

	1751	<p align="center">Critical Care Paramedic Standard of Care</p>
Nor-Cal EMS Policy & Procedure Manual	Treatment Guidelines	
Effective Date: 11/04/2022	Next Revision: 11/04/2025	
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, Chapter 4, Article 2.

Purpose

To define the standard of care during Critical Care Transportation.

Policy

1. Signed transfer orders from the transferring physician must provide for maintaining and adjusting medications, ventilator, and any other care must be attached to chart.
 - Any additional verbal orders obtained, must be well documented with time, method of contact and very specific order.
 - Transferring physician must be aware of the general scope of practice of the CCP.
2. All patients shall be placed on continuous EKG, NIBP and SpO2 monitoring for the duration of patient care.
3. Vitals shall be recorded every 15 minutes at a minimum, and every 5 minutes for patients on any vasoactive medication or ventilator support.
4. Infusions must be regulated by a mechanical pump familiar to the CCP.
 - Any medications in scope of practice for a Nor-Cal EMS Paramedic, being administered via infusion pump maybe transported if written parameters for the infusion are obtained and understood by the CCP.
5. Medication requiring weight-based dosing shall be calculated using ideal body weight.
6. **Patient care outside of CCP scope of practice** may only be transported with the CCP if a licensed medical professional (e.g. RN, Nurse Practitioner, Nurse-midwife, PA or MD) is in attendance and assumes control and responsibility for providing patient care outside the Paramedic Scope of Practice; AND the medication or equipment needed by the patient that is not stocked on the ambulance unit are provided by the sending facility.
 - Accompanying licensed medical personnel providing care function under their own written standing orders/protocols and document any care provided.
7. **If the patient begins deteriorating during transport** the CCP may provide appropriate care that may include any ALS interventions following the appropriate Treatment Guidelines.
 - Make Physician contact as soon as practicable to update on condition.
 - Divert to a closer and/or more appropriate facility based on patient condition and physician direction.
 - If any diversion occurs an Incident Report (3009A) shall be completed, listing Incident #, date, time, destination, and any helpful specific information not included on the Patient Care Report.
8. Sending and Receiving facilities shall receive a copy of the EPCR within 24 hours.
9. Sufficient oxygen and narcotic supply for duration of transport SHALL be calculated and confirmed prior to transport.