

615 CONTINUOUS MEDICATION/FLUID ADMINISTRATION

NOTE: PARAMEDICS MAY PROVIDE, OR ASSIST IN PROVIDING, CONTINUOUS MEDICATION OR FLUID ADMINISTRATION DURING INTERFACILITY TRANSPORT ONLY IF THEY HAVE COMPLETED SPECIAL ADDITIONAL TRAINING IN THE USE OF INFUSION DEVICES, INCLUDING APPROPRIATE CONTINUING EDUCATION, AND ARE PROPERLY CREDENTIALLED BY THE AMBULANCE SERVICE MEDICAL DIRECTOR TO OPERATE SUCH EQUIPMENT.

BEFORE TRANSPORT:

Together with nursing staff, ensure that all IV/IO device(s) are patent and securely taped, that all connections are secure and water-tight, that all tubing is compatible with the type(s) of medication(s) or fluid(s) being administered, and that all infusion device(s) are properly functioning.

If the transport is not accompanied by a physician or nurse, obtain written order(s) for the dosage(s), volume(s), and concentration(s) of medication(s) and fluid(s), as well as infusion rate(s), to be used enroute.

NOTE: IF YOU ARE NOT FAMILIAR WITH THE TYPE OF INFUSION DEVICE(S) BEING USED, OR DO NOT FEEL COMFORTABLE WITH THE DOSAGE(S), VOLUME(S), OR CONCENTRATIONS(S) OF MEDICATION(S) OR FLUID(S), OR INFUSION RATE(S), PRESCRIBED BY THE SENDING PHYSICIAN, DO NOT ATTEMPT TRANSPORT. CONTACT MEDICAL CONTROL (OR DULY AUTHORIZED AGENT) FOR FURTHER INSTRUCTIONS.

Set each transport infusion device to be used at the prescribed volume and rate of infusion.

Clear each line of air pockets prior to infusion.

Switch each infusion from hospital infusion device to transport infusion device.

NOTE: DO NOT OPEN STOPCOCKS WHEN SWITCHING BETWEEN INFUSION DEVICES.

Continue each infusion with transport infusion device.

NOTE: PROTECT EACH LINE FROM SUNLIGHT AS APPROPRIATE.

DURING TRANSPORT:

Continuously monitor vital signs, tissue perfusion, IV/IO access site, and infusion device function.

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(continued)

In the event of mechanical failure that cannot readily be corrected, detach tubing from infusion device, and continue infusion by gravity drip, carefully monitoring the infusion rate by direct observation.

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate IS present, assist with infusion management on request, and contact medical control (or duly authorized agent) as soon as possible (without compromising patient safety).

In the event of a clinical emergency, and a physician, nurse practitioner, or physician surrogate is NOT present, adjust rate(s) of infusion as appropriate within prescribed dose range(s), and contact medical control (or duly authorized agent) as soon as possible (without compromising patient safety).

NOTE: IF IT BECOMES NECESSARY TO STOP AN INFUSION ENTIRELY, BEGIN AN INFUSION OF DEXTROSE 5% IN WATER (D5W) TO KEEP VEIN OPEN.

AFTER TRANSPORT:

Record type and model of infusion device(s) used, and the dosage(s), volume(s), and concentration(s) of medication(s) and fluid(s) administered, as well as any changes in patient condition, modifications in infusion device settings, and unusual incidents occurring enroute, on Interfacility Transfer Report.