Special Project Palliative Care

Medical Directive

A Primary Care Paramedic may provide the treatment and/or patient disposition prescribed in this Medical Directive if authorized.

Patch

If a paramedic determines that the patient would benefit from any other management that is not included in this special project medical directive, a patch to a BHP is necessary.

Registered Patient

A registered patient is under the care of a palliative care team through Home and Community Care, or a physician or nurse practitioner providing palliative care services in the community. The paramedic is required to confirm the patient registration according to their local process.

Management of Patients with Palliative Care Needs

Patients with palliative care needs may require a different approach to assessment and treatment that reflects their unique goals of care. Therefore paramedics, for this defined patient population, should consider prioritizing 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 consider usual care (vitals and monitoring) per the ALS and BLS PCS in conjunction with the patient's goals of care; they may also consider symptom treatments below if indicated.

Medical Directive

This Medical Directive is written in five sections or equivalent to five directives combined including four symptom-based sections (Dyspnea, Hallucinations/Agitation, Nausea/Vomiting and Terminal Congested Breathing) as well as a Treat and Refer directive. Any of these directives can apply, individually or in combination, to a patient with palliative care needs. The Treat and Refer part of this directive can be applied even if no symptoms listed in the directive are present or treatments have not been provided. All patients who

remain at home must be referred to their palliative care team to ensure follow up of their presenting complaint.

When in doubt, please consult/patch to a Base Hospital Physician (BHP) in consultation with palliative physician or nurse if available.

DYSPNEA

INDICATIONS

Registered Palliative Care Patient

And

Uncontrolled dyspnea with suspected bronchoconstriction

CLINICAL CONSIDERATIONS

- Salbutamol should only be used in patients whose dyspnea is accompanied by wheezing or a history of response to bronchodilators.

CONDITIONS

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

CONTRAINDICATIONS

Salbutamol

Allergy to salbutamol

TREATMENT

Patient • Drug • Dose • Route • Time.

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

Registered Palliative Care Patient

And

Increasing agitation or suspected new or increased hallucinations

CLINICAL CONSIDERATIONS

CONDITIONS

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

CONTRAINDICATIONS

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

TREATMENT

Patient • Drug • Dose • Route • Time.

Consider **Haloperidol**

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

NAUSEA OR VOMITING

INDICATIONS

Registered Palliative Care Patient

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 and should be started at low doses.

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
Dose	0.5-1 mg
Max. single dose	1 mg
Dosing interval	30 min
Max. # of doses	2

Consider **Ondansetron**

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

Consider **Dimenhydrinate**

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

TERMINAL CONGESTED BREATHING

INDICATIONS

Registered Palliative Care Patient

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

TREAT AND REFER

INDICATIONS

Registered Palliative Care Patient

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

DNR and/or previous goals of care discussion

Registered Palliative Care Patient

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 assess and/or 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 for all patients who remain at home to ensure follow up for their presenting complaint.