# 

|  |
| --- |
| Non-Emergency Patient Transport (NEPT) Clinical Practice Protocols (CPP) |
| Change log for sector |
|  |

# Clinical Practice Protocol (CPP) change log

The CPP change log assists the NEPT sector to transition from the 2019 edition to the 2023 edition of the CPPs. Variation to established practice is highlighted within the change log and was made with consideration following consultation.

NEPT licence holders are required to transition to the 2023 CPPs by 31 May 2024. This transition period allows NEPT licence holders to ensure NEPT workforce are trained and competent in the use of the 2023 CPPs.

## 2023 edition – review overview

The 2023 edition of the NEPT CPPs has been developed within the scope and terms of reference of the Clinical Practice Protocol Assessment Committee (CPPAC) from the Department of Health. Consultation has been sought from a wide range of sources including NEPT providers, workforce, the Office of the Clinical Chiefs (Safer Care Victoria), Ambulance Victoria and industrial relations bodies. Subject matter expertise (SME) advice has been sought where required for specific protocols. Clinical scope of practice has been aligned and clarified for different levels of NEPT crew members (PTO, ATA, EN, RN, CCRN) and licence holders should consider these different levels when considering service delivery requirements. Effort has been made to ensure that treatment recommendations contained within the CPPs are best practice for NEPT service delivery at time of publication.

This review sought to:

* ensure best-practice treatment pathways are recommended
* develop new protocols to assist NEPT workforce to manage conditions and situations reasonably expected to be encountered during NEPT service delivery
* clarify and prescribe minimum equipment standards required
* where appropriate, update the scope of practice for NEPT workforce to align with current training
* update to reflect legislative changes

This review did not seek to:

* substantially alter the characteristics of NEPT service delivery
* provide new workforce options for the NEPT sector
* substantially alter scope of service for NEPT workforce

Table 1: 2023 Clinical Practice Protocol change log

| Item | Protocol | Change item |
| --- | --- | --- |
| 1 | Overall document | Removal of coloured boxes denoting NEPT crew member skill level  Updated legislative references (including regulations) |
| 2 | Scope of practice | Scope of practice table updated |
| 3 | Vital sign survey | PSA and RSA updated |
| 4 | Not suitable for NEPT table | Information consolidated into a single table for reference |
| 5 | Sedation Assessment Tool (SAT score) | Inclusion of SAT score  Inclusion of NEPT decision markers for transport |
| 6 | Paediatric assessment information | Inclusion of acceptable paediatric VSS and information about paediatric distress  Update of paediatric definitions and weight guide |
| 7 | Time Critical guidelines | Updated |
| 8 | Clinical Approach to Assessment (unplanned medical presentation) | New protocol  The protocol defines the approach to an unplanned medical presentation as opposed to an unplanned trauma or inter-Facility Transport (IFT) |
| 9 | CPP002 - Clinical Approach to Assessment (unplanned major trauma presentation) | New protocol  The protocol defines the approach to an unplanned trauma presentation as opposed to an unplanned medical or IFT |
| 10 | Clinical Approach to Interfacility transport | New protocol  The protocol defines the approach to an IFT  Checklist for IFT |
| 11 | Cardiac Arrest (Adult) | Additional guidance information provided regarding high quality CPR, defibrillation pad placement and reference to additional protocols (traumatic cardiac arrest and withholding/ceasing resuscitation).  Minor update to flow chart |
| 12 | Cardiac Arrest (Paediatric) | Additional guidance information provided regarding high quality CPR and defibrillation pad placement  Minor update to flow chart |
| 13 | Clinical Escalation | New Protocol  The protocol describes the different clinical escalation pathways available to NEPT crews |
| 14 | Oxygen therapy | Minor updates |
| 15 | Narrow Complex Tachycardia (NCT) | New protocol |
| 16 | Wide Complex Tachycardia (WCT) | New protocol  Includes Amiodarone infusion for high acuity services |
| 17 | Bradycardia | New protocol  New Medication: Atropine (high acuity services)  *NB: Atropine inclusion is pending secretarial approval* |
| 18 | Sepsis recognition and escalation | New protocol |
| 19 | Undifferentiated shock | New protocol  New Medication: Metaraminol (high acuity services)  *NB: Metaraminol inclusion is pending secretarial approval* |
| 20 | Cardiogenic Shock | New protocol  Addition of adrenaline infusion |
| 21 | Acute cardiogenic pulmonary oedema (ACPO) | Renamed  Additional explanatory information  Inclusion of 0.4mg Nitrolingual spray GTN |
| 22 | Stroke | Additional explanatory information |
| 23 | Seizures | Additional explanatory information |
| 24 | Asthma (adult and paediatric) | Additional explanatory information  Inclusion of:   * Adrenaline IMI (including 1:1000 drawn up doses) * Salbutamol PMDI for PTO |
| 25 | Chronic Obstructive Pulmonary Disease (COPD) exacerbation | Additional explanatory information |
| 26 | Anaphylaxis (adult and paediatric) | Updated RASH criteria  Inclusion of:  Adrenaline IMI (including 1:1000 drawn up doses)  Salbutamol PMDI for PTO  Normal saline (for high acuity)  Glucagon administration (adult only) |
| 27 | Acute Coronary Syndrome (Cardiac Chest Pain) | Updated and additional explanatory information  Inclusion of 0.4mg nitrolingual spray GTN |
| 28 | Hypoglycaemia | Updated explanatory information |
| 29 | Hyperglycaemia | New protocol  Inclusion of IV normal saline if incidental finding during transport (high acuity) |
| 30 | Nausea and vomiting | Updated explanatory information |
| 31 | Foreign body airway obstruction (FBAO) | New protocol |
| 32 | Laryngectomy and tracheostomy care | New protocol |
| 33 | Pain relief | Updated management priorities to include non-pharmacological options  New Medication: Entonox  *NB: Entonox inclusion is pending secretarial approval and may not be carried by all licence holders* |
| 34 | Burns | Updated explanatory information |
| 35 | Fractures/  dislocation | Updated explanatory information |
| 36 | Traumatic head injury | Updated explanatory information |
| 37 | Potential spinal injury | Updated explanatory information  Inclusion of ‘soft’ C-collars in preference to ‘rigid’\*  *\*transition period provided to licence holders* |
| 38 | Advanced care directives and end of life care | Updated and presented information in a single protocol |
| 39 | Mental Health patients | Updated information  Inclusion of NEPT as an option for transport |
| 40 | ‘Double-loading’ (low acuity only) | New protocol - regulatory requirements |
| 41 | Minimum equipment list | New protocol- checklist |
| 42 | Prolonged transport | New protocol |
| 43 | Medication pharmacology reference material | Additional explanatory information  NB: Some medication pharmacology sheets have been updated |

To receive this document in another format [email](mailto:NEPTFirstAidRegulation@health.vic.gov.au) the Non-Emergency Patient Transport and First Aid Services team <NEPTFirstAidRegulation@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, May 2023

Available at the [NEPT legislation and Clinical Practice Protocols webpage](https://www.health.vic.gov.au/patient-care/nept-legislation-and-clinical-practice-protocols) <https://www.health.vic.gov.au/patient-care/nept-legislation-and-clinical-practice-protocols