CRITICAL CARE PARAMEDIC IV INFUSIONS OF GLYCOPROTEIN IIb/IIIa RECEPTOR INHIBITORS

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 Glycoprotein Receptor Inhibitors 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 Glycoprotein Receptor Inhibitors 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 Glycoprotein Receptor Inhibitors 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 Glycoprotein Receptor Inhibitors 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. Glycoprotein Receptor Inhibitors 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 Glycoprotein Receptor Inhibitors drips within the following parameters:

    a. Eptifibatide (Integrillin) infusion rate may not exceed 2ug/kg/min.

    b. Tirofiban (Aggrastat) infusion rate may not exceed 0.1 ug/kg/min.

    c. Abciximab (ReoPro) infusion rate may not exceed 0.125 ug/kg/min.

    d. Medication concentration will not exceed the statndard manufacturer concentration.

    e. The infusion concentration and regulation of the rate will occur within the parameters as defined by the transferring physician.

    f. Documentation of the calculation of the ordered infusion rate based on recent patient weight (in kilograms). Documentation of the following lab values (if available):

        i. Blood urea nitrogen

        ii. Creatine

        iii. Hemoglobin

        iv. Hematocrit

        v. Platelet count

        vi. Coagulation studies

B. DURING TRANSPORT

1. Glycoprotein Receptor Inhibitors 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.