



JIBC

School of Health, Community & Social Justice
Paramedic Academy



Advanced Care Paramedic

Practice Education Guide

Terms 1 – 3

Justice Institute of British Columbia

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Contact Information

During a hospital or ambulance practicum, should an emergency occur (see examples listed below), please contact your Practice Education Lead.

Examples of an emergency, (but not an inclusive list) are:

- You have a family emergency and need to leave your shift before it is complete.
- You have suffered a work-related injury and are admitted to hospital.
- You have been exposed to an infectious disease or biohazard and require emergent care.

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Introduction

A hallmark of the Advanced Care Paramedic (ACP) Advanced Diploma Program is the clinical application of the concepts and knowledge gained through independent study, didactic workshops, immersive simulations, and clinical opportunities. It is very accurately described as an Applied Science. Your role as a student is vital in the process of developing your skills and moving forward in your ACP training.

The clinical opportunities are the vital bridge between the didactic and simulated learning environment, to the practice environment. It is our intention that students will reach competency as an ACP faster and with less stress if the practice environment is structured in a 'ladder' style; adding more complexity as the student demonstrates the ability to move forward.

Clinical Education Focus

Term 1 Hospital Focus

The objectives of the clinical opportunities in Term 1 are for the student to learn the application of a plethora of new skills and techniques in the clinical setting.

The focus of your Term 1 Practicum should be:

- Performing systems-based patient assessments, histories, and physical exams on patients in the hospital setting
- Perform technical skills while supervised
- Demonstrate interpersonal skills and professionalism including appropriate communications and the ability to give and receive feedback.
- Participate in the opportunity for exposure to other clinical opportunities as they arise
- Apply and operate a cardiac monitor
- Interpret and discuss ECG findings.

Sample Hospital Education Plan - Term 1

Your Nurse clinician will develop a training plan and review it with you to clarify expectations.

Your plan should include:

- ACP Core skills
- Applying, operating, and troubleshooting the cardiac monitor, defibrillation, transcutaneous pacing, and synchronized cardioversion
- Land marking electrode placement and interpreting 3-lead and 12-lead ECGs
- Assessing and linking vital signs to patient presentations
- Reviewing interesting patient cases as they become available
Preparing and administering all types of medications for Term 1 (see NOCP Medication list at the end of this section)
- Managing the airway, ventilation and oxygenation needs particular to the patient

- Performing physical assessment (including primary survey and head to toe), and reporting your findings to your-clinician
- Recording findings and treatments on the patient report form
- Accurately self-evaluating your performance
- Seeking out, and receiving feedback in a professional manner

Term 1 Ambulance Focus

At the beginning of the On-Ambulance Practicum, you should be introduced to application of the ACP Patient Assessment model of history taking and physical examination, as well as perform a systems-based patient assessment associated to Chief Complaint (CC) under supervision. During the first block of your practicum, you should be observing how your Preceptor takes the history, reaches a diagnosis, and demonstrates leadership.

During Term 1 we expect the student to be able to perform the ACP core skill components of Classic Case Cardiovascular and Respiratory calls, and Cardiac Arrest calls, but the management of the patient is the responsibility of the Preceptor. You should start the On-Ambulance Practicum as an assistant to your Preceptor in running the call, rather than you running the call. (Note that complex cardiac arrest management is not an expectation of Term 1)

The focus of your Term 1 Practicum should be on:

- Systems-based patient assessment skills of history taking and physical exam.
- Ability to incorporate ACP core skills into a field call
- Perform all physical skills including IO initiation when instructed
- Direct and implement the treatment plan for classic cardiac arrests.
- Demonstrate good interpersonal skills; including appropriate communications and the ability to receive feedback.
- Applying and operating the monitor (3 &12 lead), while interpreting the ECG on every patient assessed.
- Performing all of the simple psychomotor skills (IV insertion, taking vital signs, drawing up and administering medications, etc.) on each call.

