

# BCAS TREATMENT GUIDELINES

FOR EMERGENCY MEDICAL RESPONDERS IN BC



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# BC EMALB

## Professional Responder 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](#)
- 7.2 [Hypothermia – Cardiac Arrest](#)

Drug Monograph - [Nitroglycerin](#)

Drug Monograph - [ASA](#)

Drug Monograph - [Entonox](#)

**BCAS Treatment Guidelines that are specifically relevant to Emergency Medical Responders in British Columbia are listed in detail in this booklet.**

## **BCAS Treatment Guideline 6.1**

### **Trauma Management - Principles**

#### **What the Guideline Says:**

"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."

#### **What this means for Emergency Medical Responders in BC:**

**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 Guideline 6.5**

### **Thermal Burns - Principles & Interventions**

#### **What the Guideline Says:**

##### **Estimating burn coverage...**

"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..."

#### **What this means for Emergency Medical Responders in BC:**

Emergency Medical Responders in British Columbia need to be familiar with the Lund & Browder system for calculating burn percentages.

- As well as the more widely utilized "Rule of Nines".

#### **What the Guideline Says:**

##### **Cooling burns on scene...**

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

#### **What this means for Emergency Medical Responders in BC:**

Emergency Medical Responders in British Columbia should only spend 1-2 minutes cooling major burns on scene.

- 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.

## **BCAS Treatment Guidelines 1.3**

### **Hypo & Hyperglycaemia - Principles**

#### **What the Guideline Says:**

##### **Determining Hyperglycaemia...**

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

#### **What this means for Emergency Medical Responders in BC:**

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

This is opposed to the National standard for determining Hyperglycaemia, as listed in your Canadian Red Cross Emergency Care Manual.

- National Standard:
  - Hyperglycaemia = capBgl above 8 mmol/L
  
- **BC EMALB Treatment Guidelines:**
  - Hyperglycaemia = capBgl above 11 mmol/L

#### **What the Guideline Says:**

##### **Administration of Glucogel to Unresponsive Patients...**

- "Position the patient – on side if unconscious"
- "Correct suspected or confirmed Hypoglycaemia
  - Glucogel"

#### **What this means for Emergency Medical Responders in BC:**

**Emergency Medical Responders in British Columbia will administer oral Glucogel to an unresponsive patient, if Hypoglycaemia is suspected or confirmed.**

This is opposed to the National standard for which stipulates that nothing may be placed in the mouth of an unresponsive patient (other than an airway management device).

- **BC EHS has produced a ["Position Statement"](#) which confirms and rationalizes the practice of administering oral glucogel to an unresponsive patient.**

## **BCAS Treatment Guidelines 7.2**

### **Hypothermia – Cardiac Arrest**

#### **What the Guideline Says:**

##### **Determining Cardiac Arrest...**

“The hypothermic patient has reduced metabolic demands and may have significant bradycardia and decreased respiratory rate. For this reason 30 seconds should be taken to accurately detect the presence of spontaneous respirations and a pulse. “

#### **What this means for Emergency Medical Responders in BC:**

**Emergency Medical Responders in British Columbia should assess the pulse of a patient in suspected cardiac arrest for at least 30 seconds before beginning CPR-AED protocols.**

This is opposed to the National standard, as listed in your Canadian Red Cross Emergency Care Manual, which states that up to 45 seconds should be taken to assess the pulse of a patient with suspected Hypothermia.

- National Standard:
  - Check pulse for up to 45 seconds for Hypothermic patients
  
- **BC EMALB Treatment Guidelines:**
  - **Check pulse for 30 seconds for Hypothermic patients**

## BCAS Treatment Guidelines Drug Monograph

### Nitroglycerin

#### What the Guideline Says:

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..."

#### What this means for Emergency Medical Responders in BC:

**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.**

- As opposed to the National Standard, as outlined in your Canadian Red Cross Emergency Care Manual, which stipulates that a Systolic Blood Pressure of less than 100 mmHg is considered a Contraindication.

## 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



## 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.

#### Indications:

- Relief of moderate to severe pain
- Cardiac related chest pain, where Nitroglycerin will be of no value, or is contraindicated. Must be followed by high flow oxygen when discontinued
- Isolated extremity injuries, pain associated with burns excluding mechanisms associated with potential inhalation injury, etc.

#### Contraindications:

- Artificial, traumatic or spontaneous pneumothorax
- Air Embolism
- Decompression sickness
- Following a recent sky dive
- Severe bullous emphysema
- Gross abdominal distension
- Altered mental status
- Inability to comply with instructions
- Inhalation injury

#### Precautions:

- Inability to ventilate area
- Nitroglycerin use within 5 minutes of administration

#### Contraindication Mnemonic:

**C** – ability to COMPLY

**D** – DECOMPRESSION sickness

**C** – altered level of CONSCIOUSNESS

**P** – PNEUMOTHORAX

**A** – AIR emboli

**I** – INHALATION injury

**N** – NITROGLYCERIN use within 5 mins

#### Precaution Mnemonic:

**S** – SHOCK

**A** – ABDOMINAL distension

**D** – DEPRESSANT drugs

**C** – COPD

**F** – FACIAL injuries