CPG 1.15

Oxygen Administration

Oxygen is a drug and must be treated as such. Gone are the days where every patient had oxygen slapped on them at 100%. Be familiar with when oxygen is indicated and how it is given. Use the simplest device and lowest flow rate to achieve an SPO2 of 94-97%. Remember pulse oximetry is only a tool and can be unreliable in certain situations. Clinical assessments of the patient's presentation must also be used when administering oxygen. Nasal prongs will be the most common oxygen adjunct used and can be used up to a flow rate of 6 l/min. A simple mask/Hudson can be used up to 10 l/min and NRB/BVMs seldom need flow rates above 10 l/min. Do not withhold oxygen if it is needed.

CPG 1.16

Status Codes

Be familiar with Status Codes 0 – 4

CPG 1.17

Requesting a Helicopter

Be familiar of the ANTS criteria. It is very possible the Clinicians from the Air Desk in Auckland will call you back at scene to ask a few more questions before they authorise a helicopter to be dispatched.

CPG 1.19

Vital Signs

There is an expectations that VS are recorded for every patient that requires treatment (more than a band aid or paracetamol). Remember, if it is not documented, it wasn't done.

CPG 1.20

Documentation

There will be times when paperwork can not be completed prior to St John leaving with a critical patient. Try to document patient's name, DOB, Vital Signs, medications and skills. There will usually be a few minutes available as St John gets the patient packaged and ready for transport.
St John should be able to use their ePRFs (tablets) to take a picture of our PRF. Once St John has left with the patient put a line under anything you have already written, document the time and "Notes Added". This can then provide a more detailed description of what happened and your secondary survey. If you have to give St John your PRF, make sure to take a photo first (refer to the instructional video/slide show on the Personnel page). If you have been in communication with the Clinical Desk or Air desk, document the time and any advice given. If possible, note who it was you spoke with.