



FACT SHEET

Paramedic Immediate Care Unit

Paramedics working as part of the Paramedic Immediate Care Unit (PICU) are intensive care paramedics (ICP) and form part of the emergency response capability of NSW Ambulance. They maintain and use their ICP skills and knowledge in clinical examination, recognition and management of seriously ill or injured patient presentations, as well as minor illness and injury presentations.

What are the aims of the PICU?

The aims for the PICU is more efficient and effective utilising of the ICP resources across the: Inner Hunter Zone, where ICPs have been freed up from being utilized as part of the helicopter response team and are now operating in a single response unit. The PICU, therefore, increases opportunities for the community who call Triple Zero (000) to access the skills of an ICP.

What can ICPs do?

ICPs are highly motivated and proficient at self-direction and are responsible for providing a high standard of out of hospital acute and non-acute clinical care. The medical emergencies they manage may include major and minor injuries, sudden illness and casualties arising from domestic, industrial and environmental emergencies. The ICP is a senior clinical member of the emergency response team to Triple Zero (000) calls and makes high level clinical decisions in varied and often complex environments to provide life-saving treatment and stabilisation.

ICPs are recognised for their acute care specialty, ability to recognise deteriorating patients and appropriate intervention. They can perform a range of advanced patient treatment regimes and are clinically supported by protocols and pharmacology to increase their capacity to make those complex decisions. The role of the PICU ICP is inherent to their current role involving both high and low acuity patient presentations and determining urgency and suitability to engage them into appropriate care provision.

PICU ICPs also provide clinical leadership to other paramedics through promoting and implementing best practice patient management regimes commensurate with the acute nature of the illness or injury. They are also in a position to work collaboratively as part of the paramedic response team as required.

This PICU model implemented a targeted response to emergency priority demand category one cases. This is a direct counter balance for their extended care paramedic colleagues who are more effectively utilised when they are target responded to priority demand category two cases. As a result, this showed the co-existence of the two models of care provision complementing one another and the effective use of resources to meet the demand for service delivery across a broad range of patient cohorts.

