Special Project Palliative Care

Medical Directive

An Advanced Care Paramedic may provide the treatment, transport and/or referral prescribed in this Medical Directive for registered patients if authorized.

These registered palliative care patients require a different approach to assessment and treatment that reflects their goals of care. Therefore paramedics, for this defined patient population, should prioritize patient comfort and are not required to follow the described regimen of strict vital signs, cardiac monitoring and transport as directed in the Basic Life Support Patient Care Standard (BLS PCS). If patient transport is initiated however, paramedics should proceed with usual care per the BLS PCS. If a paramedic determines that the patient would benefit from any other medical directives in the Advanced Life Support (ALS) PCS that is not included in this special project medical directive, a patch to a base hospital physician (BHP) is necessary.

PAIN OR DYSPNEA

INDICATIONS

Patient registered in palliative care program

And

Uncontrolled pain or dyspnea

or

Uncontrolled dyspnea with suspected bronchoconstriction

CLINICAL CONSIDERATIONS

- If orders are available for the patient, either morphine or hydromorphone may be administered within the range specified above per the emergency orders. Any doses outside the range specified must be confirmed with by a Base Hospital Physician prior to administration.
- If there are no orders available or patients are opioid naïve the lower range of doses should be used.

- If the patient is already on a regular opiate, the same opiate should be used. If the patient is on a regular opiate regimen that does not include either morphine or hydromorphone and does not have emergency orders available, paramedics should confirm with a Base Hospital Physician prior to administering morphine or hydromorphone.
- Salbutamol should only be used in patients whose dyspnea is accompanied by wheezing or a history of response to bronchodilators.

CONDITIONS

Morphine	Hydromorphone	Salbutamol
AGE: ≥18	AGE: ≥18	AGE: ≥18
LOA: N/A	LOA: N/A	LOA: N/A
HR: N/A	HR: N/A	HR: N/A
RR: N/A	RR: N/A	RR: N/A
SBP: N/A	SBP: N/A	SBP: N/A
Other: N/A	Other: N/A	Other: For Dyspnea with suspected bronchoconstriction only

CONTRAINDICATIONS

Morphine	Hydromorphone	Salbutamol
Allergy to morphine	Allergy to hydromorphone	Allergy to salbutamol

TREATMENT

Patient • Drug • Dose • Route • Time.

Consider**Morphine**

	Route *SC/ IV/CVAD*
Dose	2-10 mg
Max.single dose	10 mg
Dosing interval	15 min
Max. # of doses	4

OR

Consider **Hydromorphone**

	Route *SC/ IV/CVAD*
Dose	0.5-2 mg
Max. single dose	2 mg
Dosing interval	15 min
Max. # of doses	4

Consider **Salbutamol**

	Route *MDI**	**Route** *NEB*
Dose	Up to 800 mcg (8 puffs)	5 mg
Max. dose	800 mcg	5mg
Dosing interval	5-15 min prn	5-15 min prn
Max. # of doses	3	3

*1 puff – 100 mcg

HALLUCINATIONS OR AGITATION

INDICATIONS

Patient registered in palliative care program

And

Increasing agitation or suspected new or increased hallucinations

CLINICAL CONSIDERATIONS

- Haloperidol should be used as the first line agent for the treatment of agitation and hallucinations. Midazolam can be used in patients with contraindications to Haloperidol.

CONDITIONS

Haloperidol	Midazolam
AGE: ≥18	AGE: ≥18
LOA: N/A	LOA: N/A
HR: N/A	HR: N/A
RR: N/A	RR: N/A
SBP: N/A	SBP: N/A
Other: N/A	Other: N/A

CONTRAINDICATIONS

Haloperidol	Midazolam
Allergy to haloperidol Known Parkinson's or Lewy Body Dementia Neuroleptic Malignant Syndrome	Allergy to Midazolam

TREATMENT

Patient • Drug • Dose • Route • Time.

