Patient Care – Paramedic Responsibility

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Summary The purpose of this policy is to outline paramedic officers responsibility in regards to patient care

Applies to (bold indicates selection) All Ambulance Service of NSW staff
All Operational Staff
All Administration staff
All Headquarters staff
Division staff (select Aero medical, Northern, Southern, Sydney, Western)
Operations Centres (select All, Aero medical, Northern, Southern, Sydney, Western)

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Status Active

Approved by Chief Executive

Compliance with this policy directive is mandatory.
PATIENT CARE

It is the responsibility of all Ambulance personnel to deliver the highest level of professional care to all patients with consideration to the medical, ethical, social and religious needs of the patient and bystanders.

Professional care encompasses the receipt and response to a case, patient assessment, implementation of appropriate treatment, transportation to definitive care, handover to receiving health care professional and completion of Ambulance documentation as required.

The delivery of clinical service procedures and the use of diagnostic equipment require the paramedic to be credentialed and authorised within a clearly defined scope of practice. Therefore all treatment must be implemented in accordance with Ambulance protocols, pharmacology, procedures and Service policies.

The Service expects that all officers will conduct themselves in a professional manner and operate as a team at all times. For the purpose of this SOP officer refers to all operational paramedic officers.

During patient transports where two (2) paramedics are crewing the vehicle, one (1) paramedic must travel in the rear of the vehicle with the patient.

If two (2) paramedics of differing clinical levels are crewing an Ambulance vehicle, while both paramedics should ensure a team commitment to the patient’s well being and treatment, the ultimate responsibility for patient care always rests with the highest clinical level paramedic (irrespective of rank).

Notwithstanding that a team may decide to allocate the roles of patient care and driver to particular paramedics, if a patient requires continued advanced clinical intervention, is unstable or deteriorates, it is a requirement that the highest clinical level paramedic should assume patient care and monitoring responsibilities, whilst the patient is in Ambulance care.

Where two (2) paramedics are of equal clinical skill, the Service expects a team commitment from both parties. In circumstances where there is a disagreement over the clinical intervention for the patient, basic supportive care must be given while responsibility for the patient rests with the designated patient care paramedic in accordance with Ambulance protocols, pharmacology, procedures and Service policies.

Nothing in this policy removes the responsibility of OVERALL scene management from the most senior ranked officer. It is expected that the senior officer ensures clinical expertise of paramedics is matched to the severity of patients.

Time on scene must be kept to a minimum. In situations where patients require urgent in-hospital interventions and the arrival time of paramedic back up exceeds the load and transport time to hospital consideration should be given to urgent transport for definitive care.
All patients should be assessed whether transported or not, and have their observations recorded on the PHCR. All patients transported should be continuously monitored with a minimum of two complete sets of observations recorded on the PHCR.

Personal effects of patients should be transported when the paramedic(s) determine the item(s) are appropriate to the patient’s present and future wellbeing, and provided the item(s) can be appropriately secured, taking into account the patient’s condition, treatment required and space available in the vehicle.