

04-1003 – Cardiac Infusion Local Optional Scope

Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

Purpose

To authorize EMT-Ps to monitor certain pre-existing intravenous cardiac infusions during Interfacility Transfers.

Policy

Signed transfer orders from the transferring physician shall be obtained prior to transport.

Cardiac Medications

1. EMT-Ps shall not initiate cardiac infusions.
2. A mechanical pump that is familiar to the EMT-P must regulate the infusions.
3. If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the EMT-P may restart the line as delineated in the transfer orders.
4. Frequent patient reassessment & monitoring of VS, including pulse oximetry and cardiac monitoring, throughout transport is essential.
5. Confirm attending physician orders including infusion rates, concentration, and parameters.
6. Continuous cardiac monitor treat arrhythmias per ACLS protocols.

Heparin Infusion

1. If a pump failure occurs and cannot be corrected, the paramedic is to discontinue the Heparin infusion and notify the BH physician.
2. Medication concentration will not exceed 100 Units/cc of IV fluid (25,000 Units/250 ml or 50,000 Units/500 ml). INFUSION RATES MAY NOT EXCEED 1600 Units/hr.
3. Report any change of status to BH STAT.
4. Infusions rates must remain constant during transport with no regulation of rates being performed by the EMT-P Local Optional Scope, except for the discontinuation of the infusion (e.g., as in a case of bleeding) per BHPO.

Nitroglycerin Infusion

1. Monitor BP every 5 minutes during titration, then every 15 minutes.
2. Titrate NTG infusion to effect and according to parameters established by physician's orders.
3. In no case will changes be greater than 5 mcg/minute increments every 5 - 10 minutes.
4. INFUSION RATES MAY NOT EXCEED 50 mcg/min.
5. If severe hypotension or deterioration occurs, return to prior rate and contact Base Hospital Physician immediately for further orders.
6. Treat the hypotension according to the shock protocol.
7. Paramedics may institute two infusion rate changes prior to consulting with the BH.
8. Additional changes must be made only after BH contact.
9. If a pump failure occurs, the paramedic shall mechanically titrate the NTG infusion and notify BHP.
10. Vital signs shall be reassessed every 5 minutes.