



Considerations for Paramedics Managing Patients during the COVID-19 Pandemic

Frequently Asked Questions

Airway/Breathing

Bronchoconstriction

Q 1. Are paramedics able to use nebulized medication?

Yes, paramedics can now utilize nebulized EPINEPHrine for Croup, or nebulized salbutamol for bronchoconstriction as per the ALS PCS.

If considering nebulized salbutamol, it is contraindicated in patients with a known or suspected fever or in the setting of a **declared febrile respiratory illness outbreak by the local medical officer of health** as per the ALS PCS.

Q 2. Can paramedics use CPAP for patients who meet the indications and conditions within the ALS PCS?

Yes, paramedics can utilize CPAP, however, they may consider withholding CPAP if alternative treatments are available/appropriate (eg. PPV, Nitro, Salbutamol). It is important to consider the risks versus the benefits when making your decision to treat with CPAP.

Q 3. If a patient is in severe respiratory distress, OBHG COVID-19 considerations suggest IM EPINEPHrine as per the Bronchoconstriction medical directive. Does the requirement for a history of asthma still apply?

Yes, a history of asthma is still required for IM administration of EPINEPHrine in bronchoconstriction.

Consider withholding IM EPINEPHrine for severe bronchoconstriction in patients who are ≥ 50 years of age. If you choose to proceed with administration, please justify the rationale with the documentation.



Cardiac/Circulation

Medical Cardiac Arrest

- Q 1. **Given the likelihood of an acute presentation of neonatal COVID-19 infection, would “no medications down the tube for any age” include the newborn/neonate?**

The OBHG COVID-19 considerations refer to all cases of endotracheal medications including in the case of a neonatal resuscitation. The AHA Interim guidelines for COVID-19 state that the preferred route for the administration of EPINEPHrine during neonatal resuscitation is IV/IO as EPINEPHrine via ETT may provide an increased risk of exposure for the paramedic. In situations where IV/IO is unobtainable, paramedics may consider initiating a patch to the BHP for discussion of risk potential for ETT medications in this situation.

In addition, there is limited evidence that ETT medications are effective. Although there is likely less risk of transmission of the virus from the neonate, NRP guidelines indicate that effective ventilations are successful in more than 99% of all cases. Therefore, emphasis should be on effective ventilations.

Reference:

Edelson, D.P. et al, (2020, June 23). Interim Guidance for Basic and Advanced Life Support in Adults, Children, and Neonates with Suspected or Confirmed COVID-19. Retrieved from <http://ahajournals.org>.

Opioid Toxicity

- Q 1. **For the suspected opioid overdose, do I delay naloxone treatment to obtain a blood glucose first?**

During COVID-19 it is reasonable to consider naloxone immediately for the suspected opioid overdose patient without obtaining a blood glucose prior. However, paramedics should obtain a blood glucose as soon as possible following the naloxone administration and document their rationale.

General Questions

- Q 1. **Are these revisions for all respiratory distress patients or only patients that have a screened positive for COVID-19?**

The application of this document is for ALL patients with respiratory symptoms or in cardiac arrest, regardless of COVID screening. A provincial discussion regarding illness vs distress resulted in the decision that even a patient that screens negative for COVID-19, could put a paramedic at



ONTARIO BASE HOSPITAL GROUP

risk for increased exposure. In order to potentially mitigate the increased risk, it would be prudent to apply these considerations to ALL patient interactions.

Q2. **What if I feel my patient could still benefit from a medication or procedure?**

Every patient situation is unique. If, based on your assessment, you believe a patient could benefit from a medication or procedure, and you believe the benefit outweighs the risk, we suggest that you patch to discuss the options with a BHP. This is for your protection and having a discussion with the BHP to tailor the treatment plan will assist paramedics in implementing a treatment plan to optimize the care plan for your patient.