PROFESSIONAL BOARD FOR EMERGENCY CARE

IMPORTANT NOTICE TO ALL EMERGENCY CARE PRACTITIONERS

INTRODUCTION OF NEW SCOPE OF PRACTICE FOR REGISTERED EMERGENCY CARE PRACTITIONERS

NOVEMBER 2009

Herewith the July 2009 approved Scope of Practice for Registered Emergency Care Practitioners as approved by the Professional Board for Emergency Care. It is imperative that you familiarize yourself with the entire content thereof and is supplemental to the Paramedic Protocols 2006. It is the duty of every practitioner to maintain and update their knowledge and skills through active participation in continuing professional development activities. Any comments or enquiries in this regard can be directed in writing or via email to the Senior Board Manager of the Professional Board for Emergency Care.

1. WORKSHOP / SEMINAR

All persons currently registered as Emergency Care Practitioners (ECP) are required to participate in a program that will include update practice and knowledge of the additional skills. It is envisaged that the said program will be facilitated by the higher education institutions (HEIs) currently offering the Bachelor of Technology: Emergency Medical Care program. You will be notified of these programs updates in due course by the respective HEIs. Please note that this update program is compulsory and will include theoretical and practical assessments. Experiential exposure is required in the authentic environment (theatre and coronary care units). A portfolio of evidence will be required to be submitted to the respective HEI for assessment and approval prior to practise. The names of all successful attendees will be submitted to the Professional Board for Emergency Care.

2. CONSULTATION

Every ECP must consider consultation for safe practice and to improve clinical decision making in the early stages of the practice of ECP skills. As an example, for the practice of fibrinolysis, this will involve the establishment of a cardiac care network, consisting of local cardiologists / specialists within the local hospitals for direct admission to intensive care facilities.

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3. CONTINUING QUALITY ASSURANCE, QUALITY CONTROL AND PERFORMANCE REVIEW

Ongoing quality assurance must take the form of periodic performance review by a locally established review panel comprising of peers and specialists in the respective clinical areas. Furthermore, it is recommended that ECPs annually attend CPD activities to ensure current competence.

4. PATIENT RECORD DATABASE

Patient record database have been set up for monitoring of all advanced airway management cases requiring RSI and fibrinolysis by ECPs. These databases will be hosted at the Durban University of Technology and will soon take the form of an on-line database. Every ECP must submit all the relevant cases to the respective database. These submissions will currently take the form of a faxed case report form to the following fax numbers:

- Emergency Care Practitioner: Airway Management: 086 652 5420
- Emergency Care Practitioner: Fibrinolysis: 086 674 1149

5. SPECIAL SKILL REQUIREMENTS

The following is mandatory for the safe practice of the respective skills:

RAPID SEQUENCE INTUBATION

- Secondary confirmation device/s
- Portable mechanical ventilator that allows adjustment of tidal volume and respiratory rate
- Portable qualitative/quantitative end-tidal carbon dioxide monitoring that allows targeted ventilation to normalised end tidal C02
- Portable Sp02 monitor
- Consultation with a specialist clinician with training / experience in RSI must be considered
- All cases of RSI are to be subjected to case review

FIBRINOLYSIS

- 12 lead ECG monitor with data transmission capability.
- Volumetric infusion device (unless Tenecteplase and Enoxaparin are going to be administered – infusion pump required for heparin and Streptokinase)
- Consultation with a specialist clinician with training / experience in STEMI management must be considered
- All cases of thrombolysis are to be subjected to case review

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PLATELET AGGREGATION INHIBITOR
Acetyl Salicylic Acid (Aspirin)
Classification : Platelet aggregation inhibitor
Schedule : 1

Clopidogrel
Classification : Platelet aggregation inhibitor
Schedule : 3

ABSORBANT
Activated Charcoal
Classification : Carbon
Schedule : 1

ANTI ARRHYTHMICS
Adenosine
Classification : Endogenous Purine Nucleoside/Supraventricular Anti Arrhythmic
Schedule : 4

Amiodarone
Classification : Class III Anti arrhythmic/Atrial & Ventricular
Schedule : 4

Lignocaine Hydrochloride (Systemic)
Classification : Class I B- Ventricular Anti Arrhythmic
Schedule : 4

LOCAL ANAESTHETIC
Lignocaine Hydrochloride 2%
Xylocaine Spray
Lignocaine Topical Spray
Classification : Amide Group/ Topical/ Local Anaesthetic
Schedule : 4

