SA Ambulance ServicePalliative Care

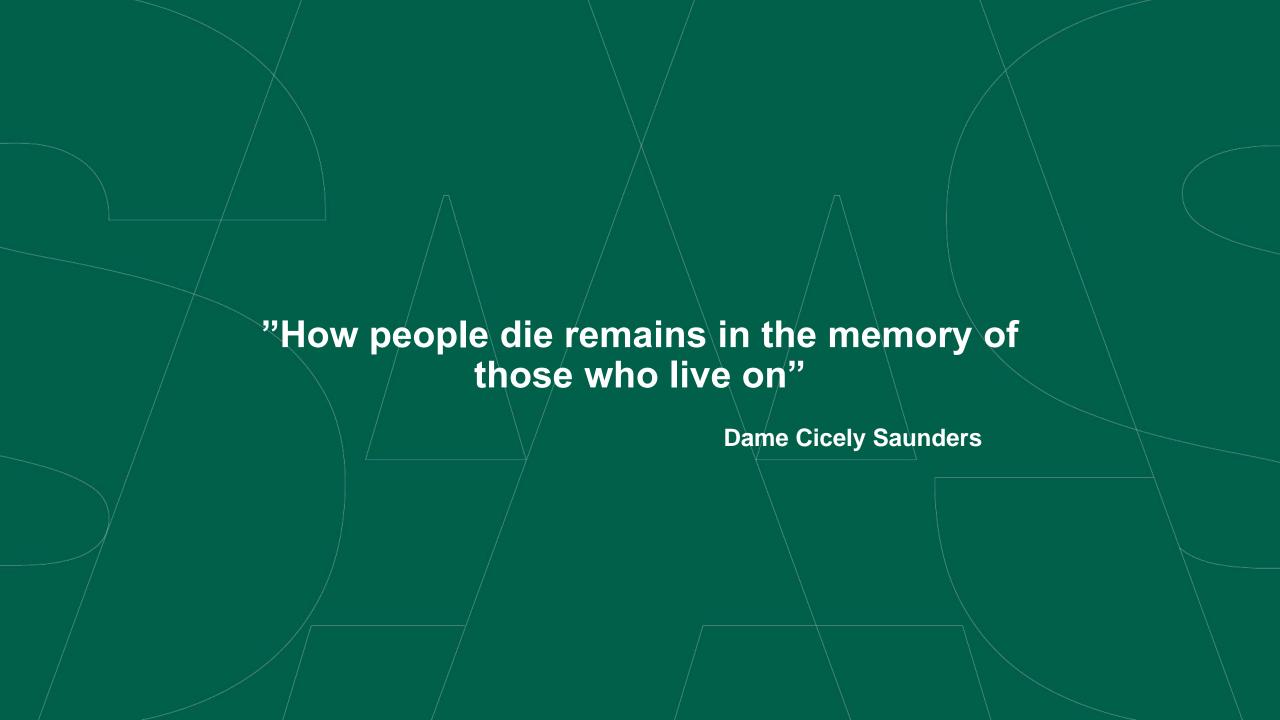




PROJECT ECHO – ENHANCING PALLIATIVE CARE









- ECP palliative care
- SAAS palliative care
- Case study

The ECP role

Management of patients in their place of residence, in collaboration with other health care professionals to avoid unnecessary ED attendance and inpatient admission.



The ECP staff

- Senior Intensive Care Paramedics
- Currently a 6 month in-service course
- Identified as a Masters level qualification





The ECP stats

- 36 staff
- 0600-0200 on road capacity
- Covering Adelaide metro and fringe
- 24/7 Communications center
- ICP and ECP capacity
- Averaging 85% hospital avoidance
- Managing 20 to 40 events a day





The ECP skills

- Wound closure and skin tear management
- Point of care pathology
 - Venous blood gasses
 - Venous electrolytes
 - Renal function
 - Troponin I
 - INR/PT
 - Urinalysis
 - Blood cultures
 - Swabs
 - SA Path tubes





The ECP skills (and equipment)

- PEG replacement
- IDC and SPC (male and female) replacement
- Infection management
- Gastro management
- SAHW Gastro/outbreak strike team
- Musculoskeletal pain management
- Neuro migraine and benign positional vertigo
- Palliative care





The ECP skills - continued

- Dislocated jaw reduction
- Rectal prolapse reduction
- Paraphimosis reduction
- Conscious sedation
- BPSD
- Problem solving





ECP palliative care

- Initially after hours home visit capacity for adult specialist services
- Unlimited scene time
- Integrated training and education
- Collaborative model consultant provided
- Successful model being replicated



ECP palliative care

- Sudden deterioration
 - Dysphagia
 - Reversible vs irreversible
- Problem solving clinical, technical, medico-legal
- Symptom crisis
 - Pain
 - Breathlessness
 - Agitation/delirium
 - Nausea/vomiting
 - Terminal phase



