

## **Changes to Terminology and Acronyms**

Changes in terminology and acronyms in the new PCP Program textbook, **Nancy Caroline's Emergency Care in the Streets, 2016, 7<sup>th</sup> Canadian Edition – Navigate 2 Premier Access**, are detailed below.

### **NOCP's**

- The wording used for the NOCP's is set by the Paramedic Association of Canada and therefore cannot be changed and there are differences that will arise between Nancy Caroline's terminology and the NOCP's documented.

### **Chapter Review - Chapter 1 – EMS Systems, Roles and Responsibilities**

- Paramedic seems to be used to refer to ALS licensed paramedics. (pp 19) Worth pointing out to students that in BC, paramedic refers to PCP and ACP.

### **Chapter Review - Chapter 2 – The wellbeing of the Paramedic (*matched p 35 in Essentials*)**

### **Chapter Review - Chapter 3 – Illness and injury prevention**

- Differences for the five steps to developing a prevention program to essentials

### **Chapter Review - Chapter 4 – Medical and legal Issues**

### **Chapter Review - Chapter 5 – Ethics**

### **Chapter Review - Chapter 6 – Pathophysiology**

### **Chapter Review - Chapter 7 – Pharmacology**

### **Chapter Review - Chapter 8 – Vascular access and medication administration**

- "venipuncture" and "cannulisation" as opposed to "gain an IV"
- Over hydration – compared to fluid overload
- Drug names (D5W, Ringers)
- Typo on Fluid "LR" (I think American versus Canadian RL)
- Medical Asepsis versus aseptic techniques

### **Chapter Review - Chapter 9 – Human Development**

- Newborn ( 0-1month ) rather than Neonate in essentials

### **Chapter Review - Chapter 10 – Patient Communication**

- "Pay off questions"

### **Chapter Review - Chapter 11 – Research and Quality**

**Chapter Review - Chapter 12 – Expanded EMS Systems and Community Paramedicine in Canada****Chapter Review - Chapter 13 – Airway Management and Ventilation**

- Uses “Heimlich manoeuvre”, while Skills checklist describes steps but doesn’t use Heimlich to describe the action.
- Cricoid Pressure (Sellick Maneuver) <- rather than Sellick Maneuver in Essentials
- MOANS instead of BOOTS (anticipating difficult BVM)
- OPA’s – measuring from the earlobe to the corner of the mouth

**Chapter Review - Chapter 14 – Positive Pressure Ventilations****Chapter Review - Chapter 15 – Patient History****Chapter Review - Chapter 16 – Physical Examination**

- General impression as opposed to General Approach in Essentials
- AO x 4
- DECAP-BTLS

**Chapter Review - Chapter 17 – Patient Assessment**

- Initial assessment instead of Primary Survey
- Nature of Illness (NOI) for medical calls, Mechanism of injury (MOI) for trauma.
- Priority patients (not unstable)
- OPQRST instead of LOTARP
- Rapid Trauma Assessment (not RBS) / rapid exam
- Sick vrs not sick (medical) Hurt vrs not hurt (trauma)
- Routine and Priority transport
- Cardiovascular embarrassment (shock)

**Chapter Review - Chapter 18 – Clinical Decisions (chapter 10 Essentials)**

- Sick versus not sick
- Critical thinking in relation to the 6 R’s

**Chapter Review - Chapter 19 – Communications and Documentation**

- SOAP method of documentation – Subjective, Objective, Assessment and plan (for treatment).
- CHARTE method (of documentation) – Chief complaint, History, Assessment, RX/Treatment, Transport and Exceptions.
- Includes “International” (NATO) alphabet but not Ten codes.

**Chapter Review - Chapter 20 – Trauma systems and MOI (chapter 7 essentials page 362)**

**Chapter Review - Chapter 21 – Bleeding and Shock**

- Types of shock pp 709 – Weil-Shubin classification: Central and Peripheral shock
- Pp 715 – “% blood loss is easily remembered by thinking of the score in a tennis game: 15% to 30% compensated, 30-40% decompensated, great than 40% irreversible”
- I don’t understand this? Possibly because I don’t know anything about tennis????
- “Shock position” – legs elevated 30cms, and “Trendelenberg” is described as the same but when the patient is on a backboard/clamshell. (?)

**Chapter Review - Chapter 22 – Soft Tissue Injuries (Chapter 20 Essentials)**

- Quaternary phase included for Blunt Injuries

**Chapter Review - Chapter 23 –**

- Burn Shock (Not 3<sup>rd</sup> spacing)
- 3 types of electrical burns
  - I – contact
  - II – Flashburn
  - III - Flameburn

**Chapter Review - Chapter 24 – Head and Face injuries**

- D-spine is taken in a different order within the assessment model – (rescue scene and taken until ruled out at the end of the primary)

**Chapter Review - Chapter 25 – Spine Injuries**

- Spinal Shock and Neurogenic Shock defined, with better detail.
- Autonomic Dysreflexia (essentials used autonomic hyperreflexia)

**Chapter Review - Chapter 26 – Thoracic Injuries****Chapter Review - Chapter 27 – Abdominal Injuries****Chapter Review - Chapter 28 – Muscular skeletal injuries**

- Joints are (saddle, Elliposoidal etc) rather than monaxial, biaxial and triaxial

**Chapter Review - Chapter 29 – Respiratory Emergencies – in progress**

- “Pre-terminal” (pre-arrest)

