

# Abbreviations and Acronyms, Glossary

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## Abbreviations and acronyms

Abbreviation	Definition
<b>A</b>	
<b>AAA</b>	abdominal aortic aneurysm
<b>ABD</b>	acute behavioural disturbance
<b>ABG</b>	arterial blood gas
<b>ACLS</b>	advanced care life support
<b>ACP</b>	Advanced Care Paramedic
<b>ACS</b>	acute coronary syndrome
<b>AED</b>	automatic external defibrillator
<b>AF</b>	atrial fibrillation
<b>AFlut</b>	atrial flutter
<b>AHD</b>	Advanced Health Directive
<b>AICD</b>	automated implantable cardioverter defibrillator
<b>Alc Vol</b>	alcohol by volume
<b>ALOC</b>	altered level of consciousness
<b>ALS</b>	advanced life support
<b>AMHS</b>	authorised mental health service
<b>AMI</b>	acute myocardial infarction
<b>AMO</b>	Ambulance Medical Officer
<b>amp</b>	ampoule
<b>ANTT</b>	aseptic non-touch technique
<b>ARP</b>	Acute Resuscitation Plan (Queensland Health)
<b>ART</b>	arterial line (used for invasive BP monitoring)
<b>ATLS</b>	advanced trauma life support
<b>AV</b>	atrioventricular
<b>B</b>	
<b>BAC</b>	blood alcohol concentration
<b>BGL</b>	blood glucose level

Abbreviation	Definition
<b>BLS</b>	basic life support
<b>BP</b>	blood pressure
<b>BPM</b>	beats per minute
<b>BRUE</b>	brief resolved unexplained event
<b>BSA</b>	body surface area
<b>BVM</b>	bag valve mask
<b>C</b>	
<b>CABG</b>	coronary artery bypass graft
<b>CAD</b>	coronary artery disease
<b>CALD</b>	culturally and linguistically diverse
<b>cap</b>	capsule
<b>CCB</b>	calcium channel blocker
<b>CCF</b>	congestive cardiac failure
<b>CCP</b>	Critical Care Paramedic
<b>CCU</b>	coronary care unit
<b>CEW</b>	conducted energy weapons
<b>CF</b>	cystic fibrosis
<b>CHF</b>	congestive heart failure
<b>cmHg</b>	centimetres of mercury
<b>CNS</b>	central nervous system
<b>c/o</b>	complaining of
<b>CO</b>	carbon monoxide
<b>CO<sub>2</sub></b>	carbon dioxide
<b>COPD</b>	chronic obstructive pulmonary disease
<b>c/t</b>	called to
<b>CPAP</b>	continuous positive airways pressure
<b>CPG</b>	Clinical Practice Guideline
<b>CPP</b>	Clinical Practice Procedure

## Abbreviations and Acronyms (cont.)

Abbreviation	Definition
<b>C (cont.)</b>	
<b>CPR</b>	cardiopulmonary resuscitation
<b>CSF</b>	cerebrospinal fluid
<b>CT</b>	computerised tomography
<b>CVA</b>	cerebrovascular accident
<b>CVL</b>	central venous line
<b>CXR</b>	chest x-ray
<b>D</b>	
<b>DCARF</b>	Death and Cardiac Arrest Report Form
<b>DCCS</b>	direct current countershock
<b>DCPM</b>	Digital Clinical Practice Manual
<b>DCI</b>	decompression illness
<b>DFV</b>	Domestic and Family Violence
<b>DIC</b>	disseminated intravascular coagulation
<b>DKA</b>	diabetic ketoacidosis
<b>DM</b>	diabetes mellitus
<b>DOA</b>	dead on arrival
<b>DS</b>	decision supported
<b>DTP</b>	Drug Therapy Protocol
<b>DVT</b>	deep vein thrombosis
<b>E</b>	
<b>eARF</b>	electronic ambulance report form
<b>EBL</b>	estimated blood loss
<b>ECG</b>	electrocardiogram
<b>EEA</b>	emergency examination authority
<b>EEG</b>	electroencephalograph
<b>EMD</b>	electromechanical dissociation

Abbreviation	Definition
<b>ENT</b>	ear, nose and throat
<b>ETT</b>	endotracheal tube
<b>ESoP</b>	extended scope of practice
<b>F</b>	
<b>FAST</b>	focused assessment with sonography for trauma
<b>FBC</b>	full blood content
<b>FiO<sub>2</sub></b>	fractional inspired oxygen concentration
<b>FR</b>	first responder
<b>G</b>	
<b>g</b>	gram(s)
<b>GA</b>	general anaesthesia
<b>GABA</b>	gamma amino butyric acid
<b>GCS</b>	Glasgow Coma Scale
<b>GI</b>	gastrointestinal
<b>GIT</b>	gastrointestinal tract
<b>GSW</b>	gun shot wound
<b>GU</b>	gastric ulcer
<b>H</b>	
<b>Hb</b>	haemoglobin
<b>HHS</b>	Queensland Hospital and Health Service
<b>HI</b>	head injury
<b>hrs</b>	hours
<b>HSAs</b>	Health and Safety Advisors
<b>Hx</b>	history
<b>I</b>	
<b>IFT</b>	Inter-facility transfer
<b>IM</b>	intramuscular

