



PARAMEDIC EXPANDED SCOPE INTERFACILITY TRANSPORTS (IFT)

PURPOSE

To provide a mechanism for approved expanded scope IFT Paramedics to monitor infusions of **Nitroglycerin (NTG)**, and/or **Heparin** during IFTs, and to provide guidelines for the administration of **Potassium Chloride (KCl)** during IFTs.

AUTHORITY

Health & Safety Code, Division 2.5, Chapter 4, Article 1, § 1797.220
California Code of Regulations, Title 22, Division 9, Chapter 4, Article 2, § 100145

POLICY

- I. Only those Paramedics who have successfully completed training program(s) approved by the Yolo County Emergency Medical Services Agency (YEMSA) Medical Director on **NTG**, and/or **Heparin** infusions will be permitted to monitor them during IFTs.
- II. Only those Advanced Life Support (ALS) Ambulance Service Providers approved by the YEMSA Medical Director will be permitted to provide the service of monitoring **NTG**, and/or **Heparin** infusions during IFTs.
- III. Patients that are candidates for Paramedic transport will have pre-existing **NTG**, and/or **Heparin** infusions in peripheral or central intravenous (IV) lines. Prehospital personnel will not initiate **NTG**, and/or **Heparin** infusions. The **NTG**, and/or **Heparin** infusion will have been running for at least ten (10) minutes prior to transport. Patients will have maintained stable vital signs (VS) for the previous thirty – sixty (30 – 60) minutes and will not have more than two (2) medication infusions running exclusive of **Potassium Chloride (KCl)**. The timeframes listed above will not apply to patients who require immediate transport for critical interventions when the transferring and/or receiving Physician(s) determine that immediate transport is in the best interest of patient care.

PROCEDURE

- I. All patients will be maintained on a cardiac monitor and a non-invasive blood pressure monitor.
- II. The Paramedic shall receive the transferring orders from the transferring Physician prior to leaving the sending hospital, including a telephone number where the transferring Physician can be reached during the patient transport. Transferring Physicians must be aware of the general Scope of Practice of Paramedics and the transport protocol parameters outlined below. The written orders must include the type of solution, dosage and rate of infusion for the IV fluids.
- III. Patients will be hemodynamically stable at the time of transport and will not have more than two (2) medication infusions running exclusive of **KCl**.



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- IV. Patients will meet pre-established criteria for hemodynamic stability, as noted by the transferring Physician on the **NTG**, and/or **Heparin** transferring orders.
- V. If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the Paramedic may restart the line as delineated in the transfer orders.
- VI. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the Paramedic. In cases of pump malfunction that cannot be corrected, the medication drip will be discontinued and the transferring Physician shall be notified as soon as possible. The YEMSA Medical Director shall be notified of the pump malfunction within twenty-four (24) hours.
- VII. The Paramedic shall document on the Patient Care Report (PCR) the total volume infused throughout the duration of the transport.

APPROVED EXPANDED SCOPE IFT INFUSION MEDICATIONS:

I. NTG INFUSIONS

A. Paramedics are allowed to transport patients on **NTG** infusions within the following parameters:

1. Infusion fluid will be **D5W**. Medication concentration will be **50 mg/250 mL**.
2. Regulation of the infusion rate will be within parameters defined by the transferring Physician, but in no case will changes be greater than (>) **ten micrograms per minute (10 mcg/min)** increments every five - ten (5 - 10) minutes. In cases of severe hypotension, the medication drip will be discontinued and the transferring Physician and Base Hospital will be notified.
3. Discuss with transferring Physician concomitant use of analgesics during transport, e.g. **Morphine Sulfate IV**.
4. VS will be monitored and documented every fifteen (15) minutes and immediately if there is any change in patient status or change in medication adjustment.

II. HEPARIN INFUSIONS

A. Paramedics are allowed to transport patients on **Heparin** infusions within the following parameters:

1. Infusion fluid will be **D5W or Normal Saline**. Medication concentration shall not exceed **100 units/mL of IV fluid (25,000 units/250 mL)**.
2. Infusion rates will remain constant during transport. No regulation of the rate will be performed except to turn off the infusion completely.
3. Infusion rates will not exceed **one thousand six hundred (1,600) units/hour**.
4. VS will be monitored and documented every fifteen (15) minutes and immediately if there is any change in patient status or change in medication adjustment.

PRECAUTION

- I. If **Potassium Chloride (KCl)** has been initiated, it may not exceed **40 mEq/L** and infusion rates may NOT exceed **10 mEq/hour**.



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CONTINUOUS QUALITY IMPROVEMENT (CQI)

All calls will be audited by the Service Provider Agency CQI process. Audits will assess compliance with Physician orders and regional protocols, including Base Hospital contact in emergency situations. Reports will be sent to YEMSA as requested.