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# Special Project Palliative Care

## Medical Directive

*An Advanced Care Paramedic may provide the treatment, transport and/or referral prescribed in this Medical Directive for registered patients if authorized.*

*These registered palliative care patients require a different approach to assessment and treatment that reflects their goals of care. Therefore paramedics, for this defined patient population, should prioritize patient comfort and are not required to follow the described regimen of strict vital signs, cardiac monitoring and transport as directed in the Basic Life Support Patient Care Standard (BLS PCS). If patient transport is initiated however, paramedics should proceed with usual care per the BLS PCS. If a paramedic determines that the patient would benefit from any other medical directives in the Advanced Life Support (ALS) PCS that is not included in this special project medical directive, a patch to a base hospital physician (BHP) is necessary.*

### **PAIN OR DYSPNEA**

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#### **INDICATIONS**

Patient registered in palliative care program

And

Uncontrolled pain or dyspnea

or

Uncontrolled dyspnea with suspected bronchoconstriction

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#### **CLINICAL CONSIDERATIONS**

- ▶ If orders are available for the patient, either morphine or hydromorphone may be administered within the range specified above per the emergency orders. Any doses outside the range specified must be confirmed with by a Base Hospital Physician prior to administration.

- ▶ If there are no orders available or patients are opioid naïve the lower range of doses should be used.
- ▶ If the patient is already on a regular opiate, the same opiate should be used. If the patient is on a regular opiate regimen that does not include either morphine or hydromorphone and does not have emergency orders available, paramedics should confirm with a Base Hospital Physician prior to administering morphine or hydromorphone.
- ▶ Salbutamol should only be used in patients whose dyspnea is accompanied by wheezing or a history of response to bronchodilators.

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## CONDITIONS

<b>Morphine</b>	<b>Hydromorphone</b>	<b>Salbutamol</b>
AGE: ≥18	AGE: ≥18	AGE: ≥18
LOA: N/A	LOA: N/A	LOA: N/A
HR: N/A	HR: N/A	HR: N/A
RR: N/A	RR: N/A	RR: N/A
SBP: N/A	SBP: N/A	SBP: N/A
Other: N/A	Other: N/A	Other: For Dyspnea with suspected bronchoconstriction only

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## CONTRAINDICATIONS

<b>Morphine</b>	<b>Hydromorphone</b>	<b>Salbutamol</b>
Allergy to morphine	Allergy to hydromorphone	Allergy to salbutamol

## TREATMENT



*Patient • Drug • Dose • Route • Time.*

Consider **Morphine**

	<b>Route</b>
	<i>SC/ IV/ CVAD</i>
<i>Dose</i>	2-10 mg
<i>Max. single dose</i>	10 mg
<i>Dosing interval</i>	15 min
<i>Max. # of doses</i>	4

OR

Consider **Hydromorphone**

	<b>Route</b>
	<i>SC/ IV/ CVAD</i>
<i>Dose</i>	0.5-2 mg
<i>Max. single dose</i>	2 mg
<i>Dosing interval</i>	15 min
<i>Max. # of doses</i>	4

Consider **Salbutamol**

	<b>Route</b> <i>MDI*</i>	<b>Route</b> <i>NEB</i>
<i>Dose</i>	Up to 800 mcg (8 puffs)	5 mg
<i>Max. dose</i>	800 mcg	5mg
<i>Dosing interval</i>	5-15 min prn	5-15 min prn
<i>Max. # of doses</i>	3	3

\*1 puff – 100 mcg

## HALLUCINATIONS OR AGITATION

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### INDICATIONS

Patient registered in palliative care program

And

Increasing agitation or suspected new or increased hallucinations

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### CLINICAL CONSIDERATIONS

- ▶ Haloperidol should be used as the first line agent for the treatment of agitation and hallucinations. Midazolam can be used in patients with contraindications to Haloperidol.

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## CONDITIONS

<b>Haloperidol</b>	<b>Midazolam</b>
AGE: ≥18	AGE: ≥18
LOA: N/A	LOA: N/A
HR: N/A	HR: N/A
RR: N/A	RR: N/A
SBP: N/A	SBP: N/A
Other: N/A	Other: N/A

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## CONTRAINDICATIONS

<b>Haloperidol</b>	<b>Midazolam</b>
Allergy to haloperidol Known Parkinson's or Lewy Body Dementia  Neuroleptic Malignant Syndrome	Allergy to Midazolam

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## TREATMENT



*Patient • Drug • Dose • Route • Time.*

Consider **Haloperidol**

	<b>Route</b>
	<i>SC/IV/CVAD</i>
<i>Dose</i>	0.5-1 mg
<i>Max. single dose</i>	1 mg
<i>Dosing interval</i>	30 min
<i>Max. # of doses</i>	2

Consider **Midazolam**

	<b>Route</b>
	<i>SC/ IV/CVAD</i>
<i>Dose</i>	0.5-2 mg
<i>Max. single dose</i>	2 mg
<i>Dosing interval</i>	30 min
<i>Max. # of doses</i>	2

## NAUSEA OR VOMITING

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### INDICATIONS

Patient registered in palliative care program

And

Nausea and/or vomiting

### CLINICAL CONSIDERATIONS

- ▶ Dimenhydrinate is rarely used in the palliative care population as it can cause delirium, increase drowsiness, and does not target the appropriate receptors to control the nausea in most patients. It should only be used in patients with contraindications to haloperidol where ondansetron cannot be used.