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ADRENERGIC
Adrenaline/Epinephrine
Classification: Sympathomimetic Catecholamine
Schedule: 4

ANTI-CHOLINERGIC
Atropine
Classification: Competitive Anti-Cholinergic
Schedule: 2

Ipratropium Bromide
Classification: Inhalant Bronchodilator (atropine derivative anti-cholinergic)
Schedule: 3

SELECTIVE Beta2 AGONISTS (INHALED)
Salbutamol
Fenoterol
Classification: Bronchodilators
Schedule: 2 (Aerosol); 3 (Inhalant Solution)

SELECTIVE Beta2 AGONISTS (SYSTEMIC)
Salbutamol
Hexoprenaline
Classification: Intravenous Bronchodilator
Schedule: 4

MINERAL SUPPLEMENT/ELECTROLYTE
Calcium Chloride 10%
Classification: Positive inotrope- peri-cardiac and cardiac arrest where Electrolyte electrolyte disturbance (hyperkalaemia is suspected or known) Mineral Supplement
Schedule: 1

Sodium Bicarbonate 8.5%
Classification: Electrolyte/Mineral Supplement
Schedule: 1

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OTHER MINERAL SUPPLEMENT

Magnesium sulphate
Classification: Mineral supplement; prevention and control of seizures and hypertension in toxaemia of pregnancy, in the management of severe asthma and for the treatment of VT with/without a pulse
Schedule: 1

CORTICOSTEROIDS

Hydrocortisone
Methylprednisolone
Classification: Glucocorticoid / Steroidal Anti-Inflammatory
Schedule: 4

CARBOHYDRATES

Dextrose 5%-50%
Classification: Parenteral Nutrition / Acute Symptomatic Hypoglycaemic Treatment
Schedule: 1

Oral Glucose Powder/Gel
Schedule: 1

HYPERGLYCAEMIC AGENT

Glucagon
Classification: Hyperglycaemic agent and for the treatment of bradycardia/hypotension associated with a proven/suspected Beta Blocker overdose
Schedule: 4

BENZODIAZEPINE DERIVATIVE

Diazepam
Midazolam
Lorazepam
Classification: Anti-Convulsant/ Sedative/ Hypnotic
Schedule: 5

BENZODIAZEPINE ANTAGONIST

Flumazenil
Classification: Benzodiazepine Antagonist
Schedule: 5

HIGH CEILING LOOP DIURETIC

Furosemide
Classification: Diuretic
Schedule: 3

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ORGANIC NITRATES

Glyceryl Trinitrate
Classification: Vasodilator
Schedule: 3

ANTI-EMETIC

Metoclopramide Monohydrochloride
Classification: Propulsive Anti-emetic/ Dopamine Antagonist
Schedule: 4

Cyclizine
Classification: Piperazine-type Antihistamine
Schedule: 2

NON-SELECTIVE ANTIHISTAMINE

Promethazine
Classification: Antihistamine
Schedule: 5

ANALGESICS

Morphine Sulphate
Cyclimorph (morphine with cyclizine anti-emetic)
Schedule: 7
Classification: Opium Alkaloids/ Opioid Analgesics

OPIOID ANTAGONIST

Naloxone Hydrochloride
Classification: Pure Opioid Antagonist/ Narcotic Antagonist
Schedule: 4

Nitrous Oxide
Classification: Analgesic Gas
Schedule: 4

OTHER GAS

Medical Oxygen
Classification: Concentrated Naturally Occurring Atmospheric Gas
Schedule: 1

CO-ENZYME

Thiamine (vitamin B1)/ Aneurine
Classification: Nutritional supplement/ B group vitamin (emergency treatment of Wernicke’s Encephalopathy and Beriberi)
Schedule: 1

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THROMBOLYTIC AGENTS

**Streptokinase**

**Tenecteplase**

Classification: Enzymes
Schedule: 4

ANTITHROMBOTIC AGENTS

**Heparin Sodium**

**Enoxaparin**

Classification: Anticoagulant
Schedule: 4

INDUCTION AGENTS

**Ketamine**

Classification: Dissociative Anaesthesia/procedural sedation/ Analgesic/ Mild Bronchodilator
Schedule: 5

**Etomidate**

Classification: Induction Agent
Schedule: 5

MUSCLE RELAXANTS (NEURO BLOCKING AGENTS)

**Suxamethonium Chloride**

Classification: Depolarizing Muscle Relaxant
Schedule: 4

**Vecuronium**

**Rocuronium**

Classification: Non-Depolarizing Muscle Relaxants
Schedule: 4

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