

# EMS Palliative and End of Life Care Assess, Treat and Refer Program Frequently Asked Questions (FAQ)

## Who is this program for?

The program is for any patient identified as palliative or end of life who is receiving care in the community. In addition, the following inclusion criteria must be met:

- A registered healthcare clinician must be on in the home
- The patient wants to stay at home
- The patient is at least 18 years old
- The clinician is available to continue patient care after EMS departs

## Who can access the program?

Any registered healthcare clinician may activate the program for their patient if they meet the inclusion criteria.

## How do I access the program for my patient?

EMS is accessed through 911 using the “Clinician Dispatch Script.” The script is detailed within the program training presentation, on the clinician lanyard card and also within the Supplemental Process Document.

## I’ve called 911 to access EMS before. Why do I need to use the “Clinician Dispatch Script” to activate this program?

The dispatch script has been developed for a number of reasons. Use of the script will ensure:

- That you get the most appropriate resource that is available
- That the ambulance is sent without lights and sirens
- That no allied services will be sent to the event (no fire, no police)
- That the EMS crew is aware they are responding to a palliative and end of life care assess, treat and refer event, rather than a standard EMS event
- That the event is coded correctly for program evaluation purposes

## How will EMS be notified that this is a Palliative and End of Life Care Assess, Treat and Refer Event?

EMS will be notified of the event type through the data terminal in the ambulance (MDT). A specific dispatch code and written text entered by dispatch will advise that they are responding to a Palliative and End of Life Care Assess, Treat and Refer event with healthcare clinician on scene.

## What is the difference between a BLS and ALS ambulance?

Basic life support (BLS) ambulances are staffed with Emergency Medical Technicians (EMTs) and advanced life support (ALS) ambulances are staffed with a combination of EMTs and Paramedics.

# EMS Palliative and End of Life Care Assess, Treat and Refer Program Frequently Asked Questions (FAQ)

## What treatments can basic life support provide for my patient?

EMTs (basic life support) can provide the following treatments that may be beneficial in a palliative emergency:

- Assessment and diagnostics including vital signs, oxygen saturations (SpO<sub>2</sub>), blood glucose levels, end tidal CO<sub>2</sub> monitoring (ETCO<sub>2</sub>), and basic ECG interpretation
- Oxygen administration
- Administration of bronchodilators including Ventolin and Atrovent
- Intravenous initiation and fluid administration

## What treatments can advanced life support provide for my patient?

Paramedics (advanced life support) can provide the following treatments that may be beneficial in a palliative emergency:

- Assessment and diagnostics including vital signs, oxygen saturations (SpO<sub>2</sub>), blood glucose levels, end tidal CO<sub>2</sub> monitoring (ETCO<sub>2</sub>), basic and 12/15 lead ECG interpretation
- Oxygen administration
- Administration of bronchodilators including Ventolin and Atrovent
- Intravenous initiation and fluid administration
- Administration of narcotics including morphine and fentanyl
- Administration of antiemetics including Gravol, Maxeran and Zofran
- Administration of sedative agents such as Ativan, Haldol and Versed

## How does Advanced Care Planning and Goals of Care (ACP/GCD) fit into the program?

The program aims to align the care we provide with our patients' current wishes including their Advanced Care Plan or Goals of Care Designation. Most patients accessing this program will likely have a C1 or C2 Goals of Care designation; however a formal Goals of Care Designation is not needed to activate the program as long as the home care clinician can confirm the patient is known to be receiving palliative and end of life care.

## Why is physician contact mandatory?

Palliative medicine is a specialized area of care where EMS does not have extensive training or experience. Collaboration with a physician will ensure that an individualized care plan incorporating EMS's scope of practice is developed for each patient. The physician will also assist in determining if it is appropriate for the patient to be treated and left at home or if transport is required.

## **EMS Palliative and End of Life Care Assess, Treat and Refer Program Frequently Asked Questions (FAQ)**

**The protocol states that EMS can call the patient’s family or palliative physician, the zone’s palliative physician on call or an EMS online medical control (OLMC) physician for medical direction. How do I know who to call?**

EMS OLMC is available 24 hours a day, 7 days a week for all EMS practitioners throughout the province, however if the on scene clinician has already made contact with another physician regarding the patient’s presentation (family or palliative physician), it may be of benefit for EMS to maintain continuity of care with that physician. EMS and the on scene clinician will decide who is the most appropriate to call based on their zone’s capacity.

**Are there palliative specific protocols EMS is to follow for this program?**

No. For Phase 1 of the program, EMS will receive direction and orders from a consulting physician (patient’s family or palliative physician, the zone’s palliative physician on call or EMS OLMC). Palliative specific protocols may be developed in the future.

**Can EMS leave equipment at the patient’s home such as oxygen tanks and regulators?**

Yes, you may leave oxygen on scene if it is required for a short duration while more permanent arrangements are made. This decision will be made in consultation with the on scene clinician, consulting physician and your operations supervisor.

**As the clinician, how long do I need to remain at the home after EMS leaves?**

Follow your local policies and procedures regarding when it is reasonable to leave the patient after a home care visit.

**What if the patient cannot sign EMS’s PCR (patient care report)?**

A family member and/or the on scene clinician may sign the PCR for the patient.

**Where can I get more information if I have questions?**

Program training materials and documents have been loaded onto e-learning programs such as Continuing Care Desktop and My Learning Link for home care clinicians. EMS providers can access program information on AHSEMS.com.

You may also access program information on the Palliative Framework’s website at [www.myhealth.alberta.ca/palliativecare](http://www.myhealth.alberta.ca/palliativecare)

Or email us directly at [EMS.Palliative@albertahealthservices.ca](mailto:EMS.Palliative@albertahealthservices.ca)