Sample Ambulance Education Plan - Term 1

Your participation should include:

- Stocking and cleaning the car, kits, and equipment with Preceptor supervision and assistance, at the start of each shift, as well as during the course of the block.
- At the very minimum you should be:
 - Applying and operating the monitor, including trouble shooting, defibrillation and synchronized cardioversion
 - Interpreting the 3 & 12-lead ECGs
 - Assessing vital signs
 - Starting IV's

- Preparing and administering medications at the ACP level for Term 1 (see NOCP medication list at the end of this section)
- Managing the airway, ventilation and oxygenation needs particular to the patient
- Observing how your Preceptor takes a history, builds a DDx, and finally reaches a diagnosis, implements the treatment plan, and manages all the aspects and participants in each call.
- Demonstrating these skills under supervision
- Performing the basic history and systems-based physical assessment (inclusive of the primary survey), starting with CC and following the basic H&P model you have been taught and reporting your findings to your Preceptor
- Recording findings and treatments on the patient report form
- Formulating and implementing the cardiac arrest treatment plan
- Accurately self-evaluating your performance
- Seeking out and receiving feedback in a professional manner.

The primary focus for this term is on the “physical” tasks, cardiac arrest management with the addition of the ACP patient assessment model, and assessment and treatment of Classic Case Cardiovascular and Respiratory patients.

Term 2 Hospital Focus

Term 2 Hospital Practicum is a period you focus on the assessment, diagnosis, and management of ‘Classic’ patient presentations. Term 2 includes the diagnosis and management of toxicological, mental health, endocrine, immune systems, anaphylaxis, GI/GU, hot and cold environmental cases, drowning submersion, burns and other trauma injuries or illnesses.

In addition, you will have completed classroom topics in Obstetrics/Maternity and Pediatrics. It is expected that in the Practicum you will demonstrate a higher level of leadership and clinical decision-making skills in call management.

Sample Hospital Education Plan - Term 2

Your plan should include:

- Determine a patient’s chief complaint
- Investigate cases using LOTARP/PPQRRST
- Emphasis is for the student to stay focused on the history taking model
- Based on chief complaint, history, and physical exam findings, build a differential diagnosis and working provisional diagnosis
- Functional Inquiry
- Handover Bedside report to the nurse

- Handover Physician report
- Describe the patient's priority problem list, and the treatment plan to the clinician
- Present cases to the clinician and fellow students for feedback
- Focus on the linkages between the chief complaint, history of chief complaint, focused physical exam, and the associated pathology
- Exposure to other clinical opportunities as they arise.

Term 2 Ambulance Focus

Term 2 Ambulance Practicum is a dynamic period with escalating responsibilities. After your Term 1 practicum, you focused on the assessment, diagnosis, and management of 'Classic' cardiovascular, and respiratory calls. Term 2 Practicum will provide you with the opportunity to begin to apply this knowledge in the pre-hospital environment as well as includes the diagnosis and management of toxicological, mental health, endocrine, immune systems, anaphylaxis, GI/GU, hot and cold-environmental cases, drowning submersion, burns and other trauma related injuries or illnesses.

Sample Ambulance Education Plan - Term 2

During the Practicum, you must be taught and afforded the opportunity to apply all ACP skills in the ambulance environment including:

- Determine chief complaint
- Obtain history using an appropriate line of questioning based on chief complaint. This is not unlike, Term 1, but now it is expected that you have the basic framework and are able to thoroughly investigate the chief complaint.
- Investigate cases using LOTARRP/PPQRRST (Medical Director's medical model of patient assessment)
- Staying focused on the history taking model
- Take a history from a relative and through an appropriate line of questioning investigate to elicit missing information
- Functional-Inquiry
- Build a differential diagnosis and a working provisional diagnosis
- Call BCEHS CliniCall for orders as required
- Develop the priority problem list
- Formulate the treatment plan
- Implement/deliver the treatment plan (you should perform skills)
- Communicate treatment plan to family/patient
- Manage/organize/control/delegate scene responders, family, bystanders
- Organize transport
- Triage report
- Give a report to the physician
- Give the bedside report at the receiving hospital

By the end of the Term 2 ambulance practicum, you should be assuming the full role of an ACP on all 'Classic' cases. Preceptor intervention in assessment and formulation/ implementation of the treatment plan should become infrequent. We anticipate, however, that you will still look to your preceptor to assist in the overall call management (managing, organizing, control and delegation to first responders, family, bystanders, and other crews).

