GERALD HUBER
Director

EMERGENCY SERVICES BUREAU
355 Tuolumne Street,
Suite 2400, MS 20-240
Vallejo, CA 94590

PRANAV SHETTY, MD, MPH
EMS Agency Medical Director

BENJAMIN GAMMON, EMT-P
EMS Agency Administrator

(707) 784-8155
www.solanocounty.com

SOLANO COUNTY

POLICY MEMORANDUM 7210

Implementation Date: May 21, 2023
Review Date: March 1, 2025

REVIEWED/APPROVED BY:

_____

PRANAV SHETTY, MD, MPH, EMS AGENCY MEDICAL DIRECTOR

_____

BENJAMIN GAMMON, EMT-P, EMS AGENCY ADMINISTRATOR

SUBJECT:	**ADVANCED LIFE SUPPORT (ALS) PARAMEDIC INTERFACILITY TRANSFER (IFT) OPTIONAL SKILLS TRANSFERRING HOSPITAL REQUIREMENTS**

AUTHORITY: Health and 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 100146

I.   PURPOSE:

A.   To establish transferring hospital requirements for the utilization of any of the following Paramedic IFT optional skills:

1.   Monitoring of magnesium sulfate, nitroglycerin (NTG), heparin, and/or amiodarone infusions.

2.   Monitoring of blood transfusions.

3.   Utilization of automatic transport ventilators (ATV).

II. PARAMEDIC IFT OPTIONAL SKILLS AND PATIENT REQUIREMENTS

A. Only the Solano County ALS Exclusive Operating Area (EOA) Provider may be authorized to utilize Paramedic IFT optional skills.

B. Only appropriately trained Paramedics employed by the ALS EOA Provider may utilize Paramedic IFT optional skills.

C. The following criteria apply to patients that are candidates for the utilization of Paramedic IFT optional skills:

1. Magnesium sulfate, nitroglycerin (NTG), heparin, and/or amiodarone infusions.

   a. The infusion will have been running in a peripheral or central IV line for at least 10 minutes prior to transport.

   b. Patients will have maintained stable vital signs for the previous 30 minutes AND will not have more than two medication infusion lines running exclusive of potassium chloride concentrations authorized under the paramedic basic scope of practice.

   c. Timeframes indicated above will not apply to patients who require immediate transport for critical interventions when the transferring physician determine that immediate transport is necessary.

2. Blood transfusions.

   a. Transfusions shall be pre-existing in peripheral or central IV lines and started 15 minutes prior to transport. If the transfusion is started upon the arrival of transport, the transport will be delayed for 15 minutes to observe for any transfusion reactions.

3. ATVs.

   a. Paramedics shall not initiate ventilator support.

III. TRANSFERRING HOSPITAL PROCEDURES

A. The paramedic shall receive written orders from the transferring physician prior to transport. These orders shall include a telephone number where the transferring physician can be reached during transport in addition to the following information:

1. Magnesium sulfate, nitroglycerin (NTG), heparin, and/or amiodarone Infusions:

   a. Type of solution.

   b. Dosage and rate of infusion.

2. Blood transfusions:

   a. Blood type and unit identifying number.

   b. Parameters for regulation of the transfusion rate.

3. ATVs:

    a. Parameters for maintaining and adjusting ventilations during transport.

    b. Orders for maintaining sedation with sedatives that are within the basic scope of practice for paramedics.

B. The transferring hospital is responsible for mixing and labeling the infusion. If the existing infusion will not be sufficient for the transport duration, the hospital must provide additional clearly labeled per-mixed infusion(s).

C. Transferring physicians must be aware and familiar with the basic paramedic scope of practice as well as the parameters for utilization of Paramedic IFT optional skills contained in Policies 6800, 6801, and 6802.