## Abbreviations and Acronyms (cont.)

Abbreviation	Definition
<b>IO</b>	intraosseous
<b>IV</b>	intravenous
<b>ICC</b>	intercostal catheter
<b>ICD</b>	implantable cardioverter defibrillator
<b>I (cont.)</b>	
<b>ICP</b>	intracranial pressure
<b>ICS</b>	intercostal space
<b>ICU</b>	intensive care unit
<b>IDC</b>	in-dwelling catheter
<b>ILCOR</b>	International Liaison Committee on Resuscitation
<b>INH</b>	inhalation
<b>inj</b>	injection
<b>INR</b>	international normalised ratio (of prothrombin time)
<b>IPPV</b>	intermittent positive pressure ventilations
<b>IV</b>	intravenous
<b>IV inf</b>	intravenous infusion
<b>J</b>	
<b>J</b>	joule
<b>K</b>	
<b>kg</b>	kilogram
<b>L</b>	
<b>L)</b>	left
<b>LBBB</b>	left bundle branch block
<b>LLQ</b>	left lower quadrant
<b>L/min</b>	litres per minute
<b>LMA</b>	laryngeal mask airway
<b>LMP</b>	last menstrual period

Abbreviation	Definition
<b>LOC</b>	level of consciousness
<b>LUQ</b>	left upper quadrant
<b>LVF</b>	left ventricular failure
<b>LWI</b>	local work instruction
<b>M</b>	
<b>MAOIs</b>	monoamine oxidase inhibitors
<b>MAP</b>	mean arterial pressure
<b>Max</b>	maximum
<b>MCI</b>	multi casualty incident
<b>MHLS</b>	Mental Health Liaison Service
<b>microg</b>	microgram
<b>mg</b>	milligram
<b>MI</b>	myocardial infarction
<b>MILS</b>	manual inline stabilisation
<b>mL</b>	millilitre(s)
<b>mmHg</b>	millimetres of mercury
<b>mmol</b>	millimole
<b>N</b>	
<b>n/a</b>	not applicable
<b>NAD</b>	nil abnormality detected
<b>NAS</b>	intranasal
<b>NC</b>	nasal cannulae
<b>NEB</b>	nebulised
<b>NMDA</b>	N-Methyl D-Aspartate
<b>NOF</b>	neck of femur
<b>NSA</b>	neurological status assessment
<b>NSAIDs</b>	non-steroidal anti inflammatory drugs
<b>NSTEMI</b>	non-ST-elevation myocardial infarct

## Abbreviations and Acronyms (cont.)

Abbreviation	Definition
<b>O</b>	
<b>ODT</b>	orally disintegrating tablet
<b>O<sub>2</sub></b>	oxygen
<b>O/A</b>	on arrival
<b>O/E</b>	on examination
<b>OHCA</b>	out of hospital cardiac arrest
<b>OpCen</b>	Operations Centre
<b>P</b>	
<b>PaCO<sub>2</sub></b>	partial pressure of carbon dioxide (arterial)
<b>PaO<sub>2</sub></b>	partial pressure of oxygen (arterial)
<b>PAC</b>	premature atrial contraction
<b>PACH</b>	patient access co-ordination hub
<b>PCI</b>	percutaneous coronary intervention (coronary angioplasty)
<b>PE</b>	pulmonary embolism
<b>PEF</b>	peak expiratory flow
<b>PEARL</b>	pupils equal and reactive to light
<b>PFHB</b>	Public Funded Homebirth
<b>PIB</b>	pressure immobilisation bandage
<b>PJC</b>	premature junctional contraction
<b>PMHx</b>	past medical history
<b>PO</b>	per oral
<b>POC</b>	products of conception
<b>POP</b>	person object place
<b>POST</b>	patient off stretcher time
<b>PPE</b>	personal protective equipment
<b>PPH</b>	post-partum haemorrhage
<b>p.r</b>	per rectum
<b>PRN</b>	when required

Abbreviation	Definition
<b>PSA</b>	perfusion status assessment
<b>PSHS</b>	public sector health service
<b>pt</b>	patient
<b>PTSD</b>	post traumatic stress disorder
<b>PV</b>	per vaginal
<b>PVC</b>	premature ventricular contraction
<b>Q</b>	
<b>QAS</b>	Queensland Ambulance Service
<b>QEMS</b>	Queensland Emergency Medical System
<b>QPS</b>	Queensland Police Service
<b>R</b>	
<b>R)</b>	right
<b>RBBB</b>	right bundle branch block
<b>RLQ</b>	right lower quadrant
<b>ROLE</b>	recognition of life extinct
<b>ROSC</b>	return of spontaneous circulation
<b>RSA</b>	respiratory status assessment
<b>RSI</b>	rapid sequence induction
<b>RSQ</b>	Retrieval Services Queensland
<b>RTC</b>	road traffic crash
<b>RUQ</b>	right upper quadrant
<b>RV</b>	right ventricle
<b>Rx</b>	treatment
<b>RxBA</b>	treatment before arrival

