

Interfacility Transport Agents Protocols

1. **EMS Interfacility Transport Table 5.3**
2. **Protocol Transport Agents Interfacility**
3. **Heparin Work Sheet for Interfacility**

**Administer and Monitor
Transport Agents Protocol
During Interfacility Transport**

Intravenous Infusion of Lidocaine

1. Must be on IV Pump for Interfacility transports.
2. The following parameters shall apply to all patients with pre-existing Lidocaine drip:
 - Monitor for hypotension, may cause SA nodal depression or conduction problems
 - Paramedic **may titrate** with physician's orders only. Verify with medical direction authority prior to leaving facility
3. Indications for suppress ectopy, frequent PVCs
4. Dosage for maintenance infusion:
 - 2-4 mg/kg
 - Dose should be decreased for patients with hepatic failure, renal disease, poor perfusion or greater than 70 years of age
5. Discontinue lidocaine if:
 - Confusion or agitation, tinnitus, dizziness, tremors, seizures
6. Precaution/Comments:
 - Use caution in patients with conduction disturbances (second or third degree blocks)



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Intravenous Infusion of Magnesium Sulfate

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing Magnesium Sulfate:
 - Consider transporting patient on their left side
 - Assess and record maternal vital signs, patellar reflex and fetal heart rate prior to transport
 - **No titration** of medication during interfacility transport with physician orders
 - Monitor vital signs every 15 minutes while drug is infusing. Monitor for weakness in extremities (by movement). Watch for signs of respiratory depression and second and third degree heart block
 - Stop infusion if respiratory rate drops below 12bpm
 - Patients should be on oxygen therapy
 - Early indicators of toxicity include: profound thirst, feeling of warmth, sedation, confusion, muscle weakness
3. Indications:
 - Pre-term labor
 - PIH
4. Dosage:
 - Diluted in 4 gm in 100 mL NS with maintenance infusion 1-4 gm/hr
5. Contact receiving Medical Direction Authority for **criteria during transport:**
 - If patient experiences a decreasing respiratory rate or other evidence of respiratory difficulty, discontinue drip, prepare to manage airway, consider calcium gluconate contact the online medical direction authority
 - Decrease the drip rate by half and notify medical direction authority for any of the following:
 - Decrease in systolic pressure of 20mm from baseline
 - Decrease in diastolic pressure of 10mm from baseline
 - Decrease in patella reflex.
 - Change in mental status



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Intravenous Infusion of Multi-Vitamin IV Additive (MVI)

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing MVI drips:
 - MVI dose must be diluted in a solution of 500-1000 mL of either LR, NR or D5½
 - Know compatibility before administering any IV medications through the IV infusion
 - Access IV insertion site for any redness, swelling or tenderness. If this occurs, STOP infusion and discontinue
3. Precautions/Comments
 - Fainting and dizziness with undiluted drug administration



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Intravenous Infusion of Nitroglycerin

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing Nitroglycerine drip.
 - Regulation of the infusion rate will occur within the parameters as defined by the referring physician and receiving Medical Direction Authority and/or Administrative Medical Direction Authority, but **may be titrated** to the individuals response during transport
 - Patients with hypotension should be administered with caution
 - Brady-dysrhythmias and hypotension usually respond to Trendelenburg position
 - Document drip rate at the beginning of transport and patient's response
3. Indications:
 - Angina
 - MI
 - Congestive heart failure
4. Dosage
 - Usual mixture: Nitroglycerine (50mg/250ml in DW5: 200 mcg/ml)
 - Start at low range 5 mcg/min
 - Increase in increments of 5 mcg/min every 5 minutes
5. Precautions/comments:
 - Hypotension, bradycardia, reflex tachycardia, headache
6. Receiving Medical Direction Authority and/or Administrative Medical Direction Authority contact **criteria during transport:**
 - If systolic blood pressure drops below 100, decrease the nitroglycerine by 5 mcg/min or 3.3 mcg/min and if systolic blood pressure doesn't increase call receiving Medical Direction Authority for direction



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Intravenous Infusion of Pantoprazole (Protonix)