Term 3 Hospital Focus

New this Term

- The student should be proficient in all of the competencies described in Terms 1 and Term 2
- The focus should now be on applying the previously acquired skills
- Evaluation of the patient with multi system dysfunction
- Evaluation of maternity, neonate, and pediatric patients
- Assessing and presenting non-complex and complex cases

Term 3 Ambulance Focus

By now you have learned in the classroom, clinical, and pre-hospital environments, the assessment, diagnosis, and management of classic cases. Term 3 class and clinical has focused on the 'complex' patient presentations.

Precepting in Term 3 is a time of subtle, but very significant transition from student to entry-level practitioner. It will sometimes be a tumultuous period. Be patient, focus on the basics, and where necessary, go back to the Term 2 process as a teaching technique.

Sample Ambulance Education Plan - Term 3

Focus on the following competencies:

From Terms 1 and 2:

- Good physical assessment skills
- Ability to incorporate ACP core skills into a field call
- Ability to manage cardiac arrest calls
- Determine Chief Complaint
- Investigate cases using LOTARP/PPQRRST (medical model of patient assessment).
 - Emphasis is for the student to stay focused on the history taking model
- Bedside report from the nurse or relative
- Functional Inquiries
- Concise, clear, and organized handover reports

- Build a differential diagnosis
- Determine the working or provisional diagnosis
- Call for orders as required
- Develop the priority problem list
- Formulate the treatment plan
- Implement/deliver the treatment plan
- Manage/organize/control/delegate scene responders, family, bystanders
- Communicate treatment plan to family/patient
- Organize transport
- Deliver the bedside report to both the nurse and ERP

New this term:

Determine the differential & working/provisional diagnosis on complex medical and trauma calls

- Develop the priority problem list
- Formulate the treatment plan
- Implement/deliver the treatment plan

You should be assuming the full role of an ACP on all cases:

- Preceptor intervention in assessment and formulation/implementation of the treatment plan should become infrequent.
- The goal to achieve is that the responding crews and other agencies should be focused on you, the student, for direction.

Accreditation and Competency Tracking

Accreditation ensure the effectiveness of educational programs for paramedic health professions, thereby contributing to the competency of graduates and the quality of patient care in Canada. It is based on evidence-informed practices that focus on academic quality, including integration between didactic and clinical education components, to help students attain competence. Educational programs that are accredited must demonstrate that their curricula, learning environments, and resources are sufficient to prepare students to provide competent, safe, and effective practice at entry to their chosen profession.

The National Occupational Competency Profile (NOCP) for Paramedics

The [Paramedic Association of Canada \(PAC\)](#) is responsible for setting national competencies of paramedic practice. PAC does not determine the provincial scope of practice, i.e. what a paramedic is licensed to do in each province. In BC, scope of practice is defined by legislation, in the [Emergency Medical Assistants Regulation](#).

The PAC – NOCP skills are defined by practitioner levels, i.e. Emergency Medical Responder (EMR), Primary Care Paramedic (PCP), Advanced Care Paramedic (ACP), and Critical Care Paramedic (CCP). Competencies are specific to the practitioner’s level and are cumulative.

Competencies are evaluated in the following settings and represented by a single letter: academic (A), simulation (S), clinical or hospital environment (C), and on-car practice education (P)

PAC considers “consistency” to mean that students should perform each specific competency more than once in the required performance environment.

The ACP program requires that you meet, or in some cases exceed, the PAC competency requirements; you must demonstrate proficiency a minimum of two times. Your faculty (instructor, clinician, or preceptor) must validate (sign) your claimed competencies.

Competency Management Software (CompTracker®)

JIBC uses a competency management software called CompTracker® to track student’s progress in obtaining competency requirements. Access is through the internet or the CompTracker app. The software is developed and hosted by Great Big Solutions Ltd., in Edmonton, Alberta. This software is used by paramedic training agencies across Canada.