## Abbreviations and Acronyms (cont.)

Abbreviation	Definition
<b>S</b>	
<b>SAD</b>	Supraglottic Airway Device
<b>SAMPLE</b>	signs & symptoms; allergies; medications; past medical
<b>SAT score</b>	Sedation Assessment Tool score
<b>SGA</b>	supraglottic airway
<b>S (cont.)</b>	
<b>SaO<sub>2</sub></b>	oxygen saturation
<b>SB</b>	sinus bradycardia
<b>sc</b>	subcutaneous
<b>SFM</b>	simple face mask
<b>SHE</b>	Safety Health and Environment (SHE Report)
<b>Sitrep</b>	situation report
<b>sl</b>	sublingual
<b>SMID</b>	QAS State Major Incident and Disaster Plan
<b>SMR</b>	spinal motion restriction
<b>SNRI</b>	serotonin and noradrenaline re-uptake inhibitor
<b>SOB</b>	shortness of breath
<b>SOL</b>	space occupying lesion
<b>SR</b>	sinus rhythm
<b>SSRI</b>	selective serotonin re-uptake inhibitor
<b>ST</b>	sinus tachycardia
<b>STEMI</b>	ST-elevation myocardial infarction
<b>SUBCUT</b>	subcutaneous
<b>SUBLING</b>	sublingual
<b>SVT</b>	supraventricular tachycardia
<b>T</b>	
<b>TCA</b>	tricyclic antidepressants
<b>TCP</b>	transcutaneous pacing

Abbreviation	Definition
<b>TIA</b>	transient ischaemic attack
<b>TNK</b>	tenecteplase
<b>TRAN</b>	transfusion
<b>Tx</b>	transport
<b>PJC</b>	premature junctional contraction
<b>U</b>	
<b>URTI</b>	upper respiratory tract infection
<b>UTI</b>	urinary tract infection
<b>V</b>	
<b>VEB</b>	ventricular ectopic beat
<b>VF</b>	ventricular fibrillation
<b>VSS</b>	vital signs survey
<b>VT</b>	ventricular tachycardia
<b>W</b>	
<b>WHS</b>	Workplace Health and Safety
<b>WNL</b>	within normal limits
<b>Miscellaneous</b>	
<b>#</b>	fracture
<b>1/60</b>	one minute
<b>1/24</b>	one hour
<b>1/7</b>	one day
<b>1/52</b>	one week
<b>1/12</b>	one month
<b>&lt;</b>	less than
<b>&gt;</b>	greater than
<b>≤</b>	less than or equal to
<b>≥</b>	greater than or equal to

# Glossary of terms

**Absolute contraindication:** A situation or event in which the administration of a specific medication, course of treatment or clinical procedure may be harmful to the person and for this reason, must be avoided without exception.

**Acute Behavioural Disturbance:** is behaviour that exposes the patient and/or others at immediate risk of serious harm and may include threatening or aggressive behaviour, extreme distress, and self-harm which could cause major injury or death.

**Acute emergency:** a situation which necessitates an immediate ambulance response with consideration for the use of ambulance vehicle warning devices.

**Acute stroke centre:** for the purpose of this DCPM, an acute stroke centre is a hospital capable of performing neurological imaging and administering stroke lysis.

**Administering practitioner:** The medical practitioner, nurse practitioner or registered nurse who is authorised to administer the VAD substance.

**Administration decision:** The decision a person makes in consultation with the coordinating practitioner to either self-administer the VAD substance, or have it administered by an administering practitioner.

**Advanced Care Paramedic:** a person registered as a paramedic with the Paramedicine Board of Australia (National Board), under the *Health Practitioner Regulation National Law Act 2009* (Qld) (National Law) and credentialed by the QAS to practice as an Advanced Care Paramedic (ACP) 1 or ACP 2.

**Advance Health Directive:** means an advance health directive under the *Powers of Attorney Act 1998*, by which an adult (the principal) may give directions about health matters for his or her future health care.

**Alcohol:** The term describes a series of organic chemicals compounds however, only one is found in beverages intended for human consumption – ethyl alcohol or ethanol.

**Alcohol by Volume:** the percentage of pure alcohol in a beverage. Alcohol by volume is expressed as 'Alc Vol'.

**Ambulance Officer:** as defined in the *Ambulance Service Act 1991* (Qld), a person employed as an ambulance officer under section 13 of the Act or appointed as an honorary ambulance officer under section 14 of the Act.

**Ambulance service:** as defined in the *Ambulance Service Act 1991*, service relating to the work of rendering emergency treatment and patient care to, and the transport of, sick and injured persons.

