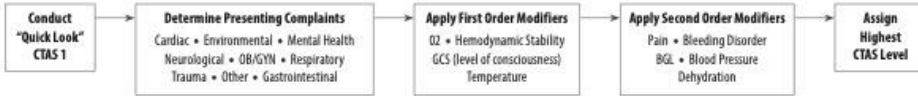


Treat and Refer/Discharge Resources



Adult Prehospital CTAS p. 1/2



PRESENTING COMPLAINTS

CARDIAC

Cardiac arrest	1
Pre-arrest	1
ROSC	1
STEMI	1
Chest pain w/ cardiac features w/ signs of shock	1
Severe end organ dysfunction to pre-arrest	1
Chest pain w/ cardiac features borderline perfusion	2
Chest pain, non-cardiac features ripping/tearing	2
Syncope new dysrhythmia	2
Chest pain, non-cardiac features acute onset	3

ENVIRONMENTAL

Burn ≥ 25% BSA	1
Chemical burn ≥ 25% BSA	1
Hypothermia with severe symptoms	2
Frostbite/cold injury – cold pulseless limb	2
Chemical exposure to eye(s)	2
Major chemical burns to hand(s), feet, groin or face	2
Allergic reaction – previous severe reaction	2
Burn 5–25% BSA	3
Hypothermia with moderate symptoms	3
Frostbite/cold injury with blanching of skin	3
Burn < 5% BSA	4
Hypothermia – mild with normal vital signs	4
Laceration/puncture (sutures required)	4
Upper extremity injury	4
Minor bites (+/- mild pain < 4)	5

MENTAL HEALTH

Violent/Homicidal behaviour – imminent harm to self or others, or specific plans	1
Bizarre behaviour – uncontrolled	1
Depression/Suicidal/Violent behaviour with attempted suicide, clear plan or flight risk	2
Hallucinations with acute psychosis	2
Severe anxiety/agitation	2
Safety/Flight risk	2
Depression/Suicidal/Violent behaviour – no plan	3
Anxiety moderate	3
Depression – no suicidal ideation	4
Anxiety mild	4

NEUROLOGIC

Active seizure	1
Unconscious GCS 3–9	1
CVA onset < 6 hrs	2
Headache – sudden, severe, worst ever, visual acuity disturbances	2
Post-ictal – altered LOA	2
Seizure – resolved, normal level of alertness	3
CVA onset > 6 hrs or resolved	3
Chronic confusion – no change from usual state	4

OBSTETRICS / GYNECOLOGY

Pregnancy ≥ 20 weeks – presenting fetal parts, prolapsed cord	1
Vaginal bleeding in the 3rd trimester	1
Pregnancy ≥ 20 weeks – active labour (contractions < 2 min), complex hypertension +/- headache, edema or abdo pain	2
Post delivery Mother and infant	2
Vaginal bleeding – heavy +/- pregnancy	2
Pregnancy ≥ 20 week – active labour (contractions ≥ 2 min), leaking amniotic fluid +24 hrs	3
Menorrhagia	3
Non-pregnant vaginal bleeding – minor/spotting	4

RESPIRATORY

Respiratory arrest	1
Severe SOB – lethargic or confused, cyanosis, 1–2 word speech, unable to speak	1
Complete FBAD	1
Moderate SOB – increased work of breathing, clipped sentences, significant stridor but A/W protected	2
FBAD with drooling or stridor, hoarseness or dysphagia	2
Mild/Moderate tachypnea, SOB on exertion, no obvious increased SOB, full sentences, mild stridor	3
FBAD with no distress and difficulty swallowing	3
Sore throat/urti – no respiratory symptoms	5

TRAUMA

Amputation of extremity	1
Major trauma – severe hemodynamic compromise	1
Neurovascular compromise of an extremity	1
General trauma – MVC ejection, rollover, extrication time ≥ 20 min, significant intrusion, passenger fatality, impact ≥ 40 km/h unrestrained or impact ≥ 60 km/h restrained	2
Motorcycle collision impact ≥ 30 km/hr	2
Fall ≥ 6 meters or 2 stories	2
Penetrating injury proximal to elbow and knee	2
Head/Neck trauma: <ul style="list-style-type: none"> MVC ejection (partial or complete), unrestrained striking head on windshield Motorcycle collision Pedestrian struck Fall ≥ 1 meter or 5 stairs Assault – blunt object other than fist/feet Axial load to head 	2
Minor contusions, abrasions or lacerations (not requiring closure by any means)	5

