

**Document Name/Version:** Basic Life Support Patient Care Standards (BLS PCS) v3.4.a

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**Summary of Proposal:** Since the publication/in force date of the BLS PCS v3.3, the ministry has received numerous recommendations from various sector stakeholders. These minor changes are being made to align the BLS PCS to other standards published by the ministry.

<b>Standard/ Subsection</b>	<b>Current Text</b>	<b>Proposed Text</b>	<b>Rationale</b>
Preamble	(new addition to preamble)	<b>Patient Care Models</b>  As part of the progression of Paramedicine, innovative models of care may be explored that will allow for alternate patient treatment and/or disposition.  These Patient Care Models require ministry authorization and, in many cases, medical directives. Paramedics shall assess and provide treatment to all patients in accordance with this standard when patients do not meet the parameters of locally approved Patient Care Models or strategies.	To accommodate for new Patient Care Models
Patient Assessment Standard	7. b. ensuring C-spine precautions as indicated by the Spinal Motion Restriction (SMR) Standard,  7d. upon identifying absent/inadequate airway, breathing or circulation, performing critical interventions as per the Patient Management Standard;	7b. where applicable, ensure C-spine precautions as indicated by the Spinal Motion Restriction (SMR) Standard,  7d. upon identifying absent/inadequate airway, breathing, or circulation or any other life-threatening concerns,	Minor wording revisions to ensure clarity, inclusion of all life threatening concerns and base line vitals are taken promptly.

	12. establish baseline vital signs, which include:	performing critical interventions as per the Patient Management Standard;  12. unless the patient requires immediate intervention or meets the Load and Go Patient Standard the paramedic shall establish baseline vital signs which include:	
Violent/Aggressive Patient Standard	(new addition to general standard)	<b>In situations involving a patient with an embedded Electronic Control Device (ECD) probe(s), the paramedic shall:</b>  Remove ECD probe(s)  Guideline Consider leaving probe(s) in place and patient transport when ECD probe is embedded above the clavicle, in the nipple, in the genital area or other unusual circumstances.  Note: Police may require preservation of the probe(s) for evidentiary purposes.	The ECD medical directive has been removed from the ALS PCS v5.0
Cerebrovascular Accident (CVA, "Stroke") Standard - General Directive	(new addition to general standard)	6) Perform a secondary screen for LVO stroke using the Los Angeles Motor Scale (LAMS) for all probable stroke patients presenting within 24 hours of stroke symptom onset. a. if LAMS is greater than or equal to 4 ( $\geq 4$ ), classify the patient as CTAS 2	Canadian Stroke Best Practice Recommendations, select patients may benefit from Endovascular Thrombectomy up to 24 hours post stroke symptom onset. This supports timely identification and access to

		<p>b. inform the receiving hospital whether "LVO Clinical Screen is positive or negative "</p> <p>c. Document LAMS screen for patients presenting with CVA/Stroke symptoms 0-24 hours from symptom onset.</p> <p>Note: In select regions, LVO Clinical Screen + patients, presenting within 6 hours of stroke symptom onset, may be redirected to the closest EVT centre.</p>	<p>EVT for patients presenting in the 6-24 hour time window of these patients in the pre-hospital environment</p>
<p>Paramedic Prompt Card for Acute Stroke Bypass Protocol - Indications under the Acute Stroke Protocol</p>	<p>Perform a secondary screen for LVO stroke using the Los Angeles Motor Scale (LAMS)</p>	<p><b>Large Vessel Occlusion (LVO) Assessment</b></p> <p>Perform a secondary screen for LVO stroke using the Los Angeles Motor Scale (LAMS) for all probable stroke patients presenting within 24 hours of stroke symptom onset.</p> <p>a. if LAMS is greater than or equal to 4 (<math>\geq 4</math>), classify the patient as CTAS 2</p> <p>b. inform the receiving hospital whether "LVO Clinical Screen is positive or negative "****</p> <p>**** In select regions, LVO Clinical Screen + patients, presenting within 6 hours of stroke symptom onset, may be redirected to the closest EVT centre.</p>	<p>(new section added / see above)</p>