**Ambulance Clinician:** a person employed as an ambulance officer under section 13 of the *Ambulance Act 1991* (Qld) or appointed as an honorary ambulance officer under section 14 of the Act and authorised to perform operational duties with the Queensland Ambulance Service.

**Ambulance Medical Officer:** a person who is a registered medical practitioner with the Medical Board of Australia under the *Health Practitioner Regulation National Law Act 2009* (Qld) (National Law); credentialed by the Queensland Chief Health Officer as a specialist in retrieval medicine and pre-hospital care, or advanced trainee of a critical care discipline; and credentialed to practice as an and an ambulance medical officer.

**Ambulance Officer:** Ambulance Officer includes a person that is employed under section 13, and a person that is appointed as a voluntary ambulance officer under section 14 of the *Ambulance Service Act 1991* (Qld).

**Ambulance Technician:** an ambulance officer as defined in the *Ambulance Service Act 1991*, who holds formal academic qualifications in paramedicine/ambulance practice, who is not registered as a paramedic with the Paramedicine Board of Australia (National Board), under the *Health Practitioner Regulation National Law Act 2009* (Qld) (National Law), who is credentialed by the QAS to practice as an ambulance technician.

**Apparatus:** an instrument, item of machinery, appliance, and/or other items acquired by the ambulance clinician to be used for a particular purpose, for example, an axe for the purpose of gaining entry to premises.

**Appropriate/appropriately:** is suitable or proper having regard for the circumstances.

**Article:** an item or object.

**Attorney:** an attorney is a person appointed under an enduring document (i.e. enduring power of attorney or advanced health directive) under the *Powers of Attorney Act 1998*, s32 or a statutory health attorney authorised under the *Powers of Attorney Act*, s63.

**Authorised disposer:** a pharmacist who is authorised to dispose of the VAD substance.

**Authorised Mental Health Practitioners:** A health practitioner that is registered and regulated under the Health Practitioners Regulation National Law and authorized under section 340 of the *Mental Health Act 2016* (Qld), having achieved relevant competencies.

**Authorised Mental Health Service:** includes a health service, or part of a health service, declared to be a mental health service.

## Glossary of terms

**Authorised Officer:** a service officer (person who is appointed and employed as an ambulance officer, ambulance medical officer, or other staff members such as communication officers); who is authorised by the QAS Commissioner to exercise all powers, or select powers as the case may be, that are conferred by the *Ambulance Service Act*, s38(1)-(3).

**Authorised supplier:** A registered health practitioner (generally pharmacist) who is authorised to supply the VAD. In Queensland, the authorised supplier is the QVAD-Pharmacy.

**Authorised VAD practitioner:** A medical practitioner, nurse practitioner or registered nurse who is authorised to participate in the VAD process as a coordinating consulting, or administering practitioner. This person must complete mandatory training and must be verified as eligible to participate by Queensland Health.

**Autonomous:** in the context of a clinical decision, is one that is made by the ambulance clinician in accordance with CPGs, CPPs and DTPs, in the absence of consultation with the *QAS Clinical Consultation and Advice Line*.

**Birthing parent:** for the purposes of this DCPM, birthing parent is the person who gives physical birth to the neonate.

**Bisacromial:** also referred to as 'bisacromial breadth', is the should width, measured between the outermost bony points on the top of each shoulder.

**Bystander:** a person who is present at the scene of an incident and is not a QAS employee or volunteer that is involved in the delivery of ambulance services.

**Cachectic:** a general state of poor health involving loss of body weight and muscle mass, weakness, loss of appetite and fatigue, often associated with an underlying illness.

**Care coordinator:** a healthcare worker employed by QVAD-Support who can provide information and assistance regarding VAD.

**Carer:** for a person, means a person who is primarily responsible for providing support or care to the other person.

**Cause of Death Certificate:** that is required under the *Coroners Act 2003* is a medical certificate issued under the *Births, Deaths and Marriages Registration Act 2003* in which a medical practitioner is able to record an opinion as to the probable cause of death, taking into account their knowledge of the patient's medical history, and the circumstances of their death.

**Central stimuli:** is one which can only be found if the brain is involved in the response to the pain. The QAS preferred technique are, the sternal rub and trapezium squeeze (involves gripping and twisting a portion of the trapezium muscle in the patient's shoulder).

**Cisgender (cis):** describing a person whose gender identity aligns with the sex they were assigned at birth; not transgender i.e. cis(gender) woman, cis(gender) man.

**Child:** a person under 18 years of age.

**Classified patient (voluntary):** is a person who has been transferred from a place of custody to an inpatient unit in an AMHS and consents to receiving treatment and care for their mental illness. See s64(3) of the *Mental Health Act 2016* (Qld).

**Coercion:** Includes intimidation, or a threat, or promise, including an improper use of a position of trust or influence. The decision to access VAD must be voluntary and free from coercion.

