

F. AMIODARONE MAINTENANCE INFUSION FOR INTERFACILITY TRANSPORT



a) INDICATIONS

During interfacility transports, a CRT or paramedic may monitor a patient on a continuous IV amiodarone infusion provided that:

- (1) Amiodarone maintenance infusion must have been started by the hospital staff prior to the interfacility transfer. An IV amiodarone maintenance infusion may NOT be started by the prehospital clinician in the prehospital setting.

b) CONTRAINDICATIONS

- (1) Patients who have not yet reached their 18th birthday.

c) PROCEDURE

- (1) Follow the appropriate ALS Algorithm and maintain the infusion as directed by the sending physician.
- (2) The sending physician must document the infusion to be administered on the patient's transport record or transport note, including the concentration of the medication and the infusion rate.
- (3) The infusion must be maintained on an infusion pump designed for transport, and the clinician must be trained in the appropriate use of that specific make and model infusion pump. The ambulance must have an inverter to power the pump while in the vehicle.
- (4) The total volume of amiodarone infused must be recorded on the patient care report.
- (5) The patient must be on a cardiac monitor and vital signs should be documented on the patient care report at least every 15 minutes.
- (6) When in doubt, contact the **sending** physician for medical direction.



G. LIDOCAINE INFUSION FOR INTERFACILITY TRANSPORT



a) INDICATIONS

During interfacility transports, a CRT-(I) or paramedic may monitor a patient on a continuous IV lidocaine infusion provided that:

- (1) The lidocaine infusion must have been started by the hospital staff prior to an interfacility transfer. IV lidocaine infusions may NOT be started by the prehospital clinician in the prehospital setting.

b) CONTRAINDICATIONS

Patients who are clinically unstable, including but not limited to, unstable vital signs and blood pressure, current arrhythmia, and active chest pain



c) PROCEDURE

- (1) Follow the appropriate ALS algorithm and maintain the infusion as directed by the sending physician.
- (2) The sending physician must document the infusion to be administered on the patient's transport record or transport note, including the concentration of the medication and the infusion rate.
- (3) The infusion must be maintained on an infusion pump designed for transport, and the clinician must be trained in the appropriate use of that specific make and model infusion pump. The ambulance must have an inverter to power the pump while in the vehicle.
- (4) The total volume of lidocaine infused must be recorded on the patient care report.
- (5) The patient must be on a cardiac monitor and vital signs should be documented on the patient care report at least every 15 minutes.
- (6) When in doubt, contact the **sending** physician for medical direction.

H. MORPHINE SULFATE INFUSION FOR INTERFACILITY TRANSPORT



a) INDICATIONS (NEW '20)

A CRT or a paramedic may monitor a patient on a continuous morphine sulfate infusion as long as the infusion was started by hospital staff prior to interfacility transfer (it may NOT be initiated by EMS).

b) CONTRAINDICATIONS

Patients who are clinically unstable, including but not limited to, unstable vital signs and blood pressure (exception: patients being transported for hospice care)

c) PROCEDURE

- (1) Maintain the infusion as directed by the sending physician.
- (2) The sending physician must document the infusion to be administered on the patient's transport record or transport note, including the infusion rate.
- (3) The infusion must be maintained on an infusion pump designed for transport, and the clinician must be trained in the appropriate use of that specific make and model infusion pump. The ambulance must have an inverter to power the pump while in the vehicle.
- (4) The total volume of morphine infused must be recorded on the patient care report.
- (5) The patient must be on a cardiac monitor and vital signs should be documented on the patient care report at least every 15 minutes.
- (6) When in doubt, contact the **sending** physician for medical direction.

I. PROTON PUMP INHIBITOR FOR INTERFACILITY TRANSPORT (NEW '20)



a) INDICATIONS

A CRT or a paramedic may monitor a patient on a PPI infusion as long as the infusion was started by hospital staff prior to interfacility transfer (it may NOT be initiated by EMS).

b) CONTRAINDICATIONS

- (1) Patients who have unstable vital signs or are being transferred to an intensive care environment
- (2) Patients with allergic reaction to infusing agent
- (3) Patients who have not yet reached their 18th birthday

c) PROCEDURE

- (1) Follow the appropriate ALS algorithm and maintain the infusion as directed by the sending physician/practitioner.
- (2) The paramedic will review the sending physician's order and will review the specific PPI agent to ensure appropriate administration, indications, and absence of contraindications.
- (3) The PPI infusion must be maintained on an infusion pump designed for transport, and the clinician must be trained in the appropriate use of that specific make and model infusion pump. The ambulance must be equipped to power the pump while the pump is in the vehicle.
- (4) The administration of the PPI infusion will be recorded on the patient care report to include the agent's name, dose, rate, and volume infused during transport.
- (5) When in doubt, contact the sending physician/practitioner for medical direction.