

Procedure:	Medical Directives	
Owner of Policy:	Manager, Education	
Department/Program:	Southwest Ontario Regional Base Hospital Program	
Endorsed By:	Director, Southwest Centre for Prehospital Medicine	Endorsement Date: May 2025
Original Effective Date:	May 2011	Date Reviewed: May 2026

PURPOSE

The purpose of this policy is to outline the procedure for the initiation of medical directives and the process for establishing contact with the Base Hospital Patch (BHP) Physician when required.

PROCEDURE

1. In order to expedite patient management, medical directives have been developed which can be initiated by the Paramedic prior to the establishment of the Regional Base Hospital Program (RBHP) Physician contact if required.
2. It must be clear that the existence of a medical directive does not in any way prohibit paramedic/RBHP Physician consultation whenever deemed appropriate by the paramedic.
3. The paramedic will use their experience, critical thinking, and clinical judgment in making patient management decisions and will carry out procedures as defined by the RBHP.
4. The paramedic will assess the patient's condition before and after the initiation of any medical directive. All patients will be appropriately monitored during this process.
5. Paramedics are encouraged to notify RBHP if any variation from the medical directive occurs before the variation is identified through the chart audit process. This must be reported through one of the following:
 - Online reporting
 - SWORBHP Communication Form
 - CARES app
 - Communication Hotline
 - 1-888-997-6718
6. In circumstances where a paramedic establishes a patch with an RBHP Physician and the verbal orders are not followed correctly, the paramedic will clearly document on the Ambulance Call Report (ACR) why the orders were not followed and report the variance through one of the following mechanisms:
 - Online reporting
 - SWORBHP Communication Form
 - CARES app
 - Communication Hotline
 - 1-888-997-6718
7. If the paramedic feels that an additional patch is required for further orders or direction, they should complete one.
8. During inter-facility transport involving a patient under the care of a regulated health professional escort, the paramedic shall follow the current [Basic Life Support Patient Care Standard \(BLS PCS\)](#), and upon request, assist with patient care only to the level in which the paramedic is authorized.
9. During inter-facility transport involving a patient without a regulated health professional escort, paramedics may utilize the [Advanced Life Support Patient Care Standards \(ALS PCS\)](#) medical directives for unpredictable/unexpected or sudden changes in patient condition.
 - a. If the patient is stable when leaving the sending facility, paramedics can use their [ALS PCS](#) medical directives for unpredictable/unexpected or sudden changes in patient conditions. As per the [Patient](#)

[Care and Transportation Standards](#), if the patient deteriorates and survival to the directed receiving facility is questionable, the paramedic will transport the patient to the closest or most appropriate hospital capable of providing the medical care required by the patient. A patch to the RBHP Physician can occur to assist with decision-making if required.

- b. If it is identified that a patient requires the care of another healthcare professional prior to the inter-facility transport, this should be arranged, and the appropriate escort be sent.
- c. The use of the [ALS PCS](#) should not be used in lieu of an appropriate health care professional escort being present during transport. These medical directives are to be used in circumstances of unexpected symptoms that occur during transport.

REFERENCES

[Advanced Life Support Patient Care Standards Version 5.4](#)

Emergency Health Services Branch, Ministry of Health

[Basic Life Support Patient Care Standards Version 3.4](#)

[Patient Care and Transportation Standards Version 2.7](#)

Emergency Health Services Branch Ministry of Health, August 18, 2022