**Consider:** in the DCPM, the word 'consider' means to think carefully about the alternative course/s of action that are proposed, and to do so having regard for the unique clinical and other circumstances of the case.

**Clinical judgement:** Clinical judgment refers to the thought process (clinical reasoning) that allows clinicians to arrive at a conclusion (clinical decision-making) based on objective and subjective information about a patient.

**Commissioner:** the QAS Commissioner appointed under the *Ambulance Service Act 1991*, s4 or the Acting Commissioner appointed under section 4A.

**Conscientious objection:** Refusal by a healthcare worker to provide, or participate in, a lawful treatment of procedure because it conflicts with their personal beliefs, values, or moral concerns.

**Consulting assessment:** The assessment conducted by the consulting practitioner to determine if a person meets the eligibility criteria for voluntary assisted dying. The consulting assessment is conducted after a person has first been assessed by the coordinating practitioner as eligible.

**Consulting practitioner:** A medical practitioner who independently completes a consulting assessment for the person. This person is always different to the coordinating practitioner.

**Contact person:** The person appointed by a person accessing VAD to carry out specific activities under the VAD Act and act as a point of contact for the Review Board.



# Glossary of terms

**Continual:** without intermission.

**Continuous:** repeated regularly or at regular intervals.

**Correct/correctly:** is accurate, without error.

**Coordinating practitioner:** The medical practitioner who accepts a person's first request and supports the person through the VAD process. this role can be transferred to the consulting practitioner at the request of either the person, or the coordinating practitioner.

**Correct/correctly:** is accurate, without error.

**Decision-making capacity:** the ability to understand the nature and effect of a decision; to freely and voluntarily make the decision; and to communicate the decision in some way.

**Decision supported:** in the context of a clinical decision, one that is made in consultation with a senior clinician on the *QAS Clinical Consultation and Advice Line*, following which, authorisation for specific clinical treatment is provided.

**De-escalation:** is the process of engaging the patient as an active partner in the process of assessment, treatment and recovery with the express purpose of alleviating their current distress and de-escalating their level of a ABD in order to reduce the risk of harm to the person or others.

**Definitive needs:** refers to the specific and conclusive health care needs of the patient.

**Definitive care:** refers to the final phase of ambulance services, which is the arrival at a hospital or health care facility and the transfer of the patient's health care to the hospital/health care facility personnel.

**Definitively managed:** refers to the specific and conclusive health management for the patient.

**Direct supervision:** the supervising clinician is required to remain physically present and maintain continuous visual observation while the procedure, the subject of the supervision, is being performed.

**Drinking occasion:** a period during which a sequence of alcoholic drinks are consumed without the patient's Blood Alcohol Concentration returning to zero.

**Elderly person:** a person over the chronological age of 65 years.

**Eligibility criteria:** The set of requirements that a person must meet to access voluntary assisted dying.

**Decision supported:** in the context of a clinical decision, one that is made in consultation with a senior clinician on the *QAS Clinical Consultation and Advice Line*, following which, authorisation for specific clinical treatment is provided.

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**Emergency Examination Authority (EEA):** is given by an ambulance officer under s157D of the *Public Health Act 2005* (Qld). See *QAS CPP: Emergency Examination Authority*.

**Enduring document:** means an enduring power of attorney made under the *Powers of Attorney Act 1998*, s32 and an advance health directive made under the *Powers of Attorney Act 1998*, s35.

**Enduring power of attorney:** means an enduring power of attorney under the *Powers of Attorney Act 1998*, s32, which authorises one or more persons (referred to as an 'attorney') to do anything in relation to financial and/or personal matters, for the principal, that the principal could lawfully do for themselves, if the principal had the capacity to do so.

## Glossary of terms (cont.)

**electronic Ambulance Report Form:** is a clinical record which is created by the ambulance clinician and which all relevant details relating to the delivery of ambulance services to a person is recorded.

**Equipment:** items and necessary supplies provided to the ambulance clinician for the purpose of delivering ambulance services, for example, ambulance vehicle, medical supplies, medical equipment.

**Examination Authority:** issued by the Mental Health Tribunal following an application by either an Administrator of an AMHS or a doctor or mental health practitioner, in relation to the person's clinical state. The examination must be conducted within seven days from the date the authority is issued. See section 502(1) of the *Mental Health Act 2016* (Qld).

**Examination Order:** issued by a Magistrate under s177 of the *Mental Health Act*. It is a type of judicial order and authorizes the examination of a person by a doctor or mental health practitioner. It can also authorise transport of a person to an AMHS for this purpose.

**Excited delirium:** an acute confusional state marked by intense paranoia, hallucinations, and violence toward objects and people.

**Fetus:** an unborn offspring that develops and grows inside the uterus of humans. The fetal period begins at 9 weeks after fertilisation and ends at birth.

**Final request:** The clear and unambiguous request a person makes to a medical practitioner for access to VAD. This is the first of three requests a person must make to access VAD and should be ordinarily be made during a medical consultation.

