

APPROVED: Signature On File In EMS Office
Executive Director

Signature On File In EMS Office
Medical Director

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SUPERSEDES:

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CRITICAL CARE PARAMEDIC IV INFUSIONS OF NOREPINEPHRINE

I. AUTHORITY

Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9, Chapter 4, Article 2

II. PURPOSE

To provide a mechanism for Critical Care Paramedics (CCPs) to monitor intravenous infusions of norepinephrine during interfacility transfers.

III. POLICY

- A. Only those Stanislaus County EMS Agency accredited CCPs who have successfully completed training program(s) approved by the Stanislaus County EMS Agency Medical Director on norepinephrine infusions will be permitted to monitor them during interfacility transports.
- B. Only those ALS ambulance providers approved by the Stanislaus County EMS Agency Medical Director will be permitted to provide the service of monitoring norepinephrine infusions during interfacility transports, from approved hospital(s) within their service area.

IV. PROCEDURE

A. PRIOR TO TRANSFER:

- 1. Patients that are candidates for paramedic transport will have pre-existing norepinephrine drips only.
- 2. All medication drips will be in the form of an IV piggyback monitored by a mechanical pump familiar to the CCP.
- 3. Patients will not have more than two medicated drips running, exclusive of potassium chloride (KCl).
- 4. Norepinephrine drips will not be initiated immediately prior to transport.

5. Transferring physicians must be aware of the general scope of practice of paramedics and the transport protocol parameters outlined below.
6. Signed orders with the specified drip rate from the transferring physician will be obtained prior to transport and reviewed with the transferring CCP.
7. CCPs are allowed to transport patients on norepinephrine drips within the following parameters:
 - a. Infusion fluid concentration and regulation of the infusion rate will occur within the parameters as defined by the transferring physician. Infusion rates may be titrated to patient response during transport as defined in the transfer order.
 - b. In cases of severe respiratory depression, partial airway obstruction, hypotension, and excessive sedation the medication infusion will be discontinued and the transferring physician will be notified immediately.

B. DURING TRANSPORT

1. Norepinephrine drips will not be initiated by CCP during transport.
2. All patients will be maintained on a cardiac monitor, pulse oximetry, end-tidal CO₂ and a non-invasive blood pressure monitor that will record blood pressure readings every five (5) minutes.
3. Vital signs will be documented every five (5) minutes.
4. If medication administration is interrupted (infiltration, accidental disconnection, malfunctioning pump, etc.), the CCP may restart the line as delineated in the transfer orders.
5. In cases of IV pump malfunction that cannot be corrected, the medication drip will be discontinued and the transferring hospital and base hospital will be notified immediately.
6. No other medication shall be given thru the same line.

- C. All calls will be audited by the ambulance provider agency and by the transferring hospitals. Audits will assess compliance with physician orders and regional protocols, including base hospital contact in emergency situations. Reports will be sent to the EMS Agency as requested.**