

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 341

SUBJECT: PARAMEDIC INTERFACILITY TRANSPORT OPTIONAL SKILLS: TRANSFERING HOSPITAL REQUIREMENTS

PURPOSE:

To provide a mechanism for paramedics to be permitted to monitor and/or use any of the following during interfacility transfers:

- A. Blood transfusions
- B. Magnesium sulfate, nitroglycerin, heparin and/or amiodarone infusions
- C. Automatic Transport Ventilators (ATV's)

AUTHORITY:

California Health & Safety Code, Division 2.5, Sections: 1798.200, 1798.206, 1798.214, 1797.218, 1797.220, 1798.2, 1798.170, and 1798.172

California Code of Regulations, Title 22, Chapter 4, Article 1, Section 100145

POLICY:

- A. Only those paramedics who have successfully completed training program(s) approved by the S-SV EMS Agency Medical Director on interfacility transport optional skills will be permitted to utilize such skills during interfacility transports.
- B. Only those ALS ambulance providers approved by the S-SV EMS Agency Medical Director will be permitted to provide the services of interfacility optional skills during interfacility transports.
- C. Patients that are candidates for paramedic transport will have the following as indicated:

1. Blood Transfusions

Pre-existing blood transfusions in peripheral or central IV lines.

Effective Date: 12/01/2010

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Next Review Date: 09/2013

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Approved:

SIGNATURE ON FILE
S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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2. Magnesium Sulfate, Nitroglycerin, Heparin and/or Amiodarone Infusions

- a. Pre-existing magnesium sulfate, nitroglycerin, heparin and/or amiodarone infusions in peripheral or central IV lines.
- b. The nitroglycerin, heparin and/or amiodarone infusion will have been running for at least 30 minutes prior to transport.
- c. Magnesium sulfate infusions are only approved for patients with suspected pre-eclampsia.

3. Automatic Transport Ventilators

Paramedics shall not initiate ventilator support.

PROCEDURE

- A. The transferring hospital shall ensure the paramedic receives transferring orders from the transferring physician prior to leaving the sending hospital. These orders will include a telephone number where the transferring physician can be reached during transport in addition to the following as indicated:

1. Blood Transfusions

- a. Blood type and unit identifying number.
- b. Parameters for regulation of the transfusion rate.

2. Magnesium Sulfate, Nitroglycerin, Heparin and/or Amiodarone Infusions

- a. Type of solution.
- b. Dosage and rate of infusion.

3. Automatic Transport Ventilators

- a. Parameters for maintaining and adjusting ventilations during transport.

- B. The transferring hospital is responsible for mixing and labeling the magnesium sulfate, nitroglycerin, heparin and/or amiodarone infusions. If the existing infusion will not be sufficient for transport, then the hospital must provide additional pre-mixed infusion that is clearly labeled.

- C. Transferring physicians must be aware of the general scope of practice of paramedics and transport parameters outlined in Policy # 841, #842 and #843.

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CROSS REFERENCES:

Prehospital Care Policy Manual

Paramedic Interfacility Transport Optional Skills: Service Provider Requirements & Responsibilities, Reference No. 441

Paramedic Interfacility Transport Optional Skills: Application and Approval Process, Reference No. 442

Intravenous Infusion of Magnesium Sulfate, Nitroglycerin, Heparin &/or Amiodarone During Interfacility Transports, Reference No. 841

Automatic Transport Ventilators During Interfacility Transports, Reference No. 842

Continuation of Pre-existing Blood Transfusions During Interfacility Transports, Reference No. 843