**Frail:** a person is frail when they are physically weak and not strong enough to endure strain, pressure, or strenuous effort.

**Gender affirmation:** is the process where a trans or gender diverse person takes steps to socially, legally and/or physically feel more aligned with their gender.

**Gender-affirming surgery (noun):** surgeries to modify a person's body to be more aligned with that person's gender identity. Types of surgeries include chest and genital surgeries, facial feminisation, body sculpting and hair removal.

**Gender-affirming hormone therapy (noun):** feminising and masculinising hormone treatment to align secondary sex characteristics with gender identity.

**Gender diverse:** is an umbrella term that is used to describe gender identities that demonstrate a diversity of expression beyond the binary framework.

**Gender dysphoria:** discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

**Gender expression (noun):** the way a person communicates their gender to the world through mannerisms, clothing, speech, behaviours etc. Gender expression varies depending on culture, context, and historical period.

**General aseptic technique:** for the purposes of this DCPM, good clinical practice is practice of the paramedic profession in Australia, having regard for both the recognised paramedical and ethical standards, practices and procedures of the profession and practices and procedures set out in this DCPM.

**Good clinical practice:** for the purposes of this DCPM, good clinical practice is practice of the paramedic profession in Australia, having regard for both the recognised paramedical and ethical standards, practices and procedures of the profession and practices and procedures set out in this DCPM.

**Good medical practice:** as defined in the *Guardianship and Administration Act 2000*, Sch. 2, s 5B and the *Powers of Attorney Act 1998*, Sch.2, s5B is practice for the medical profession in Australia having regard to the recognised medical standards, practices and procedures of the profession in Australia; and the recognised ethical standards of the medical profession in Australia.

**Guardian:** means a guardian that has been appointed under the *Guardianship and Administration Act* (Qld) 2000.

**Guideline:** statements that include general advice and recommendations that are intended to optimise patient care and safety, and which are informed by a systematic review of evidence and an assessment of the potential benefits and possible risks associated with alternative management options.

**Health Care Principles:** as set out in Schedule 1, s12 of the *Guardianship and Administration Act 2000*, s12 and the *Powers of Attorney Act 1998*, s6C.

**Health Procedures:** for the purpose of the *CPG: Verification of death and management of a deceased person* is defined in the *Coroners Act 2003*, Sch. 2 as a denial, medical, surgical or other health related procedure, including for example the administration of an anaesthetic, analgesic, sedative or other drug.

**Honorary Ambulance Officer:** a person appointed by the QAS Commissioner under the *Ambulance Service Act 1991*, s14, to carry out, without remuneration, the functions of the service that the QAS Commissioner may direct.

**Immediate care:** ambulance service and clinical care that must be provided without delay.

## Glossary of terms (cont.)

**Immediate needs:** clinical needs that must be addressed without delay.

**Indicated:** in this DCPM, the word ‘indicated’ means that an identified course of action or treatment is necessary and should be implemented.

**Infant:** an infant is a child aged over one month, and less than 12 months of age.

**Intersex (adj.):** an umbrella term used to describe someone who has chromosomal, reproductive or biological variations that fall outside the binary concept of male and female sex characteristics.

**Involuntary patient:** defined in s11 of the *Mental Health Act 2016* (Qld) as a person who is the subject of one of the following: examination authority; recommendation for assessment; treatment authority; forensic authority; treatment support order; judicial order; or detained in an AMHS under s36 of the Act.

**Life-sustaining measure:** as defined in the *Guardianship and Administration Act 2000* (GAAA), Sch 2, s5A and the *Powers of Attorney Act 1998* (POAA), Sch.2, s5A, a life-sustaining measure is health care that is intended to sustain or prolong life and that supplants or maintains the operation of vital bodily functions that are temporarily or permanently incapable of independent operation. Each of the following are life-sustaining measures: cardiopulmonary resuscitation; assisted ventilation; and artificial nutrition and hydration. A blood transfusion is not, for the purposes of the GAAA and POAA, a life-sustaining measure.

**Life-sustaining treatment:** involves health care that is defined in the *Guardianship and Administration Act 2000* (GAAA), Sch 2, s5A and the *Powers of Attorney Act 1998* (POAA), Sch.2, s5A (see above), and other clinical interventions that are implemented for the purpose of sustaining life. In this DCPM, references to life-sustaining treatment include the following: cardiopulmonary resuscitation; assisted ventilation; fluid replacement (hydration); defibrillation; blood transfusion; administration of pharmacological substances; and clinical procedures aimed at achieving this purpose.

**Life threatening condition:** a condition that is caused by an illness or injury from which the person is unlikely to survive unless appropriate clinical care and ambulance services are provided.

**Low threshold:** is the minimal level at which a circumstance/situation is reached before a change will be implemented. Examples of a circumstance/situation may involve a patient’s clinical status or an evolving scene. The changes or interventions to which the ‘low threshold’ may apply before change is implemented, may include a request for additional resources, seeking clinical consultation and advice, conducting various assessments, administration of specific medication, performance of a specific procedure, and using movement aid devices.

