

June 27th, 2025

The summer update to the Paramedic Clinical Practice Protocol manual has been released as version 8.0. This version has several minor additions and revisions to assist EMRs and paramedics as well as several newly developed protocols and procedures. The Paramedic Practice Committee (PPC) has reviewed these new protocols and has determined that the current needs of the Saskatchewan public require such additions. These changes have been added to the scope of practice, and EMRs and paramedics are required to ensure competence in the skills pertaining to these protocols prior to their use.

The following is an itemized list of changes to the protocol manual for ease of review:

- **STEMI Patient Care Plan **NEW****

This newly developed and released patient care plan has been added to the protocol manual for advanced care paramedics. ACPs will now continue with standard ACS care while consulting with OLMC to identify patients that reperfusion therapies have been indicated. The ACP will collaborate with OLMC to determine the appropriate intervention and transport pathway for the patient. This may include administration of an anticoagulant and transport to the nearest PCI enabled facility or administration of a thrombolytic and transport to the nearest appropriate facility. Please be aware that ACPs must be familiar with the administration of anticoagulants and thrombolytics as well as maintain competence in ECG interpretation before implementing this patient care plan.

Implementation will be developed by the SHA

- **Alcohol Withdrawal Patient Care Plan **NEW****

Patients experiencing acute alcohol withdrawal have previously been treated with suboptimal care without emphasis on treatment and prevention of neurological symptoms. This protocol now allows for the use of vitamin B1 and benzodiazepine to limit the symptoms associated with alcohol withdrawal. It also allows the use of fluids and antiemetics for symptom management and rehydration.

- **Nasopharyngeal/Oropharyngeal Swabbing Procedure **NEW****

During the COVID-19 pandemic, EMRs and paramedics were called upon to assist community health initiatives in infection surveillance by conducting nasopharyngeal/oropharyngeal swabbing. This procedure has now been added to allow EMRs and paramedics to continue providing this service without a pandemic being declared. The technique for this procedure has been included as a general standard; however, users must ensure compliance with the employer's procedural standards with the specific device being used.

- **Hyperkalemia Patient Care Plan **REVISION****

Patients experiencing hyperkalemia have become increasingly common in paramedic practice. It was noted that patients requiring treatment were not being identified due to the constraints of the previous protocol indications. For this reason, the PPC has approved an expansion of indications to allow for timely treatment and care of these patients. Along with expanded indications, the use of alkalizing agents is permissible without cardiac arrest.

- **Death In The Field Policy **REVISION****

Previous versions of the protocol manual did not support the scope of practice for EMR users. Therefor EMRs may pronounce death in injuries incompatible with life, if continued CPR poses a risk to the provider, and with the presence of an advanced directive or a Do Not Resuscitate order identifying no CPR wished by the patient. In all other situations EMRs are to continue resuscitation, request an intercept with a paramedic unit, and consult with OLMC to determine termination of resuscitation.

- **Dyspnea Patient Care Plan **REVISION****

EMR users are able to assist in the administration of the patient's own prescribed Salbutamol MDI. This has been added to the EMR scope of practice and is reflected in this patient care plan revision.

- **Endotracheal Intubation Procedure **REVISION****

Revisions to the endotracheal intubation procedure address the change of current practice in the technique. Special notes were included to enhance the paramedic's ability to monitor and intervene with associated complications to this procedure.

- **Medicated Facilitated Intubation Procedure **REVISION****

Revisions to the MFI procedure reflect the current practice of the techniques used for this procedure. Special notes and precautions were expanded to enhance the paramedic's ability to monitor and intervene with complications to this procedure. MFI reporting will now be directed to the SHA Clinical Care, Quality Assurance and Education Division. This is to allow for a multi-faceted approach to determine best practice and further develop this skill for users. Please direct MFI reporting forms to the email link here, SHAEMS.QualityAssurance@saskhealthauthority.ca

- **Stroke Patient Care Plan **REVISION****

Previous versions of the Stroke patient care plan did not identify the Saskatchewan Acute Stroke Pathway. This was included as a special note as well as a link to the website allowing for expedient access to job aids and resources associated with the pathway.

For further information on the additions and revisions made in the 8.0 version of the Paramedic Clinical Practice Protocols, please refer to the version control portion of the document. The college encourages all members to be familiar with the content of the protocol manual; we also encourage users to report any errors or omissions made in the 8.0 version of the manual.

If you have any questions or concerns regarding the Paramedic Clinical Practice Protocols, please contact Destin Ash or Jennifer Williams at the emails provided below.

- Destin Ash
destin.ash@collegeofparamedics.sk.ca
- Jennifer Williams
jen.williams@collegeofparamedics.sk.ca

The Saskatchewan College of Paramedics, we wish you all a safe and relaxing summer.