

F. LIDOCAINE INFUSION FOR INTERFACILITY TRANSPORT



a) PURPOSE

A CRT-(I) or paramedic who is performing an interfacility transport may utilize this protocol. During interfacility transports, a CRT-(I) or paramedic may monitor a patient on a continuous IV lidocaine infusion as long as the following criteria have been met.

b) INDICATIONS

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 provider in the prehospital setting.

c) CONTRAINDICATIONS

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



d) 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 provider 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.

e) SPECIAL CONSIDERATIONS

The ALS service or jurisdiction must provide and document training of the ALS providers on the operation of infusion pumps(s) being used. They must also have a quality improvement (QI) program monitoring the appropriateness and quality of care provided. The QI program should be directed or coordinated by, at minimum, an ALS provider.

G. MORPHINE SULFATE INFUSION FOR INTERFACILITY TRANSPORT



a) PURPOSE

A paramedic who is performing an interfacility transport may utilize this protocol. During interfacility transports, a paramedic may monitor a patient on a continuous morphine sulfate infusion as long as the following criteria have been met.

b) INDICATIONS

The morphine sulfate infusion must have been started by the hospital staff prior to an interfacility transfer. Morphine infusions may NOT be started by the prehospital provider in the prehospital setting.

c) CONTRAINDICATIONS

Patients who are clinically unstable, including but not limited to, unstable vital signs and blood pressure

d) 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 provider 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.

e) SPECIAL CONSIDERATIONS

The ALS service or jurisdiction must provide and document training of the ALS providers on the operation of infusion pumps(s) being used. They must also have a quality improvement (QI) program monitoring the appropriateness and quality of care provided. The QI program should be directed or coordinated by, at minimum, a paramedic.