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## CONDITIONS

<b>Haloperidol</b>	<b>Ondansetron</b>	<b>Dimenhydrinate</b>
AGE: ≥18	AGE: ≥18	AGE: ≥18
LOA: N/A	LOA: N/A	LOA: N/A
HR: N/A	HR: N/A	HR: N/A
RR: N/A	RR: N/A	RR: N/A
SBP: N/A	SBP: N/A	SBP: N/A
Other: N/A	Other: Contraindication to Haloperidol	Other: Contraindication to Haloperidol

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## CONTRAINDICATIONS

<b>Haloperidol</b>	<b>Ondansetron</b>
Allergy to haloperidol Known Parkinson's or Lewy Body Dementia  Neuroleptic Malignant Syndrome	Allergy to ondansetron

  

<b>Dimenhydrinate</b>
Allergy to dimenhydrinate or other antihistamines  Overdose on antihistamines or anticholinergics or tricyclic antidepressants

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## TREATMENT



*Patient • Drug • Dose • Route • Time.*

Consider **Haloperidol**

	<b>Route</b>
	<i>SC/ IV/CVAD</i>
<i>Dose</i>	0.5-1 mg
<i>Max. single dose</i>	1 mg
<i>Dosing interval</i>	30 min
<i>Max. # of doses</i>	2

Consider **Ondansetron**

	<b>Route</b>
	<i>PO/SC/IV/CVAD</i>
<i>Dose</i>	4 mg
<i>Max. single dose</i>	4 mg
<i>Dosing interval</i>	N/A
<i>Max. # of doses</i>	1

Consider **Dimenhydrinate**

	<b>Route</b>
	<i>SC/ IV/CVAD</i>
<i>Dose</i>	25-50 mg
<i>Max. single dose</i>	50 mg
<i>Dosing interval</i>	N/A
<i>Max. # of doses</i>	1





# TERMINAL CONGESTED BREATHING

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## INDICATIONS

Patient registered in palliative care program

And

Congested/loud/rattling breathing in patients near the end of life

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## CLINICAL CONSIDERATIONS

- ▶ Patient repositioning and gentle turning of the head to the side can be done instead of medication however suction of the oropharynx is not appropriate as it will likely cause discomfort and a gag reflex.
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## CONDITIONS

### **Glycopyrrolate or Atropine**

AGE: ≥18

LOA: N/A

HR: N/A

RR: N/A

SBP: N/A

Other: N/A

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## CONTRAINDICATIONS

<b>Glycopyrrolate</b>	<b>Atropine</b>
Allergy to glycopyrrolate	Allergy to atropine

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## TREATMENT



*Patient • Drug • Dose • Route • Time.*

Consider **Glycopyrrolate or Atropine**

	<b>Route</b>
	<i>SC/ IV/ CVAD</i>
<i>Dose</i>	0.4 mg
<i>Max. single dose</i>	0.4 mg
<i>Dosing interval</i>	N/A
<i>Max. # of doses</i>	1

## TREAT AND REFER

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### INDICATIONS

Patient registered in palliative care program

And

Symptoms improved to patient's/Substitute Decision Maker's (SDM) satisfaction

And

After informed discussion patient/SDM preference to remain at home

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### CLINICAL CONSIDERATIONS

- ▶ A period of observation is recommended after the administration of any medication if the patient is not transported to ensure adequate response and no unexpected immediate adverse effects
  - ▶ Transport should be considered if there is strong suspicion of reversible causes including but not limited to:
    - Complete bowel obstruction with no prior history of same
    - New Spinal Cord Compression
    - New Superior Vena Cava (SVC) Obstruction
    - Airway obstruction
    - Suspected new pathologic fracture
  - ▶ If patients do not meet the treat and refer conditions, paramedics should consider consulting BHP, follow the patient refusal standard and document appropriately.
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### CONDITIONS

Age ≥ 18

Valid DNR

Patient registered in Paramedic Palliative Care Program

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### CONTRAINDICATIONS

Concerns of patient abuse or neglect

Patient and SDM cannot demonstrate decision-making capacity based on the Aid to Capacity Evaluation Tool

Uncontrolled or new seizures

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## TREATMENT

Paramedics may treat patients according to this medical directive and, in collaboration with the patient/SDM, honour wishes to remain at home (treat and refer). Paramedics will notify the patient's palliative care team.