

# SA Ambulance Service Palliative Care

PROJECT ECHO – ENHANCING PALLIATIVE CARE



Government  
of South Australia  

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SA Health



SA  
Ambulance  
Service



# ACKNOWLEDGEMENT OF COUNTRY

Today, I am on Kaurna land.

We acknowledge the Traditional Owners of Country throughout Adelaide/ South Australia / Australia] and recognise their continuing connection to land, their spirituality, history and culture. We pay our respects to Elders past, present and emerging.



**”How people die remains in the memory of  
those who live on”**

**Dame Cicely Saunders**

- **Extended Care Paramedic – outline**
- **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**



**SA Ambulance Service  
ECP palliative capacity**

## 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
  - Metaclopramide





# **ECP palliative case study**

## 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?**



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