**Material:** a substance or mix of substances of which a thing is made or composed, for example, alcohol.

**May:** In this DCPM, the word ‘may’ used in relation to an authorised course of action or power, indicates that the course of action or power may be implemented/acted on, or it may not, at discretion of the ambulance clinician authorised to do so.

**Measured:** in the context of applying force or pressure, measured is proportionate having regard for the circumstances.

**Mechanical restraint:** the use of a device that is applied to a person for the primary purpose of controlling the person’s behaviour in circumstances where the behaviour may cause harm to the person or others.

**Medical Director:** as defined in the *Ambulance Service Act 1991*, the Queensland Ambulance Service officer with the title ‘medical director’ or from time to time the title is changed, the changed title.

**Medical Practitioner:** a person registered as a medical practitioner with the Medical Board of Australia, under the *Health Practitioner Regulation National Law Act 2009* (Qld) (National Law).

**Minor:** when used to describe health care or ambulance services, minor involves care or services that are simple and non-invasive.

**Minor:** when used in the context of describing the status of a person, a minor is a person who is under the age of 18 years.

**Misgendering:** is the act of identifying the gender of a TGDNB person incorrectly by using an incorrect label, pronoun or name.

**Must:** In this DCPM, the word ‘must’ used in relation to an authorised course of action or power, indicates that the course of action or power is mandatory and required to be implemented/acted on in the manner described.

**Neonate:** for the purposes of this DCPM, a neonate is a child that is more than one day and less than one month of age.

## Glossary of terms (cont.)

**Newborn:** for the purposes of this DCPM, a newborn is a child from the moment it is born and for the first 24 hours post-delivery.

**Non-binary:** refers to an individual whose gender identify does not solely align with male or female but may identify as both, neither or somewhere in between.

**Operations Centre (OpCen):** a QAS Communications Centre, of which there are eight in Queensland.

**Paediatric:** is a child that is 12 years of age or less.

**Pansexual:** means sexually or romantically attracted to people regardless of their sex or gender.

**Paramedic:** a person registered as a paramedic with the Paramedicine Board of Australia (National Board), under the *Health Practitioner Regulation National Law Act 2009* (Qld) (National Law) and credentialed by the QAS to practice as a paramedic.

**Pharmacological restraint:** the use of medication for the primary purpose of controlling a person's behaviour in circumstances where such behaviour may cause harm to the person or others.

**Physical restraint:** the use of any part of another person's body, applied to a person for the primary purpose of controlling the person's behaviour, in circumstances where the behaviour may cause harm to the person or others.

**Policy:** statements of principles that are intended to guide, or in some circumstances, direct, a course of action to be implemented in specified circumstances.

**Practitioner administration:** The process whereby a person is administered voluntary assisted dying substance by an administering practitioner.

**Premorbid:** refers to the patient's physical or psychological state that preceded the occurrence of symptoms of a disease or disorder.

**Procedure:** a prescribed method, or series of steps that must be followed when performing a specific task.

**Protocol:** a formal set of rules or standardized procedures that must be followed without variation.

**Public Guardian:** means the Queensland Public Guardian appointed under the *Public Guardian Act 2014*.

**Publicly Funded Homebirth:** is a planned event where a woman with a low-risk pregnancy chooses a model of maternity care that supports birthing at home under the care of public hospital midwives.

**QAS Clinical Consultation and Advice Line:** a telephone service that is available to all QAS clinicians (caller) for the purpose of obtaining clinical and operational advice and directions for the delivery of ambulance services; support for responding clinicians; and authorisation for the provision of clinical interventions that are outside the scope of the caller's authority. The telephone service operates 24 hours each day and seven days each week. It is a two-tiered model, the first tier of which involves consultation with a senior ambulance clinician that is authorised to practice as a HARU paramedic, and approved to provide authority for ambulance interventions that are consistent with his or her own level of authority, or which has been authorised by the QAS Medical Director. The second tier involves telephone referral to a QAS medical officer.

**QAS Personnel:** includes both employees and volunteers.

**Queensland Emergency Medical Centre:** the emergency medical system (EMS) in Queensland that involves a comprehensive, coordinated and integrated system of care for patients suffering acute illness and injury.

**Queensland VAD-pharmacy (QVAD-Pharmacy):** The statewide pharmacy service hosted by Metro South Health. Staff within QVAD-Pharmacy are the authorised suppliers of the voluntary assisted dying substance in Queensland.

**Queensland VAD-support (QVAD-Support):** The statewide support service hosted by Metro South Health. QVAD-Support care coordinators provide support to anyone involved with VAD in Queensland, including people wanting information about or access to voluntary assisted dying; carers and family members of people wanting to access voluntary assisted dying; healthcare workers; facilities and entities.

**Recommendation for Assessment:** is issued by a doctor (for example a general medical practitioner) or an authorised mental health practitioner.