Any questions about the software program, hardware, or technical requirements can be addressed on the website <http://www.studentlogbook.com> or by calling Great Big Solutions at 1-866-432-3280. Help line support is available Monday to Friday from 0800 to 1600 hours (MST).

Electronic Forms and Submission of Documentation

The ACP program uses the following electronic forms in CompTracker to track attendance and completion of competencies:

- Attendance
- Intervention Checklists
- Classroom Simulation Record (E-CSR)
- Clinical Worksheet (E-CWS)
- Patient Care Record (E-PCR)
- ACP OR Practicum Competencies Form (OR card)
- ACP Ostomy Drainage System Form

Students are responsible for the completion and submission of these forms, including claiming NOCP competencies, where appropriate, after every skill station, segmented or full call simulation, and each patient contact. The faculty evaluates and coaches student's integration of theoretical components to practical application throughout the program and is required to confirm the completion of a competency according to the PAC guidelines.

Documentation must provide the data for the claimed competencies and reflect performed actions. If patient care is not documented, it is assumed that the care was not done. A separate form must be completed for each simulation or patient contact.

Submission of Attendance and Forms

During the classroom component the instructor will track student attendance. Attendance during practice education is submitted by the student using CompTracker.

Program expectations are that the student submits attendance and forms in real time, during any component of the program.

Evaluation Rating

The following evaluation rating is used to sign-off competencies:

Evaluation Rating	
Code	Definition
A	Approved, completes objective competently (according to PAC definition of competency)
B	Requires prompting/assistance to complete objective
C	Fails to complete objective
D	Not observed/lack of volume
NB:	Comments are required for any non-approved competency (graded as B, C or D)

ACP NOCP On-Ambulance Competencies

Professional Responsibilities

- 1.1 Function as a professional.
 - 1.1.a Maintain patient dignity.
 - 1.1.b Reflect professionalism through use of appropriate language.
 - 1.1.c Dress appropriately and maintain personal hygiene.
 - 1.1.d Maintain appropriate personal interaction with patients.
 - 1.1.e Maintain patient confidentiality.
 - 1.1.i Behave ethically.
 - 1.1.j Function as patient advocate.
- 1.3 Possess an understanding of the medicolegal aspects of the profession.
 - 1.3.a Comply with scope of practice.
 - 1.3.c Include all pertinent and required information on reports and medical records.
- 1.4 Recognize and comply with relevant provincial and federal legislation.
 - 1.4.a Function within relevant legislation, policies and procedures.
- 1.5 Function effectively in a team environment.
 - 1.5.a Work collaboratively with a partner.
 - 1.5.b Accept and deliver constructive feedback.
- 1.6 Make decisions effectively.
 - 1.6.a Employ reasonable and prudent judgement.
 - 1.6.b Practice effective problem-solving.
 - 1.6.c Delegate tasks appropriately.

Communication

- 2.1 Practice effective oral communication skills.
 - 2.1.b Deliver an organized, accurate and relevant verbal report.
 - 2.1.c Deliver an organized, accurate and relevant patient history.
 - 2.1.d Provide information to patient about their situation and how they will be cared for.
 - 2.1.e Interact effectively with the patient, relatives and bystanders who are in stressful situations.
 - 2.1.f Speak in language appropriate to the listener.
 - 2.1.g Use appropriate terminology.
- 2.2 Practice effective written communication skills.
 - 2.2.a Record organized, accurate and relevant patient information.
- 2.3 Practice effective non-verbal communication skills.
 - 2.3.b Practice active listening techniques.
 - 2.3.c Establish trust and rapport with patients and colleagues.
 - 2.3.d Recognize and react appropriately to non-verbal behaviours.
- 2.4 Practice effective interpersonal relations.
 - 2.4.a Treat others with respect.
 - 2.4.b Employ empathy and compassion while providing care.
 - 2.4.c Recognize and react appropriately to persons exhibiting emotional reactions.
 - 2.4.d Act in a confident manner.
 - 2.4.e Act assertively as required.
 - 2.4.f Employ diplomacy, tact and discretion.

