



# MIDDLESEX-LONDON PARAMEDIC SERVICE

1035 Adelaide Street South, London Ontario N6E1R4 | Office: 519.679.5466 | Fax: 226-270-5532

## COMMUNITY PARAMEDICINE PRIMARY CARE PROVIDER SIGN-OFF

I, the undersign physician, authorize the Middlesex-London Paramedic Service Community Paramedics to perform the following medical procedures/treatments based on medical history/assessment findings for patients enrolled in the Community Paramedicine program. These directives apply to the Paramedics who are authorized to operate as a Community Paramedic with Middlesex-London Paramedic Service.

The following list comprises medical procedures/treatments that the Community Paramedic may perform without receiving written and/or verbal direction from the Primary Care Provider based on assessment findings/medical history.

- Primary assessments inclusive of, but not limited to blood pressure, heart rate, respiratory rate, oxygen saturation, ETCO<sub>2</sub>, blood glucose, weight, temperature, 4 lead ECG, in-depth physical assessment;
- Advanced assessments inclusive of, but not limited to 12 & 15 lead ECGs, Palliative Performance Scale, Edmonton Symptom Assessment System, Confusion Assessment Method, cognitive assessment;
- Remote monitoring inclusive of blood pressure, heart rate, oxygen saturation, blood glucose;
- Chronic disease management inclusive of, but not limited to: COPD, HF, DM, osteoporosis, shingles, falls, pain, febrile, nausea/vomiting;
- Wound care management;
- COVID-19 testing; AND
- 911 treatment and transport, if required.

The following list comprises medical directives that a Community Paramedic may consider performing without receiving written and/or verbal direction from the Primary Care Provider based on assessment findings/ medical history:

- Chronic Obstructive Pulmonary Disease Exacerbation Medical Directive (Ipratropium/Salbutamol/Azithromycin/Doxycycline/Co-Amoxiclav/Prednisone);
- Hypoglycemia Medical Directive (Dextrose/Glucagon);
- IV Cannulation Medical Directive;
- Analgesia Medical Directive (Acetaminophen/Ibuprofen);
- Nausea/Vomiting Medical Directive (Ondansetron/Dimenhydrinate);
- Febrile Medical Directive (Acetaminophen)
- Urinalysis Medical Directive;
- CBC Medical Directive;
- CHEM 8 Medical Directive;
- CG4+ Medical Directive;
- PT/INR Medical Directive;
- Hemoglobin A1C Medical Directive
- Ultrasound Medical Directive *\*Long-Term Care only*
- Status Epilepticus Medical Directive (Midazolam);
- Terminal Bleed Medical Directive (Midazolam);
- Wound Probing Medical Directive;
- Bronchoconstriction Medical Directive (Salbutamol);
- Severe Allergic Reaction Medical Directive (Epinephrine);
- Cardiac Ischemic Medical Directive (Acetylsalicylic Acid).

The following list comprises medical procedures/treatments that a Community Paramedic may perform once written and/or verbal direction from the Primary Care Provider and/or On-Call Physician has been received:



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- Acute Heart Failure Episode Medical Directive (Furosemide);
- Fluid Therapy Medical Directive (0.9% NaCl);
- Urinary Tract Infection Medical Directive (Fosfomycin/Co-Amoxiclav);
- Nausea or Vomiting Medical Directive (Haloperidol);
- Hallucinations or Agitation Medical Directive (Haloperidol/Midazolam/Lorazepam);
- Pain or Dyspnea Medical Directive (Hydromorphone);
- Terminal Congested Breathing Medical Directive (Scopolamine);
- Subcutaneous Port Medical Directive;
- Suture/staple removal;
- ICD Deactivation Medical Directive;
- Palliative Patient Pronouncement Medical Directive;
- Palliative Care Symptom Relief Kit Utilization Medical Directive (Unique SRK contents);
- Rx Medication Administration Medical Directive
- Osteoporosis Medication Administration Medical Directive (Prolia);
- Shingles Vaccine Medication Administration Medical Directive (Shingrix); AND
- IV Antibiotic Medication Administration Medical Directive.

Where a medical procedure/treatment is directed by the Primary Care Provider it is presumed a prescription will be written by the Primary Care Provider for longer term treatment, where applicable.

Delegated by:

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date