CONTINUOUS INFUSIONS

PURPOSE

This policy outlines the use of continuous infusions in the Prehospital and interfacility environment.

POLICY

Certain continuous infusions may be maintained by a paramedic provider during Prehospital interfacility transport and do not require the use of a Specialty Care Transport provider. Specific medications may require the use of a Continuous Electronic Infusion Device (commonly referred to as a medication pump). Paramedics using a Continuous Electronic Infusion Device must be trained in its use according to manufacturer's guidelines and as approved by the Agency Medical Director. The agency using such a device must have a written policy outlining the training requirements, eligibility, quality assurance program, and parameters for use of the specific device being used by the agency. Medical Control is not required for use of the device, but is required for any deviation from agency policy on its use.

INDICATIONS

1. Three continuous medication infusions.
2. Only one may be a vasoactive drug.

If there's a question about what can be transported, contact your Agency Medical Director.

CONTRAINDICATIONS

1. The paramedic provider may transport no more than three continuous medication infusions; no more than one of which may be vasoactive.

2. Contraindications are otherwise related to the specific medication or solution being infused.

PROCEDURE

1. The patient requires continuous infusion of an indicated medication or crystalloid.

2. A reliable source of intravenous access (large bore peripheral IV or central venous catheter) exists.

3. If required, adjust infusion device to appropriate administration rate per manufacturers instructions.

The following continuous infusions may be maintained by a paramedic provider. Medications that require use of a Continuous Electronic Infusion Device are indicated by an asterisk(*):

- Abciximab*
- Any Antibiotic
- Amiodarone*
- Dextrose 5% in Water (D5W)
- Diltiazem*
- Eptifibatide*
- Fentanyl*
- Insulin*
- Heparin*
- Hydromorphone*
- Lactated Ringer's
- Lidocaine*
- Magnesium*
- Morphine*
- Nitroglycerin*
- Normal Saline
- Pantoprazole*
- Potassium*
- Sodium Bicarbonate
- Tissue Plasminogen Activator*
- Total Parenteral Nutrition+/- Lipids

4. The patient must be constantly monitored throughout the transport including:
    a. Continuous pulse oximetry.
    b. Continuous ECG monitoring.
    c. Frequent blood pressure monitoring.
    d. Frequent examination of the infusion site.

5. During interfacility transports, an order for the infusion rate must be given by the sending physician and this rate entered and double-checked prior to departing the sending facility. The compatibility of more than one infusion must be verified with the sending facility prior to departure.

6. Any adjustment to the infusion rate during transport may only be done with Absolute On-Line Medical Control. The only exceptions are for medications (antibiotics, etc) that are completed during the transport or for medications that have infiltrated their access site. Specialty Care Transport Paramedics should follow their specific protocols.

7. A paramedic provider with access to a Continuous Electronic Infusion Device may use such device for administering any medication included in the regional protocols.

TRAINING CONSIDERATIONS

Implementation of a Continuous Electronic Infusion Device Program requires additional training and review above and beyond the standard New York State Paramedic Curriculum. The training for the use of any Continuous Electronic Infusion Device should include a didactic module presented by the Agency Medical Director or their designee. This didactic module should, at a minimum, include: an overview of the pharmacology, indications, contraindications, and side effects of common medications to be used under this protocol; familiarization with central access devices and proper technique to access and maintain them; and a detailed understanding of the infusion device being used. To supplement the didactic information, a practical application module utilizing scenario based training is expected to ensure device familiarity and clinical decision-making. The purchase, training, continuing education, authorization, and use of a Continuous Electronic Infusion Device must be approved by the Agency Medical Director.

Approved by the Monroe-Livingston REMAC 6/17/2019