Interfacility Protocol

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Continuation of Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original Adoption Date:</td>
<td>05/2009</td>
</tr>
<tr>
<td>Past Protocol Updates</td>
<td>05/2009</td>
</tr>
<tr>
<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
</tr>
<tr>
<td>Medical Director</td>
<td>Cory Vaudt M.D.</td>
</tr>
</tbody>
</table>

**Purpose:**

To provide guidelines related to the continuation of orders during the course of an interfacility transport, as initiated by the sending facility.

**Procedure:**

**PRIOR TO TRANSPORT:**

- Together with nursing staff, ensure that all IV/IO device(s) are patent and securely taped, that all connections are secure and water-tight, that all tubing is compatible with the type(s) of medication(s) or fluid(s) being administered, and that all infusion device(s) are properly functioning.

- If the transport is not accompanied by a Specialty Transport Team Member (Blank Neonate, Pediatric, or Life Flight), obtain written order(s) for the dosage(s), volume(s), and concentration(s) of medication(s) and fluid(s), as well as infusion rate(s), to be used enroute.

**NOTE:** IF YOU ARE NOT FAMILIAR WITH THE TYPE OF INFUSION DEVICE(S) BEING USED, OR DO NOT FEEL COMFORTABLE WITH THE DOSAGE(S), VOLUME(S), OR CONCENTRATION(S) OF MEDICATION(S) OR FLUID(S), OR INFUSION RATE(S), PRESCRIBED BY THE SENDING PHYSICIAN, DO NOT ATTEMPT TRANSPORT. IF NEEDED CONTACT THE SHIFT SUPERVISOR, ASSISTANT CHIEF OR OTHER ADMINISTRATIVE STAFF MEMBER FOR FURTHER INSTRUCTIONS.
• Set each transport infusion device to be used at the prescribed volume and rate of infusion.
• Clear each line of air pockets prior to infusion.
• Switch each infusion from hospital infusion device to transport infusion device.

NOTE: TO ENSURE THAT THE PATIENT DOES NOT RECEIVE A MEDICATION BOLUS, SEE THAT ALL STOPCOCKS REMAIN CLOSED WHEN SWITCHING BETWEEN INFUSION DEVICES.

• Continue each infusion with transport infusion device.

NOTE: PROTECT EACH LINE FROM SUNLIGHT AS APPROPRIATE.

DURING TRANSPORT:

• Continuously monitor vital signs, tissue perfusion, IV/IO access site, and infusion device function.
• In the event of mechanical failure that cannot readily be corrected, detach tubing from infusion device, and continue infusion by gravity drip, carefully monitoring the infusion rate by direct observation.
• In the event of a clinical emergency, and a Specialty Transport Team Member (Blank Neonate, Pediatric, or Life Flight) is present, assist with infusion management as request.
• In the event of a clinical emergency, and a Specialty Transport Team Member (Blank Neonate, Pediatric, or Life Flight) is NOT present, adjust rate(s) of infusion as appropriate within prescribed dose range(s), and contact On-Line Medical Control as soon as possible (without compromising patient safety).

NOTE: IF IT BECOMES NECESSARY TO STOP AN INFUSION ENTIRELY; BEGIN AN INFUSION OF SODIUM CHLORIDE 9% (NORMAL SALINE) TO KEEP VEIN OPEN.