**Refractory:** a patient's condition is unresponsive to treatment that is administered or performed (pharmacological or procedural) to minimise or reverse the condition. In the context of ventricular fibrillation or ventricular tachycardia resulting in cardiac arrest, refractory means that the patient's cardiac arrhythmia is unresponsive to three DCCS.

**Relative contraindication:** a situation or event in which the administration of a specific medication, course of treatment or clinical procedure should only be administered/performed with extreme caution. Clinicians must carefully consider all circumstances including the possible risk of significant harm to the patient, and are required to contact the QAS Clinical Consultation and Advice Line for advice prior to proceeding.

## Glossary of terms (cont.)

**Restraint:** a restrictive intervention that relies on external mechanisms to limit the movement or response of a person. Restraint can be viewed in three modalities: physical restraint; mechanical restraint; or pharmacological restraint.

**Restrictive practice:** means any of the following practices used to respond to the behaviour of a person in circumstances where such behaviour may cause harm to the person or others – pharmacological restraint, mechanical restraint, physical restraint.

**Reasonable:** is to be determined objectively, and is that which is just, appropriate and prudent in the circumstances. Reasonable is referenced in this DCPM in the context of: ‘care’, ‘clinical judgement’, actions that are ‘practical’, views that are ‘considered’ and ‘suspicion’ that are formed, by the ambulance clinician.

**Reasonable care:** exercising caution and implementing actions that a competent and prudent ambulance clinician of the same level would exercise in similar circumstances.

**Reasonable clinical judgement:** the ambulance clinician’s judgement, which is consistent with that of which a careful, competent and prudent clinician would reach, having regard for the clinical and other relevant evidence that is available at the time the judgement is made.

**Reasonable suspicion:** where the ambulance clinician forms a suspicion that is based on objective clinical and other information available to the clinician at the time, and is consistent with a suspicion that a careful and prudent ambulance clinician would reach in similar circumstances.

**Reasonably practical:** actions that can be implemented safely and in a timely manner having regard for all the circumstances.

**Sedation:** is process of reducing agitation, aggression, irritability, and acute behavioural disturbance (ABD), through the administration of sedative medications for the purpose of assessment, treatment and safe transport to definitive care.

**Self-administration:** The process whereby a person administers the VAD substance themselves.

**Service Officer:** a person employed or engaged under a contract, as an ambulance officer, an ambulance medical officer or other staff member, pursuant to the *Ambulance Service Act 1991*, s13A.

**Severe hypoglycaemic event:** an event of hypoglycaemia of sufficient severity such that the person is unable to treat the hypoglycaemia themselves and so requires someone else to administer treatment.

**Should:** In this DCPM, the word ‘should’ used in relation to an authorised course of action or power, indicates that the course of action or power is recommended but is not mandatory.

**Significant:** connotes something that is important, compelling, serious, considerable, or large. The term significant in the context of:

- pain, distress, injury, disability, blood loss, complications, or risk, means a ‘large’ amount, large quantity or considerable’.
- an individual’s role or responsibilities, means ‘important’.
- a patient’s clinical history, means ‘compelling’.
- a description of a patient’s clinical status, such as ‘neurological compromise’, means that it is ‘serious’.

**Significant other:** is a person that is important to another; the most important person in the life of another.

**Single patient use (medical device):** an item of medical equipment, instrument or apparatus that may be used multiple times on a single patient. Example of a single patient use device is a tourniquet.

**Single use (medical device):** an item of medical equipment, instrument or apparatus that is to be used on a single patient and for a single procedure after which it is to be discarded. Example of a single use medical device is a disposable syringe.

**Situation report (sitrep):** the provision of information in the form of a verbal report (provided by telephone or radio), in which the caller provides details regarding the status of relevant clinical and operational matters at the scene of an incident.

**Standard drink:** refers to an alcoholic beverage. In Australia, a standard drink contains 10 g or 12.5 mL of pure alcohol.

**Transgender:** an umbrella term describing a person whose gender identity does not align with the sex they were assigned at birth.

**Transmasculine:** describing a person who was assigned female at birth and whose gender has a prominent masculine component (inclusive of binary and non-binary genders).

**Transfeminine:** describing a person who is Assigned Male at Birth and whose gender has a prominent feminine component (inclusive of binary and non-binary genders).

## ***Glossary of terms (cont.)***

**VAD substance:** The approved Schedule 4 substance or Schedule 8 substance, or a combination of those substances, for use under the VAD Act for the purpose of causing a person's death. The substances are approved as VAD substances by the Director-General of Queensland Health.

**Verification (of death):** clinical assessment to confirm that the patient is deceased.

**Vigilant:** to maintain a careful watch for possible danger, hazards, changes or complications that may arise.

**Voluntary Assisted Dying (VAD):** The administration of a VAD substance and steps reasonably related to that administration.

**Young person:** is an older minor between the age of approximately 13 years and 18 years.