

December 4 2016

**To:** EHS Medical First Responders  
**Fr:** Emergency Health Services  
**Re:** [1] Paramedic Spinal Immobilisation ,  
[2] Paramedics Providing Palliative Care at Home

### CLINICAL ADVISORY NOTE

My apologies for the gap in communication to the MFR community with respect to the items below. It has come to my attention that there are some questions and concerns around the care of some patients in Nova Scotia by paramedics with respect to spinal immobilization and palliative care. The gap in communication was not intended, and I hope this note helps clarify any remaining questions.

#### ***Spinal Immobilisation***

EHS in partnership with Trauma Nova Scotia, the Dalhousie Department of EMS issued a Position Statement on Spinal Immobilisation. It follows other major EMS systems (e.g. NB-EMS, many systems on Ontario and many US EMS Systems) which has recognized the adverse events associated with prolonged use of the rigid spine board in transporting patients to hospital. These adverse events have included: [1] pressure ulcers, and [2] compressive nerve injuries, and are entirely preventable. To this end, EHS issued a position statement in which we have not changed our spinal immobilization or clearance clinical practice guidelines, but rather changed the use of the rigid spine board from transport surface to an extrication device. EHS paramedics are still enabling spinal immobilisation, but are trying to limit the time on a rigid surface by quickly and safely decanting the patient onto the stretcher for transport and maintaining spinal precautions using a c-collar and other adjuncts.

- EHS recommends MFR to continue using the rigid spine boards as per their normal protocols.
- In some patients, MFRs may see that EHS paramedics will transfer the patient from the spine board to the EHS stretcher for further spinal immobilisation and transport.

#### ***Paramedics Providing Palliative Care at Home***

EHS has expanded the scope and role of basic and advanced life support paramedics by enabling the provision of palliative care at home. Through the EHS Special Patient Program, patients and providers have registered their care plans within EHS. This has resulted in: [1] modified responses to palliative care patients (e.g. traditional responses of lights and sirens with MFR notification now changed to a measured response); [2] basic symptom relief (e.g. provision of anti-nausea medications); [3] advanced symptom relief (e.g. IV fluids, opioid administration); [4] release of patient back into community for followup by palliative care team or primary care provider; and [5] coordinated facility transfer if required. Further information is available at <http://novascotia.ca/dhw/ehs/palliative-care.asp>

If there are any questions, as always please feel free to contact me anytime. Thank you for the work that you do and the care you provide to Nova Scotians.

With best regards,



Provincial Medical Director  
Emergency Health Services