

MEMO

Date: May 13, 2025

To: All CPER Area Emergency Department clinicians

From: CPER Education

Subject: **Updated Paramedic Skills (ALS PCS v5.4)– In force date June 2, 2025**

The new Advanced Life Support Patient Care Standards version 5.4, which dictates paramedic practice, has been released by the Ministry of Health and comes in force June 2, 2025.

As paramedics begin using new treatments and procedures, it is essential that emergency department clinicians and other healthcare providers treating these emergency patients stay informed. This memo outlines key updates on the following interventions:

Tranexamic Acid (TXA) for Hemorrhage Control

- Administered to trauma patients meeting criteria ((HR $\geq$ 110 BPM or hypotension)
- TXA administration by paramedics must occur within three hours of injury
- Standard pre-hospital dose: 1 g IV/IM over 5-10 minutes^{1,2}

Ketamine for Analgesia

- Used for trauma, burns, opioid intolerance and opioid-resistant pain
- Typical paramedic dose: 0.25 mg/kg IV or 1mg/kg IN for analgesia^{3,4,5}

Lateral Patellar Reduction

- Paramedics may perform reduction for isolated, uncomplicated lateral patellar dislocations without neurovascular compromise
- Reduction is attempted only when no suspected fractures are present
- Reduction achieved through gentle extension and manual guidance
- Analgesia may be administered prior to reduction

DimenhyDRINATE for Nausea/Vomiting

- Standard care for nausea/vomiting is ondansetron. In instances where ondansetron is unavailable, paramedics may assess the risks and benefits to patients $\geq$ 65 years old for dimenhyDRINATE administration. This may include an initial reduced dose of 25 mg.

Double Sequential External Defibrillation (DSED) and Vector Change Defibrillation (VCD)

- Double Sequential External Defibrillation (DSED) and Vector Change Defibrillation (VCD) have been added as treatment options for medical cardiac arrests, in cases of refractory VF/VT. DSED is to be utilized only if trained and authorized. In situations where one is not trained/authorized in DSED or where DSED is not available (ie. less than 2 cardiac monitors on scene), VCD is to be utilized.⁶

Please refer to the full ALS PCS v5.4 document attached to this email. (or through this link <https://www.ontario.ca/files/2025-04/moh-advanced-life-support-als-patient-care-standards-pcs-5.4-en-2025-04-23.pdf>)

For additional information about each of these additions to paramedic practice and implications for other clinicians, or if you have any questions, please email education@cper.ca

References

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