ACP NOCP On-Ambulance Competencies (continued)**Therapeutics / Medications**

- 5.2 Prepare oxygen delivery devices.
 - 5.2.b Utilize portable oxygen delivery systems.
- 5.5 Implement measures to maintain hemodynamic stability.
 - 5.5.c Maintain peripheral intravenous (IV) access devices and infusions of crystalloid solutions without additives.
 - 5.5.d Conduct peripheral intravenous cannulation.
- 5.6 Provide basic care for soft tissue injuries.
 - 5.6.a Treat soft tissue injuries.
- 5.7 Immobilize actual and suspected fractures.
 - 5.7.b Immobilize suspected fractures involving axial skeleton.
- 5.8 Administer medications.
 - 5.8.b Follow safe process for responsible medication administration.
 - 5.8.e Administer medication via intravenous route.

Integration

- 6.1 Utilize differential diagnosis skills, decision-making and psychomotor skills in providing care to patients.
 - 6.1.a Provide care to patient experiencing signs and symptoms involving cardiovascular system.
 - 6.1.b Provide care to patient experiencing signs and symptoms involving neurological system.
 - 6.1.c Provide care to patient experiencing signs and symptoms involving respiratory system.
 - 6.1.e Provide care to patient experiencing signs and symptoms involving gastrointestinal system.
 - 6.1.f Provide care to patient experiencing signs and symptoms involving integumentary system.
 - 6.1.g Provide care to patient experiencing signs and symptoms involving musculoskeletal system.
 - 6.1.k Provide care to patient experiencing toxicologic syndromes.
 - 6.1.o Provide care to trauma patient.
 - 6.1.p Provide care to psychiatric patient.
- 6.3 Conduct ongoing assessments and provide care.
 - 6.3.a Conduct ongoing assessments based on patient presentation and interpret findings.
 - 6.3.b Re-direct priorities based on assessment findings.

Transportation

- 7.1 Prepare ambulance for service.
 - 7.1.a Conduct vehicle maintenance and safety check.

Health Promotion and Public Safety

- 8.1 Integrate professional practice into community care.
 - 8.1.c Work collaboratively with other members of the health care community.
- 8.2 Contribute to public safety through collaboration with other emergency response agencies.
 - 8.2.a Work collaboratively with other emergency response agencies.

Students may obtain missing clinical competencies during their ambulance practicum.

This table is for your reference.

ACP NOCP Clinical Competencies
Assessment and Diagnostics / Pathophysiology
<p>4.3 Conduct complete physical assessment demonstrating appropriate use of inspection, palpation, percussion and auscultation, and interpret findings.</p> <ul style="list-style-type: none"> 4.3.f Conduct obstetrical assessment and interpret findings. * 4.3.l Conduct neonatal assessment and interpret findings. * 4.3.n Conduct pediatric assessment and interpret findings. * <p>4.4 Assess vital signs.</p> <ul style="list-style-type: none"> 4.4.c Conduct non-invasive temperature monitoring. 4.4.f Measure blood pressure with non-invasive blood pressure monitor. <p>4.5 Utilize diagnostic tests.</p> <ul style="list-style-type: none"> 4.5.a Conduct oximetry testing and interpret findings. 4.5.b Conduct end-tidal carbon dioxide monitoring and interpret findings.
Therapeutics / Medications
<p>5.1 Maintain patency of upper airway and trachea.</p> <ul style="list-style-type: none"> 5.1.a Use manual maneuvers and positioning to maintain airway patency. 5.1.b Suction oropharynx. 5.1.c Suction beyond oropharynx. 5.1.h Utilize airway devices requiring visualization of vocal cords and introduced endotracheally. <p>5.3 Administer oxygen</p> <ul style="list-style-type: none"> 5.3.a Administer oxygen using nasal cannula. 5.3.d Administer oxygen using high concentration mask. <p>5.4 Utilize ventilation equipment.</p> <ul style="list-style-type: none"> 5.4.a Provide oxygenation and ventilation using manual positive pressure devices. <p>5.5 Implement measures to maintain hemodynamic stability.</p> <ul style="list-style-type: none"> 5.5.o Provide routine care for patient with urinary catheter. * <p>5.8 Administer medications.</p> <ul style="list-style-type: none"> 5.8.d Administer medication via intramuscular route. 5.8.h Administer medication via sublingual route. 5.8.i Administer medication via buccal route. 5.8.k Administer medication via oral route. 5.8.m Administer medication via inhalation.
Integration
<p>6.1 Utilize differential diagnosis skills, decision-making skills and psychomotor skills in providing care to patients.</p> <ul style="list-style-type: none"> 6.1.q Provide care to obstetrical patient. * <p>6.2 Provide care to meet the needs of unique patient groups.</p> <ul style="list-style-type: none"> 6.2.a Provide care for neonatal patient. * 6.2.b Provide care for pediatric patient. * 6.2.c Provide care for geriatric patient.

