Ambulance Victoria

ABN 50 373 327 705

375 Manningham Road
P.O. Box 2000
Doncaster Victoria 3108

T 03 9840 3500
F 03 9840 3583

www.ambulance.vic.gov.au

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Direct Fax: 9840 3785

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Judge Jennifer Coate
Coroner, State of Victoria
Coroners Court of Victoria
Level 11/222 Exhibition Street
MELBOURNE VIC 3000

Dear Judge Coate

Re: Coroners Case 441/06 Kara Compton

On 12 November 2010 Coroner Olle handed down his findings into the death of Kara Compton. In that Finding, the Coroner made a recommendation in relation to Ambulance Victoria:

"Ambulance Victoria consider training non-MICA paramedics in paediatric IV insertion."

On 11 February 2011 Ambulance Victoria responded to the Coroner. Ambulance Victoria's response was:

"Ambulance Victoria agrees this recommendation should be thoroughly reviewed. As such we have commenced a review of recent paediatric hypovolemia cases and the best available evidence. Following completion of this review, the findings will be provided to our Medical Advisory Committee for consideration. The outcome of the Medical Advisory meeting on this matter will be provided to you in April 2011."

AV has reviewed the recommendation and researched the issue and the Chair of the Clinical Practice Development Committee (AV) presented a paper to the Medical Advisory Committee in March 2011.

The Clinical Practice Development Committee comprises senior paramedics and medical advisers and is responsible for the evidence based development and review of Ambulance Victoria (AV) clinical practice standards.

The Medical Advisory Committee comprises of senior staff and Medical Advisors from AV and a number of external expert physicians. As a key element of AV's clinical governance, this Committee provides advice and recommendations to Ambulance Victoria (AV) on clinical standards and clinical practice with a focus on Continuous Quality Improvement (CQI) and evidence based standards and practice.

The change in clinical practice to introduce paediatric IV cannulation for ALS paramedics would need to be endorsed by the Medical Advisory Committee.

The issue was researched as follows:

Ambulance Victoria (based upon VACIS[1] data) attends fewer than 2,500 paediatric cases per annum (0.7% of all cases). A further VACIS search of these cases of the incidence of paediatric trauma (<15 years) for the last 12 months determined that there were 38 cases of paediatric trauma with inadequate perfusion and 3 cases were identified where haemorrhage was found to be the likely cause. These 3 cases were attended by MICA and a review of the PCRs[2] has found the cases were managed appropriately.

IV cannulation is only one component when considering IV therapy in paediatric patients. The skill itself provides no therapeutic benefit being only a gateway to patient management. There is increased complexity of therapies via the IV pathway for children increasing the risks associated with those options. For example, the use of IV Midazolam is more likely to increase incidence of respiratory depression. Similarly, in the application for managing the dehydrated patient approved by the Medical Advisory Committee in 2010 AV highlighted the literature that advised to avoid treating children with intravenous fluid when experiencing dehydration as there is the increased risk of causing cerebral oedema.

Difficulties in locating and gaining IV access have the risk of prolonging scene times and delaying subsequent transport to hospital. Prospective studies have supported the finding of delays in initiating therapies where delays in securing IV access were observed. The increased difficulty renders it unlikely that treatment will be possible in transit as is encouraged amongst MICA paramedics.

Currently paediatric IV cannulation is only available to paediatric patients attended by AV MICA paramedics. MICA paramedic training offers increased initial clinical education across a complex range of emergency conditions, continuing targeted professional education and is supported and supervised clinical practice and review. The ALS paramedics undergo a similar process but not at the same level of detail.

A broad range of consultation has also occurred in the consideration of paediatric ALS paramedic IV cannulation. This included an AV Medical Adviser, an ARV Retrieval Consultant, Royal Children's Hospital Emergency Department Director, Austin Hospital Emergency Department Director and the Paediatric Emergency Transport Service coordinator. Opinion and advice from this consultation was very consistent with the available literature.

[1] Victorian Ambulance Clinical Information System
[2] Patient Care Records

Based on the available research, data and expert external opinion, the Medical Advisory Committee concluded:

- *There is little risk with AV maintaining present practice, therefore no change is required to the current scope of practice for paediatric IV cannulation and associated therapies remaining within the MICA paramedic scope;*
- *The current approach to updating education regarding paediatric patient management in continuing professional education be maintained and;*
- *The current approach to skills maintenance and continuing education with IO[3] placement be continued with MICA paramedics.*

The Medical Advisory Committee does not approve paediatric IV cannulation and any subsequent therapy options for ALS Paramedics.

AV has not taken this decision lightly and considers this is the appropriate course of action in the circumstances.

Yours sincerely,

GREG SASSELLA
Chief Executive Officer

cc: General Manager Quality & Education Services
General Manager Regional Services
General Manager Specialist Services

[3] Intra osseous (Needle access through bone to vascular tissue)