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing Pantoprazole infusions.
 - . **No Titration** of medication
 - a. Infusion rate must remain constant during transport with no regulation of rates being performed by the paramedic, except for the discontinuation of the infusion
3. Indications:
 - GI bleeding, esophageal varices, bleeding ulcer, stress ulcer prophylaxis
4. Dosage:
 - Continuous infusion: 8 mg/hour IV
 - Usual Infusion 80 mg in 100 ml (concentration: 0.8 mg/ml) of D5W or NS
5. Precautions/Comments:
 - Adverse reactions:
 - Headache, dizziness, vertigo, urticaria, allergic reaction, diarrhea, facial edema

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Intravenous Infusion of Pitocin (Oxytocin)

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing Pitocin infusions.
 - **No Titration** of medication will be made during interfacility transport even with orders
 - Must be on cardiac monitor. Monitor VS at least every 15 minutes during interfacility transport and more frequently based on patients condition
 - **If not started**, consult with referring physician and/or medical direction authority
3. Indications:
 - Postpartum hemorrhage
4. Dosage:
 - Initial infusion: 20-40 units in 1000 ml of normal saline, infuse 1000 ml over 10 minutes
 - Maintenance infusion: 10-40 units/hour
5. Precautions/Comments:
 - Adverse reactions:
 - Nausea, bradycardia, allergic reactions



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Intravenous Infusion of Phenobarbital

- Must be transported with IV Pump.
- The following parameters shall apply to all patients with pre-existing Phenobarbital infusions:
 - Monitor for respiratory depression
 - **No** titration of medication will be made during interfacility transport even with orders
 - Monitor vital signs every 15-30 minutes during transport or more frequently based on patient condition
- Indications for use:
 - For treatment of seizures
- Dosage
 - Adult: 100-300 mg IV
 - Pediatric 10-20 mg/kg initially followed by 1-6 mg/kg/day
- Status Epilepticus
 - Adult 10-20 mg/kg
 - Pediatric 15-20 mg/kg
- Precautions/Comments:
 - Allergic reaction can cause **ANGIOEDEMA**
 - Pre-existing CNS depression
 - Uncontrolled severe pain
 - Adverse Reactions:
 - ✓ Respiratory depression, Broncho spasm, hypotension, N/V, drowsiness, lethargy



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Intravenous Infusion of Phenytoin

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing Phenytoin infusions:
 - Institute seizure precautions
 - **No** titration of medication will be made during interfacility transport even with orders
3. Indications:
 - Treatment of seizures
4. Dosage:
 - Adult 15-20 mg/kg. Rate should not exceed 25-50 mg/kg
 - Pediatric 15-20 mg/kg; rate 1-3 mg/kg/min
5. Precautions/Comments
 - Hypotension, ataxia N/V
 - If given with dopamine may cause additive hypotension



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Intravenous Infusion of Propofol

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing potassium chloride infusions:
 - **No titration** during interfacility transport
 - Monitor VS every 15 minutes during transport or more frequently based on patient status
 - Assess level of sedation throughout transport
3. Indications:
 - Sedation of intubated, and/or mechanically ventilated patients
4. Dosage:
 - Adult 5 mcg/kg/min increases in 5 mcg/kg/min increments until sedation achieved prior to transport. Usual range is 5-50 mcg/kg/min
 - Pediatrics only recommended for procedural sedation not transfers
5. Precautions/Comments
 - Short-acting hypnotic
 - Adverse reactions:
 - Bradycardia, hypotension, apnea, dizziness, headache, cough, hypertension, flushing, involuntary muscle movements, fever



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**Administration of Total Parenteral Nutrition, with or without lipids
(TPN)**

1. Must be transported with IV Pump.
2. The following parameters shall apply to all patients with pre-existing TPN:
 - Verify solution formula and rate
 - TPN is considered incompatible with all other medications and IV solutions. **Nothing is to be added to the bag or IV tubing**
 - Monitor for s/s of hyper/hypoglycemia. Obtain Blood Glucose as needed and document what the last reading was before to transportation
 - This should be going through a port/central line. If leaking or cracked, clamp off port and notify Medical Direction Authority
3. Indications:
 - Provides long term nutrition
4. Precautions and Comments:
 - Hyperglycemia, hyperosmolar syndrome, electrolyte disturbance



