

## **Paramedics Providing Palliative Care at Home: Management of Pain and Breathlessness**

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### **Introduction**

In Nova Scotia, a novel clinical practice guideline was implemented enabling paramedics to assist families with home medications, collaborate with on-scene home care teams, or to administer opiates through an expanded EMS formulary with the goal to treat at home if the patient desired. Paramedics comfort with the dose and range of opiates for palliative care is increasing. Our objective was to describe paramedic medication administration practices for the management of pain and breathlessness.

### **Methods**

We conducted a retrospective review of 100 consecutive palliative care responses from February 1, 2016 to June 30, 2016. An electronic query would fail to capture assistance with home medications; a manual chart review including standard medication administration fields and the free-text narrative was conducted to fully capture the care provided. Descriptive analysis was conducted and results were reported with n and % or mean and standard deviation.

### **Results**

Study population included 90 unique patients; 7 patients had 2-4 calls and the remaining had one. Paramedics administered medication to 58 (58%) patients, and of those 42 (72.4%) remained at home compared to 17/42 (40.5%) with no medication. Only 36 (80%) pain patients received treatment and 6 (13.3%) had both pre- and post-treatment pain scores. Only 12 (44.4%) breathlessness patients received medication. Paramedics assisted with home medication 10 (17.2%), administered from drug kit 45 (77.6%) and both 3 (5.2%). Contact with an OnLine Medical Physician (OLMP) occurred during 57 encounters.

### **Conclusions**

Medication administration would be underestimated in an electronic query alone. Even with inclusion of assistance with home medications, management of pain and breathlessness may not be optimized. Pre- and particularly post-medication pain scores would confirm symptom control. Contact with OLMP when paramedics were not going to administer medication should increase administration and non-transport through increased comfort and confidence.