

	1701	Antibiotics for IFT
Nor-Cal EMS Policy & Procedure Manual		Treatment Guidelines
Effective Date: 05/01/2021		Next Revision: 05/01/2024
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority

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

Signed transfer order from the transferring physician must provide for maintaining a specified infusion rate via pump or in line flow control device (Dial-a-flow) that the Paramedic is trained and comfortable operating

Prior to transport confirm:

The Antibiotic shall be started prior to transport
 The '5 rights' of medication administration
 Verify infusion rate and time remaining

Paramedics **shall not** transport the patient if hypotensive and believed to be in septic shock or if there is an acute deterioration in the patient's condition

If allergic reaction occurs, stop and disconnect infusion and refer to allergic reaction protocol and make Physician Consultation

Required during transport:

ECG, SPO₂, Blood Pressure, and vital signs documented at a minimum of every 15 minutes;

If infusion finishes normally during transport- save infusion bag, and revert to TKO or previously ordered fluid infusion rate.

If Paramedic feels that level of care is out of his/her ability to safely transport, they may refuse transfer.

The antibiotic being transported name, infusion rate, start and stop time must be documented in the medication portion of the Patient Care Report.

If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the paramedic may restart the line and continue antibiotics as delineated in the transfer orders.