ECP palliative medications

- Morphine
- Fentanyl
- Ketamine
- Oxycodone
- Hyoscine butylbromide
- Ondansetron
- Prochlorperazine
- Metoclopramide
- Haloperidol
- Lorazepam
- Midazolam
- Clonazepam
- s/c N. Saline



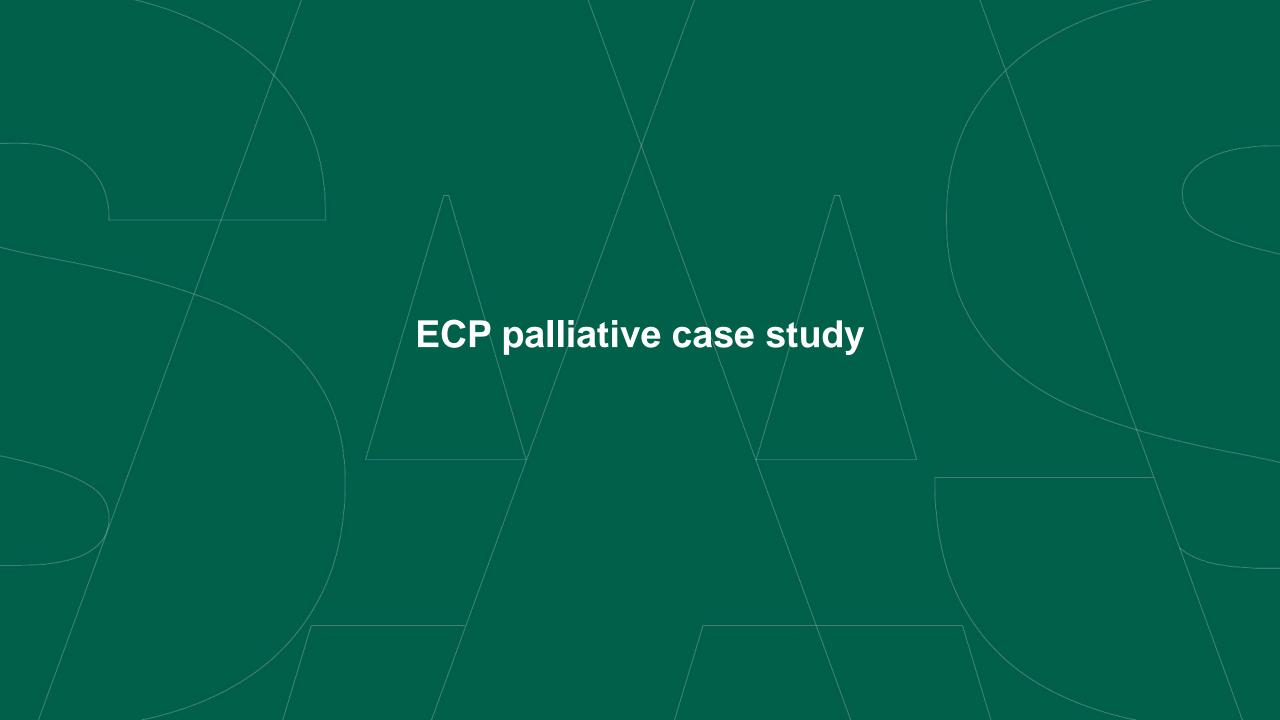


SA Ambulance Service Emergency Ambulance palliative capacity

Emergency Ambulance palliative capacity

- Recent Clinical Practice Guideline
 - For all Paramedic and Intensive Care Paramedics statewide
- Sub cut line training and equipment
- End of life medications (under consult)
 - Morphine
 - Clonazepam
 - Haloperidol
 - Hyoscine
 - Metaclopromide





ECP palliative case study

32 y.o. woman living at home with husband and 2 small children. Call received at 2am, Sunday morning. ECP on scene within 45 minutes.

PHx Recent diagnosis of metastatic ovarian cancer. GP managing initially. Only enrolled with Palliative service days before – not yet assessed by team.

Hx Unexpected deterioration – now unable to swallow. No analgesia for last 18 hours. Increasing use of break-through analgesia in preceding days.

Medn Morphine syrup, Oxycontin, oxycodone, maxalon



ECP palliative case study

- Goals of care discussion
- Cause of dysphagia pain vs anatomical vs?
- Analysis of current medications –
- Transition to parenteral calculations
- Confirmation of plan with on-call consultant
- s/c line inserted
- PRN meds + flushes etc drawn up
- Husband educated in s/c admin and indications for use
- CSCI pump arranged
- Pal care team follow up confirmed.



QUESTIONS?



