FAQ: ALS PCS 5.4 Implementation

Effective Date: June 2, 2025
Version 1.3

Introduction and Invitation to Collaborate

As we approach the launch of **ALS PCS 5.4** on **June 2, 2025**, RPPEO is committed to ensuring paramedic services have clear, consistent, and timely information to support a smooth transition.

We'd like to acknowledge and thank Cornwall SDG Paramedic Service for their proactive engagement and thoughtful questions, which have helped shape the early content of this FAQ.

This living FAQ document will remain open for updates and additions as new questions, concerns, or clarifications emerge. We warmly invite all services to collaborate by submitting any further questions to RPPEO Education.

Our goal is to foster open dialogue, promote clarity, and ensure paramedics feel confident and supported throughout this transition.

Frequently Asked Questions (FAQ)

New Q&A

1. How will new hires receive the training and authorization required for the ALS PCS v5.4?

RPPEO has created a special online course for paramedics entering practice after February 1, 2025. The bridge course covers newly added skills for ALS PCS v5.4 (except for DSED). The bridge course is available in MedicLEARN. Once a paramedic successfully completes the bridge course, RPPEO will automatically issue a new certification letter with the **appropriate authorizations. RPPEO will provide training on Double** Sequential External Defibrillation (DSED) during Fall 2025 CME and subsequently authorize paramedics in its use.

Previous Q&A (updates in **turquoise**)

1. What directives come into effect on June 2, 2025?

All new and revised directives in ALS PCS 5.4 will be authorized for paramedic use on June 2, **except for Double Sequential External Defibrillation (DSED)**, which will require service-specific implementation plans.

Vector Change is already permitted for those trained and authorized and may continue to be used.

New Auxiliary Directives, including patellar reduction, TXA administration, and Valsalva maneuver are optional. Should the **paramedic service wish to implement these, informing both paramedics and RPPEO** will enable the base hospital to provide authorization. RPPEO has already provided appropriate training to paramedics for these 3 new skills.

2. How can paramedics administer TXA (Tranexamic Acid)?

Paramedics may administer **TXA either by slow IV push over *at least 5 minutes* or via infusion in a 50ml mini bag**. (Note: Administration of TXA rapidly can contribute to a drop in blood pressure.) Both methods are acceptable **so the acquisition of 50ml saline solution bags is optional. If your service opts to acquire mini bags, the manufacturer or distributor should be able to provide you with any additional information.** TXA (Cyklokapron) is **compatible and stable in NS and D5W solutions.**

3. What are the updated options for ondansetron administration?

- **Paramedics can now administer ondansetron IV or IM for 911 patients (**if the paramedic service chooses to implement this auxiliary option) as well as PO.
- PO remains effective for most patients and is **cost-effective and space-saving.**
- **IV and IM routes are authorized for paramedics** if clinically appropriate and stocked by the service.
- Stocking decisions are **at the discretion of each service**, balancing space, costs, and operational needs.
- **Ondansetron IV/IM is no longer restricted to palliative care only.**

4. Is Gravol (DimenhyDRINATE) safe for older patients?

Yes. **Gravol 25mg dimenhyDRINATE may be appropriate for patients aged 65+ without requiring a patch call, when ondansetron is not available. Ondansetron remains the preferred first line antiemetic in older patients.**

Paramedics should still **assess for central causes of dizziness** (e.g. cerebellar stroke) before administration, risk factors for anticholenergic effects (eg. Risk for delirium, urinary retention), and ondansetron remains preferred for older adults. (Note: dimenhyDRINATE's therapeutic dose is between 25-50mg)
When using dimenhyDRINATE:

- Explain risks such as **sedation, mild anticholinergic effects, and rare urinary retention.**
- One 25mg dose is considered **low risk in this population.**

5. Do paramedic services need to update medication kits for these changes?

Yes, services should **review medication stocking and bag configurations** in light of the updated scope for **TXA** (auxiliary) and changes to **ketamine** (new routes of IN/IV for analgesia) **and ondansetron** (new auxiliary routes of IV/IM available).
Each service may adjust based on:

- **Available space**
- **Cost considerations**
- **Operational logistics**

Ensure crews are aware of:

- **Expanded scope of practice** – if the service implements auxiliary directives
- **Local stocking decisions**

6. Is additional training required before June 2?

- **Most services completed training in Fall 2024**, reinforced during Spring 2025.
- For **implementation of DSED**, paramedics will require training should their employing paramedic service wish to implement this intervention. **RPPEO is providing training during Fall 2025 CME**.
- Services are encouraged to **review local readiness and provide any supplementary education if needed.**
- RPPEO remains available to support **additional questions, discussions, or informational needs.**

7. When will the paramedic app be updated with ALS PCS 5.4?

The **OPCG app** that paramedics use will be updated **on June 2, 2025, when ALS PCS 5.4 officially comes into force**.

Updating the app prior to that date could cause confusion between the current directives and the new ones, so the update will be timed to coincide exactly with the go-live date.

8. Who can I contact with further questions?

We encourage all service leaders to reach out:

- **RPPEO Education team** at education@rppeo.ca

Together, we can provide a safe, confident, and smooth rollout of these important updates.