



A guide to **paramedics'** role in palliative care



This fact sheet has been created to assist paramedics to better understand their role in community palliative care.

End-of-life and palliative care

- End-of-life and palliative care is provided to patients living with a life-limiting illness, to optimise quality of life, reduce suffering and promote dignity
- Palliative care principles utilise a holistic approach to enable patients to receive end-of-life care that aligns with their social and cultural preferences (e.g. location of death, medical care and after-death support)
- In managing palliative care, paramedics engage in shared decision-making with the patient, which can include input from family members, carers, specialist palliative care and primary health clinicians, to provide patient-centered care that respects patients' preferences

2020 Protocol and Pharmacology enhancement

- The paramedic scope of practice was expanded in the NSW Ambulance Protocol and Pharmacology 2020 update to authorise the management of distressing palliative care symptoms (S9 Palliative Care protocol)

- This change embeds palliative care principles into paramedic practice without the need for a NSW Ambulance Authorised Care Plan

NSW Ambulance Authorised Care Plans

- An Authorised Care Plan is not a legally binding instrument. They can only be used as guidance for a paramedic to better understand the whole patient picture and facilitate, but not instruct, clinical decision making
- It is unnecessary for a doctor to submit an Authorised Care Plan for a palliative care patient as NSW Ambulance paramedics can provide initial palliative care relief
- An Authorised Care Plan is not the recommended option to inform patient care that is outside the current scope of paramedic practice. The recommended option is the Advance Care Directive
- Authorised Care Plans, if used, must be acknowledged by NSW Ambulance. Acknowledged plans will always have a NSW Ambulance TRIM number, document number and signed NSW Ambulance authority



Paramedic end-of-life and palliative care protocols

S9 Palliative Care Protocol

Under this protocol, paramedics can provide pharmacological symptom management for the following common palliative care and end-of-life symptoms:

- Morphine for breathlessness and pain
- Midazolam for agitation, anxiety or breathlessness
- Droperidol for nausea and vomiting
- This is in addition to A6 Pain Management, M6 Nausea and Vomiting and M28 Behavioral Disturbance- Medical protocols in which paramedics already deliver clinical care for these conditions
- Patients do not need to be under the care of a specialist palliative care doctor to be treated under this protocol. If a patient has a life-limiting illness and management of their distressing symptoms aligns with their goals of care, paramedics can provide care under this protocol

M31 Authorised Care - Medical

This protocol provides authorisation to paramedics to comply with a patient's existing, valid medical directive and provide treatment which may be outside of NSW Ambulance Protocol and Pharmacology.

A3 Informed Consent, Capacity and Competency

This protocol provides guidance to paramedics in identifying the person responsible when determining a patient's goals of care in end-of-life decision making.

R16 Paramedic/Patient Support Contact Numbers

This protocol provides contact numbers for specialist palliative care services and the Clinical Risk Advice Line.

A13 Verification of Death

Using this protocol, paramedics can complete the clinical assessment to verify death and determine if a death is reportable to the NSW State Coroner. It includes the contact number for the NSW Duty Forensic Pathologist, who can be contacted for advice if the paramedic is uncertain whether the death is reportable.

Goals of Care

Paramedics can determine a patient's goals of care through:

- conversations with the patient, family, carer or person responsible such as enduring guardian

- consideration of valid treatment directives such as Advance Care Directives, advance care plans and health resuscitation plans
- consultation with specialist palliative care services and primary health clinicians
- comprehensive history taking and assessment

The preferred and recommended option for guiding decision making is a valid Advance Care Directive.

Opioid-tolerant patients

- Patients that have been prescribed regular doses of opioids may require larger doses of Morphine to manage their pain. This can be provided under the A6 Pain Management protocol and in consideration of existing medical directives, health practitioner advice and the paramedic's clinical judgement

Transport

- The preferred location of palliative and end-of-life care will vary for each patient and is dependent on their care needs and the provision of support services available to them
- Paramedics can provide symptom management to a palliative care patient and leave them at home if this aligns with the patient's goals of care
- Palliative care patients are exempt from the generic and protocol-specific P5 exclusion criteria in the P5 Referral Decision protocol
- Patients may require transport to hospital if their condition has changed unexpectedly, their care needs exceed the support available, or if transport aligns with their goals of care
- Non transport disposition decisions should be documented as per the S9 protocol guidelines

Verification of Death (VoD)

- Paramedics are not required to contact the police or primary clinician for expected deaths that do not meet the criteria on the Coronial checklist
- A completed VoD form enables a person's body to be transported by a funeral director
- Paramedics are to complete their VoD assessment as per the normal expected death practice
- Paramedics can leave their completed VoD paperwork with the patient's person responsible and leave the scene



After-death support

After death care may include:

- Repositioning the patient into bed (if it is safe to do so)
- Reinsertion of dentures
- Positioning the patient supine with arms by their sides
- Place a pillow under their head and try to close their mouth and/or eyelids
- Turn on cooling systems such as air conditioning
- Remove or disconnect medical devices such as a syringe driver

Further support to the family/carer may include:

- Encouraging them to spend time with the deceased patient
- Check for any required or preferred cultural and/or spiritual requirements
- Offer the opportunity to assist with the care of the deceased patient
- Assist with phoning the funeral company of choice, to inform of the patients death. If a funeral director has not been chosen, paramedics can prompt the family/carer to select a funeral director. Once a funeral director is contacted, they will guide the person through the next steps

Documentation

- When providing management to a patient, always include clinical reasoning in your documentation. This includes goals of care, resuscitation decision-making and conversations with other clinicians

Staff Support Services

If you need any support or assistance after providing palliative care, you are encouraged to reach out to the following support services which are available to all staff:

- Employee Assistance Program 1300 687 327
- Peer Support Officers
- Chaplains
- Staff Psychologists
- Griefline 1300 845 745

