# OPTIONAL SUPPLEMENTAL PROGRAM GLYCOPROTEIN IIb/IIIa ANTAGONIST INFUSIONS FOR INTERFACILITY TRANSPORTS PARAMEDIC ONLY



# H. GLYCOPROTEIN IIb/IIIa ANTAGONIST INFUSIONS FOR INTERFACILITY TRANS-PORTS (Paramedic Only)

#### 1. PURPOSE

During interfacility transports, a paramedic may monitor a patient on a continuous IV glycoprotein IIb/IIIa infusion as long as the following criteria have been met.

#### 2. INDICATIONS

The glycoprotein Ilb/Illa infusion must have been started by the hospital staff prior to an interfacility transfer. IV glycoprotein Ilb/Illa transports may NOT be started by the prehospital clinician in the prehospital setting.

#### 3. CONTRAINDICATIONS

- a) Patients who are clinically unstable, including but not limited to unstable vital signs and blood pressure, or current arrhythmia
- b) Pediatric patients

## 4. PROCEDURE

- a) Maintain the infusion as directed by the sending physician.
- b) The sending physician must document the infusion to be administered on the patient's transport record or transport note. This includes the concentration of the medication and the infusion rate.
- c) The infusion must be maintained on an infusion pump designed for transport. The clinician must be trained in the appropriate use of the specific infusion pump. The ambulance must have an inverter to power the pump while in the vehicle.
- d) The total volume of glycoprotein IIb/IIIa infused must be recorded on the patient care report.
- e) The patient must be on a cardiac monitor and vital signs should be documented on the patient care report at least every 15 minutes.
- f) When in doubt, contact the sending physician for medical direction.

## 5. SPECIAL CONSIDERATIONS

The ALS service or jurisdiction must provide and document training of the ALS clinicians on the operation of the infusion pump(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.

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#### GLYCOPROTEIN IIb/IIIa ANTAGONIST

(Paramedic Only)

# 1. Pharmacology

Platelet glycoprotein antagonist. This agent reversibly prevents fibrinogen and von Willenbrand's factor from binding to the glycoprotein IIb/IIIa receptor, inhibiting platelet aggregation.

#### 2. Pharmacokinetics

Glycoprotein IIb/IIIa has a half-life of 2.5 hours. Metabolism of this drug is limited and is excreted via the kidneys.

#### 3. Indications

Patients with acute coronary syndrome including those with Percutaneous Coronary Intervention (PCI)

## 4. Contraindications

- a) Hypersensitivity, active internal bleeding, history of bleeding, stroke
  within one month, major surgery with severe trauma, severe hypotension, history
  of intracranial bleeding, intracranial neoplasm, arteriovenous
  malformation/aneurysm, aortic dissection, or dependence on renal dialysis
- b) Pediatric patients

## 5. Side Effects/Adverse Reactions

- a) Cardiovascular: Stroke, hypotension
- b) Systemic: Bleeding, anaphylaxis
- c) Other: Hematuria, thrombocytopenia

#### 6. Precautions

Glycoprotein IIb/IIIa is a medication designed to inhibit the clotting factor in blood. Patients on this medication should be protected from further injuries that may cause bleeding. Attempts to start IVs should not be made without a doctor's orders.

# 7.

## Dosage

- a) INITIAL BOLUS: Given at sending facility and should be documented.
- b) MAINTENANCE IV DRIP: Follow Standard Dosing. Maintain drip based on patient weight and sending physician's orders.



IF CHEST PAIN OR HYPOTENSION DEVELOPS DURING TRANSPORT, THE PARAMEDIC MUST CONSULT WITH EITHER THE SENDING OR RECEIVING PHYSICIAN FOR FURTHER INSTRUCTIONS.