**Rounds Summary**

**Title:** Updates in Prehospital and Transport Medicine

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* Clinical Pathways such as Palliative Care and Influenza-Like Illness Pathways will reduce the number of acute care visits and provide patients with appropriate outpatient care.
* Community Paramedics manage complex and chronic illness in rural and remote regions of the province.
* Only patients with positive prognostic indicators are transported to hospital in Out of Hospital Cardiac Arrest.
* iGels are now the standard supraglottic airway for BCEHS.
* All nebulized medications except epinephrine for pediatric croup have been discontinued.
* Critical Care Paramedics now have access to both packed RBCs and thawed plasma for major trauma patients meeting transfusion criteria.
  + You may receive a call to approve blood product utilization if EPOS is unavailable.
* Initial implementation of intranasal ketamine is beginning in BC for Primary Care Paramedics (only Interior Health currently).
* Advanced Care Paramedics can use ketamine for analgesia, procedural sedation, induction and maintenance of anesthesia for intubation, and behavioural control for agitated delirium.
* Primary Care Paramedics are starting to be trained in ECG acquisition for STEMI identification (only Interior Health currently).
* Advanced Care Paramedics are beginning to administer thrombolysis for STEMI in regions outside of transport time for primary PCI (Interior Health only currently).
* Paramedic Clinical Practice Guidelines can be found at [www.handbook.bcehs.ca](http://www.handbook.bcehs.ca)
* Feedback on paramedic practice can be sent to [Wilson.Wan@bcehs.ca](mailto:Wilson.Wan@bcehs.ca) or please complete a PSLS if a patient safety issue arose.