

**REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Paramedic**

**SMO: Interfacility Transfer of Patients Receiving System-Approved
IV Solutions and Medications (Paramedic Expanded Scope)**

Overview: This policy is to be utilized by the EMT-Paramedic and/or Pre-Hospital RN in KCEMSS for interfacility transfers **only**. This policy is for use in transfers in which these solutions and/or medications **have been initiated by the sending facility**. They are approved under the expanded scope of practice; therefore, CQI will be conducted on each run utilizing this policy.

DRUG ACTION/USAGE

- A. Medications used in the treatment of cardiac patients with signs and symptoms of ischemia, cardiac dysrhythmias, AMI, and cardiac catheterization procedures to reduce complications. All of these medications are *initiated by the sending facility*.
 - 1. Accepted infusing medications IV drips include LIDOCAINE, DOPAMINE, DOBUTAMINE, HEPARIN, NITROGLYCERIN, DILTIAZEM, and/or GLYCOPROTEIN IIB/IIA RECEPTOR INHIBITORS (AGGRASTAT, REOPRO, INTEGRILIN), AMIODARONE
- B. Accepted IV solutions include standard IV CRYSTOLLOID SOLUTIONS (0.9% NaCl, D5W, D5 0.2% NaCl, D5 0.45% NaCl, D5 0.9% NaCl, D5 LR, 0.45% NaCl, Lactated Ringers) including those containing MULTIPLE VITAMIN additive or POTASSIUM additive (KCL concentrations **no more than** 20 mEq/ liter).
- C. Other expanded scope IV drip medications approved by IDPH and Kishwaukee Community EMS System include the following medications initiated by the transferring facility: SODIUM BICARBONATE, INSULIN, DILANTIN, MAGNESIUM SULFATE, and IVPB ANTIBIOTICS, and transfer of patient receiving patient-controlled pain management drips (i.e. PCA pumps) to include MORPHINE SULFATE, DEMEROL, DILAUDID, AND TORADOL.

PROCEDURE

- ___ Obtain patient report from the transferring primary RN caring for the patient with *special attention* to the following:
 - 1. Condition of the patient including vital signs.
 - 2. Be familiar with and have working knowledge of all medications infusing.
 - 3. Know the rate of each infusion.
 - 4. Know the IV pump settings.
 - 5. Document each on the EMS report form.
- ___ Obtain transfer orders including measures to be implemented if bleeding occurs which cannot be controlled with direct pressure.
- ___ Assess patient for any signs of bleeding.

PROCEDURE(cont)

- ___ All the listed medications and IV solutions with KCL additive **must be maintained** on an IV pump at the ordered rate of infusion. The settings on the IV pump must be verified by the sending RN prior to departure.
- ___ Check the infusion frequently to ensure correct rate.
- ___ Observe the IV site for any signs of infiltration, if this occurs, discontinue the site and apply a pressure dressing. Restart the line as soon as possible and continue with the same rate of infusion. Document the length of time the infusion was interrupted, and report to the staff at the receiving facility.
- ___ Monitor the patient for any signs of potential hemorrhage especially at infusion sites, previous needle stick sites (IV, lab draws, ABG sites) and mucous membranes. If bleeding or suspected bleeding is noted and cannot be controlled with direct pressure, follow transfer orders or contact on-line medical control for instructions.
- ___ Monitor the patient's vital signs every 10 minutes or more often if necessary enroute to receiving facility.
- ___ If any question on patient's condition, contact medical control at the *sending* hospital for further direction.

Documentation of adherence to protocol:

- ___ Clearly document the medication used and the reason the patient is being transported
- ___ Condition of the patient including vital signs
- ___ Document the rate of each infusion
- ___ Document the IV pump settings and that these settings were verified with the sending RN

Medical Control Contact Criteria

- ___ Contact Medical Control if any questions arise regarding the transport of expanded scope medications.