OTHER

Dental avulsion	2
Epistaxis – uncontrolled	2
Eye injury/acute vision loss	2
Neck pain – neck stiffness/meningismus	2
Sexual assault < 2 hrs	2
Sore throat – drooling/stridor, obvious edema/swelling of oropharynx	2
UTI symptoms (mild dysuria)	3
Dressing change (plus normal vital signs +/- mild pain < 4)	5

GASTROINTESTINAL

Vomiting blood/rectal bleed – active or large amount	2
Vomiting blood – “coffee ground” emesis, small amount	3
Rectal bleed – melena, small amount	3
Rectal bleed – small amount	4
Constipation (mild pain < 4/10)	4
Diarrhea – mild, no dehydration	5








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Treat and Refer/Discharge Resources








Adult Prehospital CTAS p. 2/2

FIRST ORDER MODIFIERS

 OXYGEN SATURATION <ol style="list-style-type: none"> < 90% with severe respiratory distress < 92% with moderate respiratory distress 92–94% with mild-moderate respiratory distress ≥ 94% with no respiratory distress 	 HEMODYNAMIC STABILITY <ol style="list-style-type: none"> Shock Evidence of severe end-organ hypoperfusion: marked pallor, cool skin, diaphoresis, weak or thready pulse, hypotension, postural syncope, significant tachycardia or bradycardia, ineffective ventilation or oxygenation, decreased level of consciousness. Could appear flushed, febrile, toxic, as in septic shock. Hemodynamic Compromise Borderline Perfusion: pale, tx diaphoresis, unexplained tachycardia, tx postural hypotension, feeling faint, suspected hypotension. Vital signs at the upper and lower ends of normal as they relate to the presenting complaint, especially if they differ from the usual values for the specific patient. Normal vital signs Decreased patient 	 GLASGOW COMA SCALE <ol style="list-style-type: none"> Unconscious – unable to protect airway, response to pain or loud noise only and without purpose, continuous seizure or progressive deterioration in level of consciousness. GCS 3–9 Altered level of consciousness – response inappropriate to verbal stimuli, loss of orientation to person, place or time, new impairment of recent memory, altered behaviour. GCS 10–13 Normal – other modifiers are used to define. GCS 14–15 	 TEMPERATURE <ol style="list-style-type: none"> 36°C or ≥ 38.5°C Immunocompromised: neutropenia, chemotherapy, immunosuppressive drugs (including steroids) Appears septic: evidence of infection, SIRS positive (HR ≥ 90, RR ≥ 20 bpm), or evidence of hemodynamic compromise, respiratory distress, decreased level of consciousness Appears unwell: < 3 SIRS positive criteria but looks ill (flushed, lethargic, anxious or agitated) Appears well: comfortable and in no distress 	 PAIN <ol style="list-style-type: none"> Severe (8–10/10); Location: abdomen; Duration: acute; Cause: trauma Severe (8–10/10); Location: central; Duration: acute Moderate (4–7/10); Location: central; Duration: acute Severe (8–10/10); Location: peripheral; Duration: acute Severe (8–10/10); Location: central; Duration: chronic Mild (0–3/10); Location: central; Duration: acute Moderate (4–7/10); Location: peripheral; Duration: acute Moderate (4–7/10); Location: peripheral; Duration: chronic Severe (8–10/10); Location: central; Duration: chronic Mild (0–3/10); Location: peripheral; Duration: acute or chronic Mild (0–3/10); Location: central; Duration: chronic
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FIRST ORDER MODIFIERS

