

APPROVED: Signature On File In EMS Office  
Executive Director

EFFECTIVE DATE: 9/1/2015  
SUPERSEDES:

Signature On File In EMS Office  
Medical Director

REVIEW DATE: 9/2020  
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**CRITICAL CARE PARAMEDIC (CCP) IV INFUSION OF AMIODARONE  
HYDROCHLORIDE**

**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  
amiodarone hydrochloride 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 amiodarone hydrochloride infusions will be permitted to monitor them  
during interfacility transports while working on CCP ambulance.

B. Only those ALS ambulance providers approved by the Stanislaus County EMS Agency  
Medical Director will be permitted to provide the service of monitoring amiodarone  
hydrochloride 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  
amiodarone hydrochloride 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 hydrochloride (KCl).

4. Amiodarone hydrochloride 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 amiodarone hydrochloride drips within the following parameters:
  - a. Medication concentration must be a minimum concentration of 150mg/250mL (0.6 mg/mL); unstable in more diluted solutions
  - b. Infusion rates must remain constant during transport with no regulation of rates being performed by the CCP, except for discontinuation of the infusion.
  - c. Infusion rates may vary between 0.5 to 1.0 mg/min.
  - d. Physician guidelines must specify the infusion rate within this policy.
  - e. Amiodarone hydrochloride is not approved for patients less than fourteen (<14) years of age.
  - f. In infusion rates longer than one (1) hour, amiodarone hydrochloride concentrations should not exceed 2 mg/mL unless a central venous catheter is used.
  - g. Y – Injection incompatibility; the following will precipitate with amiodarone hydrochloride
    - i. Heparin
    - ii. Sodium Bicarbonate

**B. DURING TRANSPORT**

1. Amiodarone hydrochloride drips will not be initiated by CCP during transport.
2. All patients will be maintained on a cardiac monitor, pulse oximetry 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.