



## **Medical Directorate**

## Clinical Directive 01/2012

## 3rd Edition Clinical Practice Guidelines Version 2

To: All National Ambulance Service and Dublin Fire Brigade clinical staff-

Emergency Medical Technicians, Paramedics, Advanced Paramedics,

**Emergency Medical Controllers** 

c.c.: NAS Leadership Team

From: Medical Director

Date: January 27<sup>th</sup> 2012

Subject: 3<sup>RD</sup> EDITION CLINICAL PRACTICE GUIDELINES VERSION 2

Dear colleagues,

Please be advised that, **effective immediately**, Version 2 of the 3<sup>rd</sup> Edition Clinical Practice Guidelines are authorised for use by NAS and DFB clinical staff, at the level appropriate to your PHECC registration, **with the following exceptions**:

- Paramedic administration of buccal or intranasal midazolam to both adults and children CPG 5/6.4.20 and CPG 5/6.7.10.
- Paramedic manual defibrillation (Prehospital defibrillation position paper p.137 Paramedic CPG Manual 3<sup>rd</sup> Edn Ver 2)

Paramedic midazolam administration will be introduced subsequent to the delivery of an appropriate educational module by the Education and Competency Assurance Team and establishment of appropriate drug storage and monitoring arrangements. Paramedic manual defibrillation will be considered by the Medical Directorate and will also, if introduced, require the delivery of an appropriate educational module.

Your attention is drawn in particular to the following items:

- 1. The changes to indications for oxygen administration (**Medication** Formulary).
- 2. The importance of a proper FAST assessment in stroke patients and the requirement to pre-alert the receiving facility of all FAST positive patients with symptom onset of less than 4 hours CPG 5/6.4.22 and Clinical Advisory Pre-alerting of Stroke Patients September 5<sup>th</sup> 2011.

Seirbhís Náisiúnta Otharchairr Teach Dara, Ascaill an Crann Teile, Páirc na Mílaoise, Nás na Rí, Co. Chill Dara

- 3. Cardiac chest pain-acute coronary syndrome **CPG 5/6.4.16** indicates use of Pain CPG if pain relief ineffective. This indicates the need for IV morphine (if AP available). Paracetamol and ibuprofen should not be administered. (Aspirin is administered for anti-platelet effect, not analgesic effect).
- 4. Paediatric weight calculation is now (age x 3) +7 kg
- 5. The fluid bolus in children with haemorrhage/blood loss is now 10 ml/kg **CPG 5/6.7.13.**
- 6. 0.9% sodium chloride is now the IV/IO fluid of choice in prehospital care in Ireland.
- 7. Advanced paramedics: reduction of lateral patellar dislocation, needle cricothyrotomy and thrombolysis are only permitted if training in these procedures has been satisfactorily completed.
- 8. Supraglottic airway insertion in children: CPG 5/6.3.1 Advanced Airway Management-Adult (≥ 8 years) allows Paramedics and Advanced Paramedics to insert a supraglottic airway in children 8 years and older. CPG 4/5/6.4.12 Asystole/PEA-Paediatric (≤ 13 years) and CPG 4/5/6.4.8 VF or Pulseless VT-Paediatric (≤ 13 years) imply that advanced airway management in children is only authorised for Advanced Paramedics. CPG 5/6.3.1 Advanced Airway Management-Adult (≥ 8 years) takes precedence- Paramedics are authorised to perform advanced airway management (supraglottic airway insertion) on patients who are ≥ 8 years and who meet the criteria set out in the CPG.

The following Clinical Directives are withdrawn, effective immediately, as the issues that necessitated them have now been addressed via CPG:

- Clinical Directive 05/2011 Atropine in Cardiac Arrest
- Clinical Directive 09/2011 Limb Fractures

Both of these Clinical Directives have been removed from the NAS website and should be removed from the Clinical Directive folder in each station.

I would also like to remind you that all Clinical Directives and Clinical Advisories are accessible on the public HSE website <a href="www.hse.ie">www.hse.ie</a> under Find a Service-Ambulance Services. This website is accessible from any computer or smartphone.

Questions on any of the above should be addressed to your local Education and Competency Assurance Officer in the first instance.

Cathal O'Donnell Medical Director.