Consider **Haloperidol**

	Route
	SC/IV/CVAD
Dose	0.5-1 mg
Max. single dose	1 mg
Dosing interval	30 min
Max. # of doses	2

Consider **Midazolam**

	Route
	SC/ IV/CVAD
Dose	0.5-2 mg
Max. single dose	2 mg
Dosing interval	30 min
Max. # of doses	2

NAUSEA OR VOMITING

INDICATIONS

Patient registered in palliative care program

And

Nausea and/or vomiting

CLINICAL CONSIDERATIONS

- Dimenhydrinate is rarely used in the palliative care population as it can cause delirium, increase drowsiness, and does not target the appropriate receptors to control the nausea in most patients. It should only be used in patients with contraindications to haloperidol where ondansetron cannot be used.

CONDITIONS

Haloperidol	Ondansetron	Dimenhydrinate
AGE: ≥18	AGE: ≥18	AGE: ≥18
LOA: N/A	LOA: N/A	LOA: N/A
HR: N/A	HR: N/A	HR: N/A
RR: N/A	RR: N/A	RR: N/A
SBP: N/A	SBP: N/A	SBP: N/A
Other: N/A	Other: Contraindication to Haloperidol	Other: Contraindication to Haloperidol

CONTRAINDICATIONS

Haloperidol	Ondansetron
Allergy to haloperidol Known Parkinson's or Lewy Body Dementia Neuroleptic Malignant Syndrome	Allergy to ondansetron

Dimenhydrinate
Allergy to dimenhydrinate or other antihistamines Overdose on antihistamines or anticholinergics or tricyclic antidepressants

TREATMENT

Patient • Drug • Dose • Route • Time.

Consider **Haloperidol**

	Route
	SC/ IV/CVAD
Dose	0.5-1 mg
Max. single dose	1 mg
Dosing interval	30 min
Max. # of doses	2

Consider **Ondansetron**

	Route
	PO/SC/IV/CVAD
Dose	4 mg
Max. single dose	4 mg
Dosing interval	N/A
Max. # of doses	1

Consider **Dimenhydrinate**

	Route
	SC/ IV/CVAD
Dose	25-50 mg
Max. single dose	50 mg
Dosing interval	N/A
Max. # of doses	1

TERMINAL CONGESTED BREATHING

INDICATIONS

Patient registered in palliative care program

And

Congested/loud/rattling breathing in patients near the end of life

CLINICAL CONSIDERATIONS

- Patient repositioning and gentle turning of the head to the side can be done instead of medication however suction of the oropharynx is not appropriate as it will likely cause discomfort and a gag reflex.

CONDITIONS

Glycopyrrolate or Atropine	
AGE:	≥18
LOA:	N/A
HR:	N/A
RR:	N/A
SBP:	N/A
Other:	N/A

CONTRAINDICATIONS

Glycopyrrolate	Atropine
Allergy to glycopyrrolate	Allergy to atropine

TREATMENT

Patient • Drug • Dose • Route • Time.

Consider **Glycopyrrolate or Atropine**

	Route
	SC/ IV/CVAD
Dose	0.4 mg
Max. single dose	0.4 mg
Dosing interval	N/A
Max. # of doses	1

TREAT AND REFER

INDICATIONS

Patient registered in palliative care program

And

Symptoms improved to patient's/Substitute Decision Maker's (SDM) satisfaction

And

After informed discussion patient/SDM preference to remain at home

CLINICAL CONSIDERATIONS

- A period of observation is recommended after the administration of any medication if the patient is not transported to ensure adequate response and no unexpected immediate adverse effects
- Transport should be considered if there is strong suspicion of reversible causes including but not limited to:
    - Complete bowel obstruction with no prior history of same
    - New Spinal Cord Compression
    - New Superior Vena Cava (SVC) Obstruction
    - Airway obstruction
    - Suspected new pathologic fracture
- If patients do not meet the treat and refer conditions, paramedics should consider consulting BHP, follow the patient refusal standard and document appropriately.

CONDITIONS

Age ≥ 18

Valid DNR

Patient registered in Paramedic Palliative Care Program

CONTRAINDICATIONS

Concerns of patient abuse or neglect

Patient and SDM cannot demonstrate decision-making capacity based on the Aid to Capacity Evaluation Tool

Uncontrolled or new seizures

TREATMENT

Paramedics may treat patients according to this medical directive and, in collaboration with the patient/SDM, honour wishes to remain at home (treat and refer). Paramedics will notify the patient's palliative care team.