**Chapter Review - Chapter 30 – cardiovascular Emergencies (Chapter 28 Essentials)****Chapter Review - Chapter 31 – Neurological**

- Doesn’t refer to CVAs and TIAs as “Brain Attacks”. (one mention in whole chapter, unlike essentials)

**Chapter Review - Chapter 32 – Endocrine Emergencies**

- HHNK (correct acronym compared to Essentials)

**Chapter Review - Chapter 33 – Allergic Reactions**

- Differences for Police, border guards
- Differences in chemical weapons

**Chapter Review - Chapter 34 – Gastrointestinal Emergencies**

- DECAP-BTLS

**Chapter Review - Chapter 35 – Renal and Urologic Emergencies****Chapter Review - Chapter 36 – Toxicology: Substance Abuse and Poisoning (Chapter 34 Essentials)**

- The use of the term ‘toxidromes’

**Chapter Review - Chapter 37 – Hematologic Emergencies –****Chapter Review - Chapter 38 – Environmental Emergencies****Chapter Review - Chapter 39 – Infectious and Communicable Diseases****Chapter Review – Chapter 40 – Behavioural Emergencies**

- COASTMAP – new acronym for mental health assessment

**Chapter Review - Chapter 41 – Gynecologic Emergencies**

- “Climacteric” – phase preceding menopause (layperson – pre-menopause)
- LORDS TRACHEA – suggested instead of OPQRST.

**Chapter Review – Chapter 42 – Obstetric Emergencies**

- Lots of discussions around fetal heart rate and no mention about not being able to find the fetal HR in the field
- It claims fetal HR can be palpated
- It tells students to palpate the fundus for the dates of the pregnancy
- Tells students to auscultate the fetal heart rate
- OPQRST and SAMPLE
- More in depth terms for ‘abortion’ and their classifications
- Uterine massage versus fundal massage

**Chapter Review - Chapter 43 – Neonatology**

**Chapter Review – chapter 44 – Pediatrics**

- Neonatal period versus neonates
- Sick versus not-sick
- TICLS (PEPP)
- SAMPLE versus CHAMPLE
- Hot as a hare....
- DUMBLES (cholinergic poisoning)
- CHILDABUSE (mnemonic)

**Chapter Review – chapter 45 – Geriatrics**

- DELIRIUMS – mnemonic to recognise different causes of delirium
- GEMS Diamond

**Chapter Review - chapter 46 – Abuse**

- CHILDABUSE mnemonic
- Maltreatment versus abuse

**Chapter Review - chapter 47 – Patients with Special Needs**

- Discusses “Emotional Disability”, something not in Essentials.

**Chapter Review - chapter 48 – Acute Intervention for Chronic Care Patient****Chapter Review - Chapter 49 – Ambulance Operations****Chapter Review - chapter 50 – Medical Incident Command**

- Different definition of the term ‘MCI’
- ‘Closed’ and ‘open’ incidents
- More information about ICS
- JUMSTART triage for Pediatric patient
- ‘span of control’
- Rehabilitation officer
- Different terms for triage categories; immediate; delayed; minimal; expectant

**Chapter Review - Chapter 51 – Terrorism and CBRNE Events****Chapter Review - chapter 52 – Rescue Awareness and Operations**

- In depth detail about working with trained personnel
- ‘technical rescue incident’
- Steps of special rescue
- Wilderness Search and Rescue (SAR)
- 3 levels - Awareness, operations and technician

- ALS and PCP
- Guidelines for Operations
  - Be safe, follow orders, work as a team, think, follow the guidelines
- Technical rescue incident (TRI)
- Accountability systems

**Chapter Review - chapter 53 – Hazardous Materials and Incidents**

- NFPA – Awareness level, operations level and technical levels
- Toxicity level
- Computer Aided Management of Emergency Operations (CAMEO)
- Chemical and Toxicity terminology

**Chapter Review - chapter 54 – Crime Scene Awareness**

- Contact and cover

**Chapter Review – Appendix A – Cardiac Life Support Fundamentals**

- SMART – program objectives
- Code Team and member roles and team leader roles
- A plan for the running the code
- Moving away from ABC in cardiac arrest to CAB's

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**General Acronyms**

**ALTE** – Apparent Life-threatening Event

**CAMEO** – Computer-Aided Management of Emergency Operations

**CHILDBABUSE** – Consistency of the Injury; History inconsistent with the injury; Inappropriate parental concerns; Lack of supervision; Delay in seeking care; Affect; Bruises of varying ages; Unusual injury patterns; Suspicious circumstances; Environmental Clues

**DELIRIUMS** – Drugs or toxins; Emotional; Low PaO<sub>2</sub>; Infection; Retention of stool or urine; Ictal; Undernutrition or underhydration; Metabolism; Subdural hematoma

**FINER** – (relating to a good research question) Feasible; Interesting; Novel; Ethical; Relevant

**GEMS Diamond** - Geriatric Patients; Environmental Assessment; Medical Assessment; Social Assessment

**HELP** – Heat Escape Lessening Position (taught in lifeguarding and boating)

**NAAK** – Nerve agent antidote kit

**NOI** – Nature of Illness

**OPIM** – Other Potentially Infectious Material

**PDSA** – Plan Do Study Act

**REB** – Research Ethics Board – initially devised by medical Research Council of Canada

**TRI** – Technical Rescue Incident