* Note that these competencies have not been covered in Term 1

NOCP Appendix 5 Medications by ACP Program Term

This list is marked with an “X” to indicate the groups of pharmacologic agents with which Advanced Care Paramedics should be familiar and which Term of the ACP Program they have been covered.

The technical skill of medication administration is included in the profile as General Competency 5.8.

The administration of any medication by a paramedic is at the sole discretion of the respective Medical Director.

		ACP	Covered in Term
A. Medications affecting the central nervous system.			
A.1	Opioid Antagonists	X	2
A.2	Anaesthetics	X	2
A.3	Anticonvulsants	X	2
A.4	Antiparkinsonism Agents	X	3
A.5	Anxiolytics, Hypnotics and Antagonists	X	1
A.6	Neuroleptics	X	3
A.7	Non-narcotic analgesics	X	1
A.8	Opioid Analgesics	X	1
A.9	Paralytics	X	3
B. Medications affecting the autonomic nervous system.			
B.1	Adrenergic Agonists	X	1
B.2	Adrenergic Antagonists	X	3
B.3	Cholinergic Agonists	X	3
B.4	Cholinergic Antagonists	X	1
B.5	Antihistamines	X	2
C. Medications affecting the respiratory system.			
C.1	Bronchodilators	X	1
D. Medications affecting the cardiovascular system.			
D.1	Antihypertensive Agents	X	3
D.2	Cardiac Glycosides	X	3
D.3	Diuretics	X	3
D.4	Class 1 antiarrhythmics	X	1
D.5	Class 2 antiarrhythmics	X	1
D.6	Class 3 antiarrhythmics	X	1
D.7	Class 4 antiarrhythmics	X	1
D.8	Antianginal Agents	X	1

NOCP Appendix 5 Medications by ACP Program Term - continued

This list is marked with an "X" to indicate the groups of pharmacologic agents with which Advanced Care Paramedics should be familiar and which Term of the ACP Program they have been covered.

The technical skill of medication administration is included in the profile as General Competency 5.8.

The administration of any medication by a paramedic is at the sole discretion of the respective Medical Director.

		ACP	Covered in Term
E. Medications affecting blood clotting mechanisms.			
E.1	Anticoagulants	X	3
E.2	Thrombolytics	X	3
E.3	Platelet Inhibitors	X	1
F. Medications affecting the gastrointestinal system.			
F.1	Antiemetics	X	1
G. Medications affecting labour, delivery and postpartum hemorrhage.			
G.1	Uterotonics	X	3
G.2	Tocolytics	X	3
H. Medications used to treat electrolyte and substrate imbalances.			
H.1	Vitamin and Electrolyte Supplements	X	1
H.2	Antihypoglycemic Agents	X	2
H.3	Insulin	X	3
I. Medications used to treat / prevent inflammatory responses and infections.			
I.1	Corticosteroids	X	3
I.2	NSAID	X	3
I.3	Antibiotics	X	3
I.4	Immunizations	X	3
J. Medications used to treat poisoning and overdose.			
J.1	Antidotes or Neutralizing Agents	X	2