 BLEEDING <ol style="list-style-type: none"> Congenital bleeding disorders, severe liver failure, or anticoagulant therapy, and bleeding: <ul style="list-style-type: none"> Head (intracranial) and neck Chest, abdomen, pelvis, spine Massive vaginal hemorrhage Pelvic muscle and hip Extremity muscle compartments Fractures or dislocations Deep lacerations Any uncontrolled bleeding Congenital bleeding disorders, severe liver failure, or anticoagulant therapy, and bleeding: <ul style="list-style-type: none"> Moderate, minor bleeds Nose (epistaxis) Mouth (including gums) Joints (hemarthroses) Menorrhagia Abrasions and superficial lacerations 	 BLOOD PRESSURE <ol style="list-style-type: none"> Systolic BP ≥ 220 or diastolic ≥ 130 w/ any other symptoms (ex. headache, CP, SOB, nausea) Systolic ≥ 220 or diastolic ≥ 130 w/ no symptoms Systolic BP 200–220 or diastolic 110–130 w/ any other symptoms (ex. headache, CP, SOB, nausea) Systolic BP 200–220 or diastolic 110–130 w/ no symptoms 	 BLOOD GLUCOSE <ol style="list-style-type: none"> < 3 mmol/L with confusion, seizure, diaphoresis, behavioural change, acute focal deficits ≥ 18 mmol/L with dyspnea, tachypnea, dehydration, thirst, weakness, polyuria < 3 mmol/L with no symptoms ≥ 18 mmol/L with no symptoms 	 DEHYDRATION <ol style="list-style-type: none"> Severe – marked volume loss with classic signs of dehydration and signs and symptoms of shock Moderate – dry mucous membranes, tachycardia, plus or minus decreased skin turgor and decreased urine output Mild – stable vital signs with complaints of increasing thirst and concentrated urine and a history of decreased fluid intake or increased fluid loss or both Potential – no symptoms of dehydration, presenting with fluid loss ongoing or difficulty tolerating oral fluids 	 MENTAL HEALTH <ol style="list-style-type: none"> Abuse – physical, mental, high emotional stress Insomnia – acute Insomnia – chronic Bizarre behaviour – chronic, non-urgent
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Level 1	Resuscitation	Threats to life or limb or imminent risk of deterioration
Level 2	Emergency	Potential threat to life, limb or function
Level 3	Urgent	Potentially progress to a serious problem
Level 4	Less Urgent	Relates to patient age, distress, potential for deterioration or complications
Level 5	Non-Urgent	Minor complaints with risk or potential for deterioration
Level 6	Obviously Dead	Used for Termination of Resuscitation or Code 5

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Treat and Refer/Discharge Resources

Clinical Frailty Scale*



1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2 Well – People who have **no active disease symptoms** but are less fit than category 1. Often, they exercise or are very **active occasionally**, e.g. seasonally.



3 Managing Well – People whose **medical problems are well controlled**, but are **not regularly active** beyond routine walking.



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6 Moderately Frail – People need help with **all outside activities** and with **keeping house**. Inside, they often have problems with stairs and need **help with bathing** and might need minimal assistance (cuing, standby) with dressing.



7 Severely Frail – **Completely dependent for personal care**, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. Terminally Ill - Approaching the end of life. This category applies to people with a **life expectancy <6 months**, who are **not otherwise evidently frail**.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia**, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia**, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, Revised 2008.
2. K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489-495.



Treat and Refer/Discharge Resources

Chart 1: The NEWS scoring system

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	



Treat and Refer/Discharge Resources

BH Patch Worksheet (Information to gather before patching)

BHP Name		CPSO#	
C/c	Age	Sex	Weight
HPI		Head	
Pmx		Chest	
Rx		Abdo	
A		Back/Pelvis	
		Extremities	

Temp	GCS
HR	SpO2
RR	BGL
BP	Skin

CTAS	NEWS2 (<5)
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Clinical Frailty Scale								
1 Very Fit	2 Fit	3 Managing	4 Very Mild	5 Mild	6 Moderate	7 Severe	8 Very Severe	9 Palliative
Barriers to Care								
Food/water			Transport/comms			Alternate HC		
Housing			Responsible Adult for 4 hours			Other:		

Capacity	Consent	Cooperation
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Treat and Refer/Discharge Resources

Discharge From Care Worksheet

(Information to communicate to patient)

IDEAL- Include Discuss Educate Assess Listen	
Paramedic Name	Physician Name
Working Diagnosis	
Assessments Performed	Assessment Findings
Anticipated Health Care Needs:	
Signs and symptoms of concern/When to seek care	

Safety Netting

Discuss care options with the patient/SDM and advise of the following:

Call 911 for any life-threatening emergencies.

Call your Primary Care Provider or VTAC (1-844-727-6404) for any urgent health issues. Call your PCP first. If you cannot get in touch with your PCP or do not have one call VTAC.

Call Community Paramedics (1-844-860-2778) for any issues that **cannot be resolved** above.

Understand it may take up to 24 hours to get a response and longer to get a visit.