BCAS Treatment Guidelines for Emergency Medical Responders in BC

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British Columbia Specific EMR Protocols

The Canadian Red Cross, BC Ambulance Service and BC Emergency Medical Assistant's Licensing Branch follow the National Occupational Competency Profile (NOCP) for EMR skills...as required by the Paramedic Association of Canada (PAC).

They also follow the specific protocols required specifically for Emergency Medical Responders in British Columbia...as laid out in the BCAS Treatment Guidelines.

For the most part, the BCAS Treatment Guidelines for EMR skills follow the same protocols as the NOCP. However...there are a few BCAS Guidelines that differ slightly from the National standard; which means you need to be aware of them for BC EMR Licensing purposes.

These specific BCAS Treatment Guidelines include:

- 6.1 Trauma Management - Principles
- 6.5 Thermal Burns - Principles and Interventions
- 1.3 Hypo / Hyperglycaemia - Principles
- Drug Monograph - Nitroglycerin
- Drug Monograph - Entonox
- Drug Monograph - ASA

BCAS Treatment Guidelines that are specifically relevant to Emergency Medical Responders in British Columbia are listed in detail below...
BCAS Treatment Guidelines: 6.1 Trauma Management - Principles

"...To maximize survival, scene time must be kept to a minimum. The focus must be on basic care with provision of oxygen, basic airway care, control of bleeding, prevention of further spinal injury, and transport. Anything that can be done on route should be done on route.

- spinal stabilization should not delay basic airway care and rapid transport in patients with head injury or shock. Much can be accomplished by simply reducing any gross neck movement

The only interventions that should be carried out prior to transport are:

- basic C-spine stabilization during extrication
- airway management and ventilatory support of patients with increasing airway obstruction or failing respirations
- relief of tension pneumothorax
- simple stabilization of long bone and pelvic fractures

IV therapy, more definitive spinal immobilization, fracture stabilization and the majority of intubations should be carried out during transport..."

This means that Emergency Medical Responders in British Columbia should not delay urgent transport to apply traction splints. Traction splinting can be applied on-scene only if the injuries are not immediately life-threatening.

BCAS Treatment Guidelines: 6.5 Thermal Burns - Principles & Interventions

"...Accurate estimation of burn size is essential. Extensive burns are expressed as the total percentage of body surface area (TBSA) with more than superficial burns. Use the Lund and Browder chart to estimate percentage of body surface area..."

This means that Emergency Medical Responders in British Columbia need to be familiar with the Lund & Browder system for calculating burn percentages...as opposed to the more widely utilized Rule of Nines.

"...Cool burns 1-2 minutes followed by clean dry dressings during transport..."

This means that Emergency Medical Responders in British Columbia should only spend 1-2 minutes cooling major burns on scene...but continue to cool burns following the National guidelines while enroute. Once a burn has been sufficiently cooled...dry sterile dressings should be applied to prevent infection.
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BCAS Treatment Guidelines: 1.3 Hypo / Hyperglycaemia - Principles

"...Hyperglycaemia - elevated glucose level (higher than 11 mmol)...

This means that Emergency Medical Responders in British Columbia will consider a Capillary Blood Glucose level of higher than 11 millimoles/liter (mmol) as being clinically Hyperglycaemic.

The National standard for determining Hyperglycaemia, as listed in your Canadian Red Cross Emergency Care Manual, is a Capillary Blood Glucose level (capBgl) of higher than 8 mmol.

BCAS Treatment Guidelines: Drug Monograph - Nitroglycerin

Emergency Medical Responders in British Columbia are Licensed to administer Nitroglycerin Spray.

"...Dosage (Adult)

- 0.4 mg spray SL - repeat q 3 min. - maintaining B/P > 90 systolic...

This means that Emergency Medical Responders in British Columbia can begin administration of second and third doses of Nitroglycerin as quickly as 3 minutes after the preceding dose...as opposed to the National standard of 5 minutes between doses.

This BCAS Treatment guideline also indicates that Emergency Medical Responders in BC will regard a Systolic Blood Pressure of less than 90 mmHg as a Contraindication for the administration of Nitroglycerin. Conversely, the National guidelines, as outlined in your Canadian Red Cross Emergency Care Manual, stipulate that a Systolic Blood Pressure of less than 100 mmHg is considered a Contraindication.

BCAS Treatment Guidelines: Drug Monograph - Entonox

Emergency Medical Responders in British Columbia are Licensed to administer Entonox.

- Medications not specifically listed as "EMR Interventions" in the BCAS Guidelines are considered "Out of the Scope of Practice" for Emergency Medical Responders in British Columbia.

BCAS Treatment Guidelines: Drug Monograph - ASA
Emergency Medical Responders in British Columbia are Licensed to administer Acetyl-Salicylic Acid (ASA).

- Medications not specifically listed as "EMR Interventions" in the BCAS Guidelines are considered "Out of the Scope of Practice" for Emergency Medical Responders in British Columbia