



MIDDLESEX-LONDON PARAMEDIC SERVICE

1035 Adelaide Street South, London Ontario N6E1R4 | Office: 519.679.5466 | Fax: 226-270-5532

MEMORANDUM

TO: Community Partner

FROM: Community Paramedicine Management Team

DATE: September 1, 2024

RE: Community Paramedicine Patient Care Standards (CPPCS) Version 2.4 Update

On October 1, 2024, an updated version of the Middlesex-London Paramedic Service (MLPS) Community Paramedicine Patient Care Standards (CPPCS) is scheduled to be released as an amendment to the effective date of the current version. Five directives have been reviewed and updated, and two new directives have been approved for implementation.

Existing primary care provider sign-offs will be applied to the updated version unless the MLPS Community Paramedicine program is informed otherwise by the authorizing primary care provider.

Contents:

1. Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive
2. Acute Heart Failure Episode Medical Directive
3. Intravenous Fluid Therapy Medical Directive
4. Urinary Tract Infection Medical Directive
5. Analgesia Medical Directive
6. Suture/Staple Removal Medical Directive*
7. Hemoglobin A1C Test Medical Directive*

* NEW DIRECTIVE



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1. Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive

A fourth antibiotic was added to the Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive to allow for community paramedic's to treat a patient as ordered by a primary care provider where signs and/or symptoms of a more complex respiratory infection where indicated.

CONDITIONS

Co-Amoxiclav.

REVISED

CONTRAINDICATIONS

Co-Amoxiclav.

REVISED

TREATMENT

Co-Amoxiclav.

REVISED

Impact to Clinical Practice

Additional treatment option as ordered by a primary care provider where indicated.

2. Acute Heart Failure Episode Medical Directive

Changes were made to the Acute Heart Failure Medical Directive clinical considerations to support informed clinical decision making.

CLINICAL CONSIDERATIONS

Consider to assess the weight of the patient over a course of treatment.

REVISED

Impact to Clinical Practice

Support informed clinical decision making.

3. Intravenous Fluid Therapy Medical Directive

Changes were made to the Intravenous Fluid Therapy Medical Directive treatment and clinical considerations surrounding treat and release with a maintenance infusion.

TREATMENT

Determine whether a patient may be treated in accordance with the treat and release component of the applicable Medical Directive.

REVISED

Impact to Clinical Practice

Support informed clinical decision making.

CLINICAL CONSIDERATIONS

Consider to assess for a PMHx of underlying fluid regulation related conditions.

REVISED

Impact to Clinical Practice

Support informed clinical decision making and a higher degree of patient safety.



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4. Urinary Tract Infection Medical Directive

A third medication was added to the Urinary Tract Infection Medical Directive to allow for community paramedic's to treat a patient as ordered by a primary care provider where signs and/or symptoms of a more complex urinary tract infection where indicated.

CONDITIONS

Co-Amoxiclav.

REVISED

CONTRAINDICATIONS

Co-Amoxiclav.

REVISED

TREATMENT

Co-Amoxiclav.

REVISED

Impact to Clinical Practice

Additional treatment option as ordered by a primary care provider where indicated.

5. Analgesia Medical Directive

Changes were made to the Analgesia Medical Directive clinical considerations surrounding the treatment of febrile patients.

CLINICAL CONSIDERATIONS

Febrile patients may be considered for Acetaminophen only.

REVISED

Impact to Clinical Practice

To provide a treatment option for simple febrile patients.

6. Suture/Staple Removal Medical Directive

***NEW DIRECTIVE**

Implementation of the Suture/Staple Removal Medical Directive to allow for community paramedic's to treat a patient as ordered by a primary care provider.

7. Hemoglobin A1C Test Medical Directive

***NEW DIRECTIVE**

Implementation of the Hemoglobin A1C Test Medical Directive to allow for community paramedic's to treat a patient as ordered by a primary care provider.